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Dhikr Therapy as an Approach to Handling Auditory Hallucinations in Schizophrenia Patients at Dr. RM. Soedjarwadi Mental Hospital

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Abstract

Background: The incidence of schizophrenia in Indonesia reaches 400,000 people or 1.7 per 1,000 population, whereas Central Java has 8.7% of the population experiencing schizophrenia, and 70% of patients diagnosed with schizophrenia experience auditory hallucinations. Auditory hallucinations are stimulus disturbances where the patient hears voices that are not real. **Objective:** To determine the results of applying dhikr therapy on the ability to control auditory hallucinations in mental disorders patients. **Methods:** This type of research is a case study that uses descriptive methods with pre-test and post-test observation sheets. **Results:** The change score in the ability to control hallucinations in 2 respondents before dhikr therapy was carried out was at stage II (moderate), where respondent 1 got a score of 27 and respondent 2 got a score of 31. After being given dhikr therapy for three days, the respondent experienced a change in score to stage I (mild) hallucinations, where Respondent 1 got a score of 16, and Respondent 2 got a score of 21. **Conclusion:** There are differences in changes in the ability to control hallucinations before and after dhikr therapy in patients with auditory hallucinations.

Keywords: Auditory hallucinations, Dhikr therapy, Schizophrenia

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1. BACKGROUND

Mental disorders are one of the most serious and significant health problems besides several degenerative diseases because the number continues to increase and requires a long healing process, like chronic diseases (Kirana et al., 2022). Mental disorders are psychological conditions of individuals who experience decreased body function, which affects a person's mental health and can interfere with behavior, emotions, thoughts, and social functions (Vitoasmara et al., 2024).

According to the World Health Organization (WHO), 450 million people suffer from mental disorders, with 135 million experiencing hallucinations. Of the 21 million people with mental disorders,

70% experience auditory hallucinations, 20% visual hallucinations, and 10% others (WHO, 2022). Data recorded in the 2018 Basic Health Research (Riskesdas), the incidence of schizophrenia in Indonesia reached 400,000 people or 1.7 per 1,000 population, where Central Java has 8.7% of the population experiencing schizophrenia (Ministry of Health, 2018). Central Java is one of the seven provinces with the highest cases of hallucinations, reaching 25% of the population (Pemprov, 2023). From July 2020 to September 2020, the number of schizophrenia patients undergoing inpatient treatment was 208 (71%) at Dr. RM. Soedjarwadi Mental Hospital, Central Java Province. In January 2023, the highest number of inpatients with schizophrenia and 1,250 outpatients with schizophrenia were recorded (Wati et al., 2023). Mental disorders are a serious problem and require special attention because of the high number of sufferers and the high prevalence rate of mental disorders with a diagnosis of hallucinations (Mustopa et al., 2021).

Hallucinations are one of the common symptoms that often appear in patients with mental disorders, which are characterized by changes in perception, feeling false sensations in the form of sound, sight, touch, or inhalation. Patients feel stimuli that do not exist (Wati et al., 2023). Hallucinations consist of several types, namely auditory hallucinations (Auditory), visual hallucinations (Visual), olfactory hallucinations (Olfactory), gustatory hallucinations (Gusfactory), and tactile hallucinations (Tactile). For patients with a medical diagnosis of schizophrenia, as many as 70% of patients experience auditory hallucinations, 20% experience visual hallucinations, and 10% experience other hallucinations. Based on this, auditory hallucinations are the most common category of hallucinations (Purba, 2024). Stimulus disorders are when patients hear voices, especially people's voices. Hallucinations occur due to the loss of human ability to distinguish between internal stimuli or thoughts and external stimuli or the outside world (Samosir et al., 2022). Signs and symptoms seen in patients with hallucinations include talking, laughing alone, getting angry for no reason, turning in a specific direction, being afraid of something, smelling something, covering the nose, spitting or vomiting, and scratching the surface of the skin (Riyana & Karlina, 2023). Patients who experience hallucinations are caused by the patient's inability to deal with stressors and lack of ability to control hallucinations. The impact of

hallucinations is loss of self-control, which in this situation can kill oneself, kill others, and even damage the environment. Proper handling is needed to minimize the impact of hallucinations (Wulandari & Pardede, 2022). The way to minimize the impact on patients with auditory hallucinations is by handling hallucinations properly; there are several ways to deal with patients with auditory hallucinations, namely psychopharmacology, psychotherapy, spiritual therapy, and rehabilitation (Widiastutik et al., 2024).

Psychoreligious therapy is a form of psychotherapy that combines modern mental health interventions with religious aspects with the aim that patients can overcome their problems by improving coping mechanisms (Abdurkhman & Maulana, 2022). Psychoreligious therapy can be in the form of worship, dhikr, reading, and listening to verses of the Quran (Amira et al., 2023). Dhikr therapy is a psychiatric therapy that is at a higher level than ordinary psychotherapy because dhikr contains spiritual and religious elements that can raise hope and confidence in the client to increase immunity and inner strength and accelerate the healing process (Nisaul, 2024). Dhikr therapy can also be applied to patients with hallucinations because when patients do dhikr therapy diligently and focus their attention perfectly (khusyu'), it can have an impact when their hallucinations appear; patients can eliminate unreal voices and can be busier with dhikr therapy (Tasalim et al., 2023).

Research conducted by Fashihah and Mardiana (2022) on the effect of dhikr therapy with fingers to control hallucinations in schizophrenia patients found that dhikr therapy with fingers affects controlling hallucinations, so it is very effective when given to schizophrenia patients with hallucinations. Because doing this finger dhikr therapy can control the hallucinations felt by the patient, and the patient can focus on giving the finger dhikr. The results of a preliminary study conducted by researchers on February 24 - February 28, 2025, showed that the number of patients hospitalized at the Dr. RM. Soedjarwadi Mental Hospital, Central Java Province, in 2024 was 4,305. Of the total patients, there were 2,335 (54.23%) patients who experienced hallucinations, and in the Dewandaru Ward of the Dr. RM. Soedjarwadi Mental Hospital, there were 404 patients who experienced hallucinations. Based on the data above, it is known that most of the nursing diagnoses in patients with mental

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disorders at Dr. RM. Soedjarwadi Central Java Province are hallucinations.

Based on the background of the problem and the results obtained above, the author is interested in taking nursing action of dhikr therapy to reduce hallucinations in schizophrenia patients at Dr. RM. Soedjarwadi Mental Hospital, Central Java Province, because the most common problem at Dr. RM. Soedjarwadi Mental Hospital, Central Java Province is auditory hallucinations and efforts to optimize nursing interventions at the Dr. RM. Soedjarwadi Mental Hospital, Central Java Province.

2. METHODS

This research design uses a descriptive case study to describe or describe an object's condition carried out on 2 (two) respondents through a pre-test and post-test. Before the implementation, a pre-test was conducted by interviewing and providing an observation sheet containing the measurement of the hallucination scale to control hallucinations in respondents. After the implementation of dhikr therapy, a post-test will be conducted with the same method, namely interviews and measuring the hallucination scale to determine the comparison of hallucinations before and after dhikr therapy.

This study involved two respondents experiencing auditory hallucinations at Dr. RM. Soedjarwadi Regional Mental Hospital in Central Java Province, Indonesia. The inclusion criteria for participant selection were as follows: (1) patients willing to participate as respondents, (2) individuals medically diagnosed with schizophrenia accompanied by auditory hallucinations, (3) cooperative and clinically stable patients, and (4) Muslim patients adhering to the Islamic faith. These criteria ensured the relevance of the study's psycho-religious dhikr therapy intervention to the target population's clinical and cultural context.

This research was conducted at the Dewandaru Ward of Dr. RM. Soedjarwadi Regional Mental Hospital in Central Java Province, Indonesia, from March 7–9, 2025, between 4:00 PM local time. Data collection involved a structured process: prior preparation included submitting the research title for approval, obtaining ethical clearance (EC) from the hospital's KEPK committee and ward head, followed by respondent selection based on inclusion criteria (Muslim patients diagnosed with schizophrenia and auditory hallucinations,

cooperative and stable condition). During implementation, participants were informed about the dhikr therapy's purpose and confidentiality, provided written consent, and underwent pre-therapy observation and interviews. Dhikr therapy was administered for 10–20 minutes, followed by post-therapy observations and interviews over three days to compare pre-and post-intervention outcomes. All procedures, including participant adherence and behavioral changes, were documented systematically to analyze the therapy's effectiveness in managing auditory hallucinations.

This study employed the Auditory Hallucinations Rating Scale (AHRS) to assess hallucination stages through 11 questions evaluating the frequency, duration, origin, loudness, belief in voice causation, negative content quantity and severity, distress levels, life disruption, and voice control. Scores categorized hallucination severity: 0 (none), 1–11 (mild), 12–22 (moderate), 23–33 (severe), and 34–44 (extremely severe). Data were analyzed narratively and comparatively between two respondents using tables. Ethical guidelines included informed consent (ensuring voluntary participation and data confidentiality), beneficence (maximizing participant benefits), non-maleficence (avoiding harm), anonymity (using codes instead of names), veracity (transparent communication of research purposes), justice (non-discriminatory participant selection), and confidentiality (protecting collected data). These principles ensured ethical compliance throughout the research process.

3. RESULTS

This case study was conducted at the Dewandaru Ward of Dr. RM. Soedjarwadi Regional Mental Hospital in Central Java, Indonesia, focusing on two patients with auditory hallucinations. Patient I (Ny. S, 42 years) exhibited symptoms including hearing whispers, talking to herself, shouting, and functional impairment, leading to hospitalization after two years of psychiatric disturbances. Assessment via interview and the Auditory Hallucinations Rating Scale (AHRS) revealed predisposing factors such as traumatic life experiences without a family history of mental disorders. Patient II (Nn. R, 20 years) , assessed using the same methods, displayed command hallucinations (voices urging her to swear), insomnia, and distress, necessitating admission after one year of symptoms. Both patients shared similar predisposing factors (trauma, no familial psychiatric history) and auditory

hallucination severity confirmed by AHRS, though their symptom manifestations and durations differed. These findings underscore trauma as a critical risk factor and highlight the impact of auditory hallucinations on daily functioning, requiring acute clinical intervention.

Table 1. Results of Auditory Hallucinations Rating Scale (AHRS) Before and After Implementing Dhikr Therapy in Booth Patients

Patients	Date	AHRS			
		Score		Level	
		Pre	Post	Pre	Post
Mrs. S	07-03-2025	27	25	Severe	Severe
	08-03-2025	24	21	Severe	Moderate
	09-03-2025	19	16	Moderate	Moderate
Ms. R	07-03-2025	31	30	Severe	Severe
	08-03-2025	28	25	Severe	Severe
	09-03-2025	23	21	Moderate	Moderate

Based on Table 1, a three-day dhikr therapy conducted at Dr. RM Soedjarwadi Provincial Mental Hospital in Central Java Province, Indonesia, showed reductions in anxiety scores measured using the AHRS scale. On the first day, Mrs. S's score decreased from 27 to 25 after dhikr therapy, while Ms. R's score reduced from 31 to 30. On the second day, Mrs. S's score dropped further from 24 to 21, and Ms. R's score improved from 28 to 25. By the third day, Mrs. S's score declined from 19 to 16, and Ms. R's score decreased from 23 to 21, indicating a consistent trend of anxiety reduction following daily dhikr intervention in both patients.

Table 2. Comparison of Final Results in Booth Respondents

Patients	AHRS			
	Score		Level	
	Pre	Post	Pre	Post
Mrs. S	27	16	Severe	Moderate
Ms. R	31	21	Severe	Moderate

Table 2 shows that before the dhikr therapy was carried out, Mrs. S's score was 27 in the category of stage III hallucinations (severe), while Ms. R's score was 31 in the category of stage III hallucinations (severe). It is also known that after the implementation of dhikr therapy, Mrs. S's score was 16 in the category of stage II hallucinations (moderate), and Ms. R's score was 21 in the category of stage II hallucinations (moderate).

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4. DISCUSSION

Development Before and After the Implementation of Dhikr Therapy

Dhikr therapy was conducted for 3 consecutive days. Before the dhikr therapy, Mrs. S often spoke to herself due to hearing whispers in her ears. On the first day, before the dhikr therapy, her score was 27 (Stage III auditory hallucination, severe). After the dhikr therapy, the patient appeared slightly calmer, with a score reduction to 25 (Stage III, severe). On the second day, after dhikr therapy, her score dropped to 21 (Stage II, moderate). By the third day, her score was 16 (Stage II, moderate). Based on the auditory hallucination scores, Mrs. S experienced a reduction in hallucination levels, with a final score of 16 (moderate category).

The researcher concluded that dhikr therapy led to a decrease in auditory hallucinations in Mrs. S before and after its implementation. A study by Anggarawati et al. (2022) states that mental health experts have confirmed that meditative rituals practiced for centuries can accelerate healing and improve overall human health. The mechanism of dhikr therapy controls hallucination symptoms by regulating the nervous system's ability to detect, analyze, and transmit information. This aligns with research by Fitrianingrum and Yunitasari (2022), which found that psychoreligious dhikr therapy can manage hallucination symptoms in subjects. This occurs because when patients perform dhikr diligently and with focused devotion (khusyu'), it distracts them from unreal voices, allowing them to concentrate on dhikr instead.

Before dhikr therapy, Ms. R often daydreamed, heard whispers, and uttered obscenities. On the first day, her pre-therapy score was 31 (Stage III, severe). After the first day of dhikr therapy, her score was 30 (Stage III, severe). On the second day, her score decreased to 25 (Stage III, severe); by the third day, it was 21 (Stage II, moderate). Based on the auditory hallucination scores, Ms. R showed a reduction in hallucination levels, with a final score of 21 (moderate category).

The researcher concluded that dhikr therapy effectively reduced auditory hallucinations in Ms. R before and after implementation. Dhikr therapy can be applied to hallucination patients because diligent practice with complete focus helps suppress unreal voices by redirecting attention to dhikr (Biahimo et al., 2024). During the study, some respondents experienced hallucinations accompanied by anxiety. Researchers approached and calmed them while teaching dhikr therapy to manage their hallucinations. This

method helped patients control their hallucinations.

Comparison of Results Between the Two Respondents After Dhikr Therapy

The findings above indicate that after three days of dhikr therapy, both respondents showed positive outcomes in controlling auditory hallucinations, as reflected by reduced AHRS (Auditory Hallucination Rating Scale) scores. For Mrs. S, the AHRS score decreased from 27 (moderate) to 16 (mild), demonstrating the therapy's positive impact on managing hallucinations, such as hearing voices, self-directed speech, and shouting, which were documented during initial observations. Meanwhile, Ms. R had a higher baseline score of 31. Although her score reduction was more minor compared to Mrs. S, dhikr therapy remained effective, with her final score at 21 (mild category), indicating improvement.

Both respondents experienced reduced auditory hallucinations after three days of dhikr therapy, but differences in AHRS scores persisted. While both fell into the mild category, Mrs. S's final score was higher than Ms. R's. This discrepancy is influenced by age and psychological maturity. Mrs. S, aged 42, and Ms. R, aged 20, represent different life stages. Mrs. S, being older, is psychologically more mature but tends to withdraw socially and struggles with communication. Research by Wijoyo et al. (2022) suggests that individuals nearing late adulthood develop multifaceted perspectives, enabling better problem-solving.

Conversely, Ms. R exhibited impulsive tendencies, evident in behaviors like shouting obscenities upon hearing whispers, screaming, and poor self-control, which heightened her anxiety. At this age, individuals often struggle with emotional regulation and impulsivity, making it harder to focus entirely on dhikr therapy. Although Ms. R's score improved, the progress was less significant compared to Mrs. S. Youth is often linked to emotional instability, making it harder to resist impulses or maintain focus during therapy.

These findings align with Pratiwi's (2023) study, which states that aging enhances cognitive abilities and knowledge. Psychological maturity affects coping mechanisms, with older individuals better at managing anxiety due to greater adaptability.

External and internal factors influence patients' ability to control hallucinations. One external factor is the length of hospital stay. Fitriyah and Zahra (2022) note that hospitalization duration reflects healthcare efficacy. Mrs. S stayed for 7 days, while Ms. R stayed for 4 days.

Mrs. S's greater score reduction (11 points vs. Ms. R's 10 points) was partly due to family support. Mrs. S's family visited every 3 days, while Ms. R received no visits. Winono (2021) found that more extended hospital stays allow continuous nursing interventions, aiding hallucination control.

Other factors include individual differences in responding to hallucinations. Refnandes (2023) found that schizophrenia patients vary in responses due to differing coping mechanisms and the inability to distinguish internal/external stimuli.

Research by Akbar and Rahayu (2021) highlights that spiritual dhikr therapy has positive effects, including calming the mind, reducing stress, and enhancing self-control. Ddhikr aims to strengthen one's connection to Allah SWT, reducing stress and anxiety. Recent studies, such as Fashihah and Mardiana (2022), show that finger-based dhikr therapy effectively controls hallucinations in schizophrenia patients by improving focus. Similarly, Sutri and Utami (2023) found that dhikr reduces perceived whispers in auditory hallucination sufferers.

The researcher concluded that Mrs. S's higher score reduction than Ms. R's was due to her stronger coping mechanisms and willingness to interact socially.

The researcher acknowledges several limitations in the implementation of this study. First, the intervention was conducted over only three consecutive days. In contrast, the primary journal recommends three sessions per week with alternating days, potentially limiting the depth of observed effects. Second, the varying hospitalization durations of clients may have influenced pre-intervention hallucination symptoms, as longer stays likely exposed patients to more frequent nursing interventions related to managing hallucinations. Third, respondents required assistance completing the questionnaire, which could affect data accuracy due to potential difficulties in comprehension or self-reporting. These factors may impact the generalizability and reliability of the findings.

5. CONCLUSION

Based on the case study, dhikr therapy effectively controlled auditory hallucinations in both patients. After three consecutive days of implementation, Mrs. S showed an 11-point reduction (from 27 to 16) and Ms. R a 10-point reduction (from 31 to 21), with both transitioning to Stage II (moderate) hallucination levels. While Mrs. S demonstrated a more significant improvement, likely due to greater psychological maturity and family support,

both cases highlighted Dhikr's potential as a non-pharmacological intervention to manage symptoms through focused devotion and stress reduction. The findings suggest its applicability in home settings, offering families a practical therapeutic option for individuals with auditory hallucinations.

AUTHOR CONTRIBUTIONS

The author contributes in conceptualization, data collection and analysis: Eka Novitasari, Amalia Arifatul Diktina, and Wahyu Reknoningsih. Writing and manuscript revisions: Eka Novitasari, and Amalia Arifatul Diktina.

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CONFLICT OF INTEREST

The authors declare that there are no conflicts of interest in this research.

DATA AVAILABILITY STATEMENT

The data are available from the corresponding author upon reasonable request.

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