

**NURSING CARE FOR PATIENTS WITH AUDITORY  
HALLUCINATIONS THROUGH PSYCHORELIGIOUS  
THERAPY (DZIKIR) AT RSJ TAMPAN PROVINSI RIAU****Dwi Riska Amiroh<sup>1</sup>, Rina Herniyanti<sup>2</sup>, Yeni Devita<sup>3</sup>, Arlia Purwaningsih<sup>4</sup>****a** Department Epidemiology, Faculty of Nursing, Science, Ikes Payung Negeri,  
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Negeri, Pekanbaru, Indonesia..Corresponding author: [riskariskaaa417@email.com](mailto:riskariskaaa417@email.com), [rinaherniyanti23@gmail.com](mailto:rinaherniyanti23@gmail.com)**Abstract**

Mental disorders, particularly schizophrenia, are serious mental health conditions characterized by hallucinations, delusions, and abnormal behavior. One of the main symptoms is auditory hallucinations, which can trigger anxiety, social isolation, depression, and even increase the risk of suicide. Based on data from RSJ Tampan Provinsi Riau in 2024, cases of auditory hallucinations reached 57.14%. Non-pharmacological therapies such as psychoreligious therapy (dzikir) have been proven to help clients manage hallucinations. This study aims to explore nursing care for clients with auditory hallucinations through the implementation of dzikir therapy in the Rokan Ward at RSJ Tampan. The method used is a case study with an Evidence-Based Nursing (EBN) approach, applying the SP 1–4 strategy for hallucination control. The intervention was conducted over three days on one cooperative client. The results showed that dzikir effectively reduced anxiety levels and improved the client's ability to recognize and manage hallucinations. This therapy helps the client become calmer, more focused, and better able to divert attention from hallucinatory voices. Thus, dzikir therapy is effective as a complementary intervention in mental health nursing care for clients with auditory hallucinations.

**Keywords:** Nursing Intervention 1; Auditory Hallucinations 2; Psychoreligious Therapy (Dhikr) 3.**INTRODUCTION**

Mental disorders are conditions in which individuals experience disturbances in thoughts, feelings, and behaviors that interfere with daily functioning (Purba et al.). One of the most common mental disorders in developing countries is schizophrenia, a psychotic disorder that affects thinking, communication, and perception of reality, characterized by disorganized thoughts, delusions, hallucinations, and abnormal behavior (Fionita et al., 2023).

According to the World Health Organization (WHO, 2022), one in eight people worldwide—equivalent to around 970 million individuals—experience mental disorders, with global depression prevalence at 5% and anxiety disorders at 4%. In Indonesia, the 2023 Health Survey reported a national depression prevalence of 1.4%, highest among youth aged 15–24 years (2%), with women (2.8%) being more affected than men (1.1%) (Kemenkes, 2023). Data from Tampan Mental Hospital (2024) show that sensory perception disturbances (hallucinations) were the most common cases (57.14%), followed by self-care deficit (17.3%), low self-esteem (8.16%), and suicide risk (4.08%). Auditory hallucinations occur when individuals hear unreal sounds, such as voices giving commands, insults, or mockery, which can cause anxiety, social withdrawal, depression, or even self-harm and harm to others.

Management of hallucinations involves both pharmacological and non-pharmacological approaches. One effective non-pharmacological method is psychoreligious therapy (dzikir),

which helps calm the heart and refocus attention away from hallucinated voices (Fionita et al., 2023).

According to Andri et al. (2025), the effectiveness of dzikir therapy was measured using the Auditory Hallucination Rating Scale (AHRS) questionnaire, which showed a gradual decrease in anxiety scores. On the first day of therapy, Ny. S anxiety score decreased from 27 to 25, and Ny. R score decreased from 31 to 30. This reduction continued on the second day, with Ny. S score dropping from 24 to 21 and Ny. R from 28 to 25. On the third day, Ny. S anxiety score further decreased from 19 to 16, while Ny. R score decreased from 23 to 21. These results indicate a consistent reduction in anxiety after three days of dzikir therapy intervention.

A preliminary study conducted in the Rokan inpatient ward at Tampan Mental Hospital found that among 12 clients with hallucinations, 7 experienced auditory hallucinations. Most clients reported hearing commanding voices that caused withdrawal and difficulty distinguishing reality. Observation showed that clients often talked or laughed to themselves or appeared restless. After being taught dzikir, clients reported feeling calmer and more comfortable. Based on these findings, the researcher is interested in conducting a scientific study titled: "Nursing Care for Clients with Auditory Hallucinations through the Application of Psychoreligious Therapy (Dzikir) at Tampan Mental Hospital, Riau Province."

## **METHODS**

The Evidence-Based Nursing (EBN) method using a descriptive case study approach through the implementation of psychoreligious therapy (dhikr) for a patient with auditory hallucinations in the Rokan Ward of Tampan Mental Hospital, Riau Province. The effectiveness of the intervention was measured before and after therapy using the Hallucination Implementation Strategy (SP) 1–4, as well as interviews and observations.

The therapy was conducted over three days, with each session lasting 10–20 minutes. The subject was one cooperative patient with auditory hallucinations who participated in four stages of hallucination control training:

Recognizing and rebuking hallucinations, Engaging in conversations with others, Performing positive daily activities accompanied by dhikr (istighfar, tahmid, takbir, and tahlil, each repeated 33 times), Taking medication regularly. Data were analyzed descriptively by comparing changes in hallucination frequency and patient behavior using the Auditory Hallucination Rating Scale (AHRS) and nursing documentation (SOAP).

## **RESULTS**

The results of the psychoreligious (dzikir) therapy implementation in Patient I were as follows:

On June 20, 2025, at 14:45, Mr. T stated that after performing dzikir therapy, he felt calmer and more relaxed. On June 19, 2025, at 19:30, Mr. S mentioned that he still heard voices, but only occasionally. On June 18, 2025, at 15:00, Mr. T said that he felt calm only for a short time when helped by medication; however, he still heard whispers at night. Mr. T also expressed his desire to recover soon and return home. During the initial assessment, the nursing problems identified were auditory hallucinations and risk of suicide.

The results of the psychoreligious (dzikir) therapy implementation in Patient II were as follows: On June 20, 2025, at 15:50, Mr. R stated that after performing dzikir therapy, he felt calmer and more relaxed. On June 19, 2025, at 10:00, Mr. R reported still hearing voices occasionally. On June 18, 2025, at 16:00, Mr. R said that he had heard whispers and felt calm for only a few minutes.

The results of the psychoreligious (dzikir) therapy implementation in Patient III were as follows:

On June 20, 2025, at 15:50, Mr. W stated that after performing dzikir therapy, he felt calmer and more relaxed. On June 19, 2025, at 10:00, Mr. W reported that he still occasionally heard voices. On June 18, 2025, at 16:00, Mr. W stated that he still heard whispers and felt calm for only a few minutes. During the assessment, the nursing problem identified in the second patient was auditory hallucination.

Tabel 1.1 The results of the questionnaire were obtained using a questionnaire.

ke1	Day ke-2	Day ke-2	Categori				
Patient Managed			POST	PRE	POST	PRE	POST
Tn. T	14	13	11	11	5	5	Medium
Tn. R	13	12	11	9	4	4	Light
Tn. W	16	15	15	10	5	5	Medium

## DISCUSSION

The findings indicate that dzikir therapy effectively reduces auditory hallucinations and enhances self-control among schizophrenic patients. Dzikir acts as a positive cognitive distraction, redirecting focus from internal voices to spiritual engagement, while simultaneously invoking physiological relaxation through rhythmic breathing and repetition. Previous research supports these results. Akbar & Rahayu (2021) reported that psychoreligious dzikir reduced anxiety and improved concentration in hallucinating patients.

Similarly, Novitasari et al. (2025) found that dzikir, when performed with mindfulness and sincerity, decreased the frequency of hallucinations in schizophrenic patients.

From a neuropsychological perspective, dzikir may influence the limbic system and parasympathetic activation, resulting in emotional regulation and stress reduction. Integrating spiritual therapy within psychiatric nursing aligns with holistic care principles, addressing physical, psychological, social, and spiritual needs.

## CONCLUSION

After conducting research on the implementation of psychoreligious (dzikir) therapy for patients with auditory hallucinations in the Roka Ward of Tampan Mental Hospital, Riau Province, the following conclusions can be drawn:

**Nursing Assessment:** The assessment revealed that the clients reported hearing unclear whisper-like voices, especially when they were alone. Some clients stated that the voices gave them commands to wake up or perform certain actions. They also mentioned hearing these voices frequently during the day and at night and feeling annoyed or disturbed by them.

**Nursing Diagnosis:** The nursing diagnosis identified in this case was sensory perception disturbance: auditory hallucination.

**Nursing Intervention:** The nursing intervention for this diagnosis included the application of psychoreligious (dzikir) therapy and the implementation of standard nursing care steps SP 1–4 for hallucination management.

**Nursing Implementation:** The nursing implementation involved providing psychoreligious (dzikir) therapy sessions and following SP 1–4 interventions consistently for each patient.

**Evaluation:** The evaluation showed that Mr. T reported feeling calmer after performing dzikir therapy compared to the previous day. He also expressed a desire to recover soon and return home. Mr. R stated that the whispering voices had started to decrease and that he felt calmer after practicing dzikir. Mr. W reported that he no longer heard any whispering voices and that he felt increasingly calm while performing dzikir.

**Pretest and Posttest Results:** The pretest and posttest scores demonstrated a significant improvement. Patient I: Pretest score 14 → Posttest score 5. Patient II: Pretest score 13 → Posttest score 4. Patient III: Pretest score 16 → Posttest score 5. These findings indicate that the implementation of psychoreligious (dzikir) therapy effectively reduced the symptoms of auditory hallucinations and promoted a sense of calm and spiritual well-being among the patients.

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