

PSYCHORELIGIOUS THERAPY INTERVENTION OF DZIKIR FOR PATIENTS WITH HALLUCINATION DISORDERS

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Abstract

Introduction: Mental health has become a global issue, with hallucinations being one of the symptomatic indication of schizophrenia or positive psychosis. **Objective:** This research aims to analyze various studies regarding the application of psychoreligious *dzikir* therapy for patients with hallucination disorders. **Method:** The method used in this research is a literature review, utilizing Google Scholar with keywords related to *dzikir* psychoreligious therapy for hallucination disorders. **Results:** The psychoreligious *dzikir* therapy intervention has shown a significant impact in reducing and managing hallucination disorders in patients. **Recommendation:** As a non-pharmacological therapy, psychoreligious *dzikir* therapy is highly recommended for implementation in managing patients with hallucination disorders.

Keywords: Hallucination, Psychoreligious Dzikir, Schizophrenia, Therapy

INTRODUCTION

Mental health has become a global issue recently. Data released by the World Health Organization (WHO) indicates that the prevalence of mental disorders worldwide has nearly reached one billion people, contributing 10% to the global disease burden. Nearly 1 in 300 people (0.32%) worldwide suffer from mental disorders, including 24 million individuals with schizophrenia (WHO, 2022). Findings from the 2018 Riset Kesehatan Dasar (Riskesdas) survey reveals that the prevalence of schizophrenia or psychosis in Indonesia is 6.7%, with an urban distribution of 6.4% and a rural distribution of 7.0%. Meanwhile, the treatment coverage for schizophrenia reaches 85.0% (Ministry of Health, Republic of Indonesia, 2019).

Schizophrenia is a condition identified by severe mental disorders such as hallucinations and delusions that can affect an individual's thoughts, emotions, and behavior, leading to a loss of understanding of reality and self-awareness (Yudhantara & Istiqomah, 2018). Schizophrenia is also often associated with disruptions in personal, family, social, educational, occupational, and other important aspects of life. Not all clients with schizophrenia obtain optimal care following their discharged from the hospital. Only 31.3% of individuals with psychosis or schizophrenia receive proper mental health treatment (WHO, 2022).

Hallucinations is one of the symptomatic indicators of positive schizophrenia.

Hallucinations represent a loss of the ability to distinguish between internal stimuli (thoughts) and external stimuli (the outside). One type of hallucination, such as auditory hallucinations, involves patients hearing two or more voices that call out to them, commenting on their behavior or thoughts, and leading them to take specific actions, which may include commands to commit suicide or harm others (Kusumawati, 2010). Hallucinations can be understood as perceptions without external stimuli that are associated with a particular sensory modality (Deden & Rusdi, 2013). Additionally, hallucinations can be defined as sensory perceptions (perceptions) experienced through the sensory systems without any external stimuli, occurring while the individual's consciousness is fully alert (Deden & Rusdi, 2013).

Patients with hallucinations often caused by struggle due to their inability to cope with stressors and a lack of capacity to manage their hallucinations (Hidayati, 2014). In addition to pharmacological interventions, non-pharmacological approaches are also necessary for addressing patients with hallucination disorders. Within this study, psychoreligious *dzikir* therapy is regarded as a non-pharmacological intervention that has been shown to be effective and significantly impactful in reducing and managing patients with hallucination disorders.

Psychoreligious or psychospiritual therapy can enhance self-confidence and optimism, both are crucial for healing process beside pharmacological treatments and other medical interventions. The application of religious psychotherapy does not imply the neglect of medical therapy, as emphasized by the World Health Organization (WHO, 1984), the American Psychological Association (APA, 1992), and the Western Psychological Association (WPA, 1994), which state that health encompasses biological (physical), psychological, social, and spiritual well-being (BPSS). Research in this field conducted by Snyderman (1996) found that medical therapy, without accompanying prayer and *dzikir*, is incomplete; conversely, prayer and *dzikir* without medical therapy, are ineffective. Similarly, Christy (1996) asserted that prayer and *dzikir* can also serve as a form of medicine (Hawari, 2010; Idrus, 2016).

RESEARCH METHOD

Penelusuran dilakukan menggunakan metode studi literatur melalui *website google scholar* dengan kata kunci "*terapi psikoreligius dzikir untuk gangguan halusinasi*". Sesuai kepentingan dan tema riset maka diperoleh 5 artikel yang diasumsikan memenuhi kriteria, yaitu: orisinalitas artikel dan orisinalitas riset, memiliki relevansi dengan kepentingan dan tema riset, limitasi tahun terbit artikel adalah 5 tahun terakhir dan artikel mengandung substansi riset, yaitu *terapi psikoreligius dzikir untuk gangguan halusinasi*.

The literature search was conducted using a literature review method through the Google Scholar website with the keywords "dzikir psychoreligious therapy for hallucination disorders." Based on the relevance and theme of the research, five articles were obtained that were assumed to meet the criteria, which include: originality of the articles and research, relevance to the research interests and theme, a publication limitation of the last five years, and the articles containing substantive research on dzikir psychoreligious therapy for hallucination disorders.

RESULTS

Based on etymological perspective, *dzikir* originates from the Arabic word *dhakara*, which means "to remember." *Dzikir* also can be defined as "to keep in mind." Remembering Allah through *dzikir* means maintaining a constant awareness of Him, the Almighty. According to Islamic law, *dzikir* refers to the act of remembering Allah with specific etiquette outlined in the Qur'an and Hadith, aimed at purifying the heart and glorifying Allah. According to Ibn Abbas R.A., *dzikir* serves as a concept, vessel, and means for individuals to consistently remember Him, even outside of prayer. The purpose of *dzikir* is to glorify Allah, purify the heart and soul, and express gratitude as His servants. Additionally, *dzikir* can promote physical health, treat ailments through the method of *ruqyah*, and protect individuals from the dangers of lust (Fatihuddin, 2010).

Psychoreligious therapy is a form of psychotherapy that integrates modern mental health interventions with religious aspects, aiming to help patients address their issues by enhancing their coping mechanisms (Yosep, 2014). Psychoreligious therapy is divided into several types, including recitation of the Qur'an and Surah Al-Fatihah, prayer therapy, and *dzikir* therapy, all of which can help control hallucinations (Devita and Hendriyani, 2020).

Psychoreligious therapy, particularly through *dzikir*, when articulated correctly and attentively, can induce a state of calmness and relaxation in the heart. *Dzikir* therapy is also one method for achieving balance, which creates a tranquil atmosphere and fosters positive emotional responses, thereby enhancing the functioning of the central nervous system (Sari et al., 2021).

Dzikir therapy can be applied to patients experiencing hallucinations because when patients diligently engage in *dzikir* with focused attention (*khusyu*), it can have a significant impact when hallucinations arise, enabling them to dispel the unreal voices and occupy themselves more effectively through the practice of *dzikir* (Hidayati, 2014).

Based on the search results, five selected articles relevant to the intervention of psychoreligious *dzikir* have been identified for further analysis. A literature review of these five articles is presented in Table 1 below.

Tabel 1. Literature Review

No	Authors	Methods	Sample	Findings
01.	Munandar, Irawati and Prianto (2019)	Qualitative design with a nursing process approach.	Five inpatients with mental health disorders.	The intervention of psychoreligious <i>dzikir</i> therapy has a significant impact on enhancing the cognitive abilities of patients with schizophrenia who face nursing issues related to the risk of violent behavior, hallucinations, and social isolation.
02.	Akbar and Rahayu (2021)	Case study design using a descriptive method with a nursing process approach.	Two patients with auditory hallucinations	Psychoreligious therapy through <i>dzikir</i> has a significant impact on redirecting auditory hallucinations, thereby stimulating the patient's peace of mind.

03.	Putri, Hasanah and Inayati (2021)	Case study design using a descriptive method	One patient with inclusion criteria	The intervention of psychoreligious therapy through <i>dzikir</i> has a significant impact on reducing and managing the auditory hallucinations experienced by patients.
04.	Mulia, Sari and Damayanti (2021)	Case study design using a qualitative method.	Two patients with schizophrenia experiencing auditory hallucinations as a nursing issue.	Psychoreligious <i>dzikir</i> therapy in nursing actions has a significant impact on reducing hallucinations while simultaneously enhancing the patients' coping mechanisms for managing their hallucinations.
05.	Karadjo and Agusrianto (2022)	Descriptive research with a case study approach.	One patient with a mental health disorder experiencing hallucinations.	The implementation of psychoreligious <i>dzikir</i> therapy in nursing care for the patient over six days has a significant impact on the patient's ability to independently manage their hallucinations.

Source: processed

DISCUSSION

The research conducted by Munandar, Irawati, and Prianto (2019), titled "Psychoreligious Therapy of Dzikir Using Finger Techniques for People with Mental Disorders (ODGJ) at Grhasia Mental Hospital, Special Region of Yogyakarta," aims to examine the effectiveness of psychoreligious dzikir therapy in promoting tranquility of the heart and mind. This therapy enables individuals to focus better on their activities, control overwhelming emotions, reduce resentment, and stimulate brain waves through reflexology applied to the fingers. The study was carried out over six days at Wisma Arjuna, Grhasia Mental Hospital in Yogyakarta.

Utilizing a qualitative descriptive design with a nursing process approach, the research focused on patients experiencing auditory hallucinations. The inclusion criteria included patients diagnosed with a risk of violent behavior, hallucinations, and social isolation, totaling five participants. Sampling was conducted using purposive sampling, and the research instruments comprised interview guidelines, notebooks, and writing materials.

The results indicated that among the five ODGJ participants receiving psychoreligious dzikir therapy, no cognitive impairments were observed. Cognitive abilities were assessed prior to therapy using the Schizophrenia Cognition Rating Scale (ScoRS), revealing that four patients exhibited no cognitive disturbances, while one had mild cognitive impairment. The study concluded that dzikir as a psychoreligious intervention significantly enhances the cognitive abilities of schizophrenia patients facing nursing issues related to violent behavior, hallucinations, and social isolation.

The research conducted by Akbar and Rahayu (2021), titled "Psychoreligious Therapy of Dzikir for Patients with Auditory Hallucinations," aims to assess patients' abilities to control auditory hallucinations using psychoreligious dzikir therapy. The study is characterized by patients' awareness of how to respond when auditory hallucinations occur, their understanding

of the timing of these hallucinations, and their ability to report to nurses when such hallucinations arise. This case study employs a descriptive method with a nursing process approach, focusing on two patients with significant nursing issues related to auditory hallucinations. The interventions provided included general strategies for managing auditory hallucinations and psychoreligious dzikir therapy, administered over three days with a duration of 10-20 minutes each session. The results from the case study conducted at the UPIP ward of Dr. Amino Gondohutomo Regional Mental Hospital in Semarang indicate a notable improvement in the patients' abilities to control their auditory hallucinations following the application of psychoreligious dzikir therapy. This approach serves as an effective non-pharmacological intervention for patients experiencing auditory hallucinations.

The research conducted by Putri, Hasanah, and Inayati (2021), titled "Implementation of Psychoreligious Dzikir Therapy to Control Auditory Hallucinations in Patients with Auditory Hallucinations," aims to examine the effects of dzikir as a psychoreligious therapy on the symptom changes in patients experiencing auditory hallucinations at the Regional Mental Hospital (RSJD) in Lampung Province in 2020. The scientific study employs a case study design, utilizing a sample of one subject. Data analysis was performed by observing changes before and after the application of psychoreligious dzikir therapy. The findings indicate that the dzikir intervention as a psychoreligious therapy significantly reduces and controls auditory hallucinations. This significance can be achieved when dzikir is recited correctly, ultimately leading to a state of calm and relaxation. Psychoreligious dzikir therapy can be effectively applied to clients with hallucinations, as consistent and focused (*khusyu'*) practice allows patients to mitigate the impact of their hallucinations. By engaging in psychoreligious dzikir, patients can distract themselves from the non-existent voices they hear, thus enhancing their coping mechanisms during episodes of hallucination.

The research conducted by Mulia, Sari, and Damayanti (2021), titled "Implementation of Psychoreligious Dzikir Therapy on the Signs and Symptoms and Coping Ability of Auditory Hallucinations," aims to examine the signs and symptoms of auditory hallucinations as well as the ability of patients with schizophrenia to cope with these hallucinations after receiving psychoreligious dzikir therapy in the working area of Abung Kunang Health Center, North Lampung District. This qualitative study is designed as a case report involving two participants diagnosed with paranoid schizophrenia who exhibit nursing problems related to auditory hallucinations. The research was conducted over four days, from June 4 to June 7, 2020. The instruments used in this study included observation sheets for signs and symptoms of auditory hallucinations, observation sheets for coping ability, and Standard Operating Procedures (SOP) for dzikir as psychoreligious therapy. The findings of this study indicate that the nursing intervention involving psychoreligious dzikir therapy significantly reduced the signs and symptoms of auditory hallucinations and improved the patients' coping abilities in managing these hallucinations.

The research conducted by Karadjo and Agusrianto (2022), titled "Implementation of Psychoreligious Dzikir Therapy on the Control of Auditory Hallucinations in Nursing Care for Patients with Auditory Hallucinations at Madani Hospital Palu," aims to examine the effects of psychoreligious dzikir therapy on controlling hallucinations in the nursing care of patients with auditory hallucinations at Madani Hospital Palu. The study utilized a descriptive method with a case study approach. The subject of the research was a single patient diagnosed with auditory hallucinations at Madani Hospital Palu, using an observation sheet specifically designed for auditory hallucinations. Data were collected through mental health nursing assessment formats,

including interviews, observations, and medical records. Psychoreligious dzikir therapy was administered over a period of six days while training the patient to manage their hallucinations independently. Observation sheets and the patient's daily activity schedule were used as indicators to assess the level of hallucinations. The findings of this study indicate that the intervention of psychoreligious dzikir therapy, implemented over a duration of seven days, effectively enabled the patient to manage their auditory hallucinations independently.

CONCLUSION

Various interventions involving psychoreligious dzikir, such as reciting phrases of goodness invoking Allah—like istighfar (Astaghfirullah), tasbih (Subhanallah), tahmid (Alhamdulillah), and tahlil (Laa ilaaha Illallah)—have a significant impact on reducing and managing the symptoms of hallucinations in patients.

As a non-pharmacological therapy, psychoreligious dzikir is highly recommended for implementation in the treatment of patients experiencing hallucinations.

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