



Original Article

Effect of psycho-religious group therapy on hallucination in schizophrenia patient

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A B S T R A C T

Background: Psycho-religious therapy can be used to treat schizophrenia patients. Group therapy is also effective at reducing the signs and symptoms of hallucinations. Combining these two methods for the intervention of schizophrenic patients who experience hallucinations still needs scientific evidence.

Objective: This study aims to determine the influence of dhikr psycho-religious group therapy on changes in signs of hallucination symptoms in patients with a psychotic disorder.

Methods: This is a pre-experiment study with a pre-post-test design. The sample number was 33 participants in schizophrenia patients with hallucinations. Sampling techniques use purposive sampling that meets inclusion criteria. The research instrument uses a hallucination signs and symptoms evaluation questionnaire. Dhikr psycho-religious group therapy is carried out in 4 times meetings with two stages—data analysis using frequency distribution and statistically paired t-test test.

Results: The hallucination symptom score before the intervention was 22.36; after the intervention, it decreased to 11.03. The statistical analysis showed significant differences in hallucination symptoms before and after the intervention of psycho-religious group therapy ($p < 0.05$). Psycho-religious group therapy provides a medium effect in reducing hallucination symptoms (Cohen's d : 3.09).

Conclusion: Psycho-religious group therapy can significantly reduce hallucination symptoms.

INTRODUCTION

Schizophrenia is a psychotic disorder in the form of disorders with biopsychosocial dimensions accompanied by hallucinations, delusions, and strange behavior.¹⁻³ The phenomenon of schizophrenia mental disorder has increased significantly from year to year. Over 24 million people, or 1 in 300 persons (0.32%), globally have schizophrenia. Adults at this rate make up 1 in 222 individuals (0.45%). It does not occur as frequently as many other mental illnesses. The most common times for onset are in late adolescence, and the early twenties, and onset often occurs earlier in men than in women.⁴ The Basic Health Riset results in 2018 showed that the prevalence of schizophrenia in Indonesia was 6.7%. Out of 1,000 households, 6.7 households have household members with schizophrenia/psychosis problems. The highest prevalence spread is found in Bali and Yogyakarta, with 11.1% and

10.4%, respectively, who have ART with schizophrenia.⁵ A preliminary study at the Grhasia Mental Hospital in Yogyakarta found that as many as 36 patients with schizophrenia had hallucinations in September 2020.

Schizophrenia's most prevalent symptom is hallucinations.⁶ Hallucinations in the form of unreal sounds and visions, self-harm behavior, delusions or feelings of excessive suspicion towards someone around him, and strange changes in attitude are among the positive symptoms of schizophrenia.⁷ They are encouraged to do so because of the influence of hallucinations of the voice heard.⁸ Individuals feel a stimulus in the form of hallucinations that do not exist or are not that occur continuously. If not immediately overcome, it can cause negative impacts on schizophrenia patients, increasing anxiety, depression, and even suicidal desire.¹

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Efforts have been made to overcome the signs of schizophrenia symptoms significantly. Individualized nursing care for schizophrenia patients with hallucinations affects lowering hallucination symptoms.⁹ Group intervention is another strategy that nurses might employ. This therapy is carried out in groups of fellow patients with direction from the supervisor to interact with group members.¹⁰ Considering the intimate connection between religion and many characteristics of schizophrenia, this topic has been largely neglected in mental health.¹¹

One other type of modality therapy that effectively reduces signs of symptoms in schizophrenia patients is psycho-religious therapy. Psycho-religious therapy is a treatment based on patients' spirituality.¹² Psycho-religious modality therapy in the form of worship, dhikr, reading, and listening to verses of the Qur'an can be used as an intervention to improve the ability of worship in patients to get closer to the Almighty in the healing process of schizophrenia patients.¹³

Spiritual healing is a therapy that is frequently used to treat hallucinations in mental facilities, but it is not commonplace. The only frequently used type is group activity therapy, which is also helpful in treating hallucinations. No research has been done on schizophrenic patients who suffer from hallucinations and combine group therapy, psycho-religious treatment, and dhikr. This study aimed to evaluate the efficacy of combining psycho-religious dhikr group therapy to lessen the signs and symptoms of hallucinations.

METHOD

Study Design

This study employed a pre-experimental design with a one-group pre-post-test design.¹⁴

Setting and Respondents

The study was conducted in a psychiatric hospital in the Special Region of Yogyakarta province. The study sample comprised 33 participants obtained by purposive sampling with criteria for inclusion of schizophrenic patients with signs of hallucination symptoms, Muslim, who did not experience communication barriers. The research excludes patients with cognitive impairment, crisis phases, and religious delusions.¹⁵

Experimental Procedure

The implementation of therapy is through 2 stages for one month. The first stage is described in the therapy of the psycho-religious group dhikr. The second stage is psycho-religious group therapy accompanied by a nurse.

The Variables, Instruments, and Measurement

Measurements are carried out pre-and post-test with the Instrument of Evaluation of Signs and Symptoms of Hallucinations. The instrument validity test result is 0.86, and the reliability test result is 0.858, so the instrument is declared valid and reliable.

Data Analysis

This study used the paired t-test for data analysis since the data were normally distributed.

Ethical Consideration

This research refers to research ethics and has been approved by the Health Research Ethics Committee Grhasia Mental Hospital Yogyakarta with certificate number: 62/KEPKRSJG/XII/2020.

RESULTS

Table 1 shows that most gender participants are male, with 21 participants (63.6%). The latest education data shows that the most participants' education data is high school, with as many as 12 people (36.4%). Based on the participants' age data, it is known that most participants in the 31-40-year-old category were 11 people (33.3%). Based on employment data, it is known that most of the labor/farmer category participants are as many as ten people (30.3%).

Based on table 2, the hallucination symptom score before the intervention was 22.36; after the intervention, it decreased to 11.03. The statistical analysis results showed significant differences in hallucination symptoms before and after the intervention of psycho-religious group therapy ($p < 0.05$). The results of the effect size analysis show that psycho-religious group therapy provides a medium effect in reducing hallucination symptoms (Cohen's d : 3.09).

Table 1. Characteristics of Respondent (n = 33)

Characteristic	Results
Gender	
Man	21 (63.6%)
Woman	12 (36.4%)
Age	
20-30 Years	10 (30.3%)
31-40 Years	11 (33.3%)
41-50 Years	8 (24.2%)
> 50 Years	4 (12.1%)
Education	
Elementary School	6 (18.2%)
Junior High School	9 (27.3%)
Senior High School	12 (36.4%)
College	6 (18.2%)
Employment history	
Not Working	9 (27.3%)
Labor/Farmer	10 (30.3%)
Private Employees	9 (27.3%)
State Officer	2 (6.1%)

Table 2. The Hallucination Signs and Symptoms Analyze

Hallucination	Mean±SD	t	p-value	Effect size
Pre-test	22.36±3.698	14.944	0.000	3.09
Post-test	11.03±3.627			

DISCUSSION

The results obtained after dhikr psycho-religious group therapy, participants experienced a decrease in the score of signs of hallucination symptoms. Dhikr therapy performed in a staged manner can increase the success of hallucination control and reduce the score of signs of auditory hallucination symptoms in schizophrenic patients with hallucinations.¹⁶

Hallucinations are one of the positive symptoms of schizophrenia in the form of sensory perception disorders experienced by mentally ill patients. 91% of schizophrenia patients are characterized by behavior that injures themselves or others when hallucinations appear. They are encouraged to do so because of the influence of hallucinations of the voice heard.⁸ Individuals feel a stimulus in the form of hallucinations that do not exist or are not that occur continuously and, if not immediately overcome, can cause negative impacts for schizophrenia patients that can increase anxiety, depression, and even suicidal desire. Increased gamma activity is connected with symptoms of hallucinations. Mainly represented were the medial frontal cortex, the cingulate gyrus, and the inferior frontal gyrus. These sample regions are virtual nodes of the default mode network and frontoparietal network.¹⁷

Before carrying out psycho-religious group therapy, participants experience signs and symptoms of hallucinations; namely, respondents feel hearing a whisper telling them to do something so that they obey their hallucinations, hit someone when emotions direct in a specific direction, often laugh at themselves, feel something strange on the skin and mouth, smell that can only be felt by themselves, feel afraid when hallucinations appear, changes in communication patterns, restlessness. From these data, participants can be said to experience hallucination symptoms.

The results of the score of signs of hallucination symptoms in participants before the Dhikr psycho-religious group therapy obtained a mean score of 22.36. Participants, especially Dhikr, cannot control symptoms when hallucinations appear and rarely perform worship. After the dhikr psycho-religious group therapy, there was a decrease in the mean value; the result of the mean value after the dhikr psycho-religious group therapy was 11.03. The results showed that dhikr psycho-religious group therapy significantly affected the signs of hallucination symptoms in psychotic patients ($p < 0.05$). This occurs because the influence of Dhikr psycho-religious group therapy carried out

by participants provides a therapeutic effect to reduce signs of hallucination symptoms.

One of the spiritual values that can be done to decrease signs of hallucination symptoms is dhikr therapy. Dhikr is a container, means, and concept so that humans still remember Allah even though they are not in a state of prayer.¹⁸ Dhikr therapy can be done by oral and heart purifying the name of God, praising Him with all perfection, greatness, and beauty as an activity to remember God.¹⁹

Therapies that combine spiritual or religious elements can be a positive treatment approach for individuals diagnosed with psychotic disorders.²⁰ Spiritual and religious beliefs can help individuals cope with long-term stress and lower episodes of acute psychosis. Dhikr therapy is one method to achieve balance.²¹ There will be a calm atmosphere and a positive emotional response that will make the central nervous system better. From the point of view of mental health science, Dhikr is a higher level of psychiatric therapy than regular psychotherapy. This is because Dhikr contains spiritual, religious-spiritual elements, which can arouse hope and confidence in the client or sufferer to increase immunity and psychic powers and accelerate the healing process.

Both psychotherapy and drugs may have a similar mechanism of action, including neuronal plasticity (i.e., the alteration of a person's brain structure), resulting in a change in behavior or symptoms.²² After religious and spiritual therapy, mainly Islamic, patient well-being improves.²³ Regarding psychiatric problems, religious involvement provides a sense of control and significance.²⁴ Psychotherapy Dhikr can considerably enhance patients' ability to regulate hallucinations ($p < 0.001$).²¹ Dhikr is a component of Islamic worship—those who pray to see significant changes in brain volume and metabolism in two distinct structures. The first structure is the cingulate cortex, whose volume and metabolic activity grow significantly. The second surprising finding was that the amygdala's fear response is downregulated, resulting in decreased activation of the hypothalamic fight-or-flight mechanism.²⁵ The activation of the MPFC (medial prefrontal cortex) is related to knowledge and awareness of the power of God.²⁶ The MPFC is crucial for cognitive processing, emotional control, motivation, and social skills.³ Many neurological and psychiatric illnesses, including depression, anxiety disorders, schizophrenia, autism spectrum disorders, Alzheimer's disease, Parkinson's disease, and addiction, have been linked to mPFC dysfunction.

Dhikr can relax and lessen anxiety in a person. This is because Dhikr can suppress beta waves in the brain significantly.²⁷ This therapy is essential because hallucinating patients frequently suffer anxiety. Dhikr breathing relaxation therapy can improve the quality of one's sleep.²⁸ This

is significant because there is a substantial correlation between sleep disturbances and hallucinations, precisely the phenomenological characteristics of hallucinations that occur in the context of sleep deprivation.²⁹ Psychotic symptoms progress from basic visual/somatosensory errors to hallucinations and delusions, culminating in a condition resembling acute psychosis as time sharp increases.³⁰ Obviously, dhikr with a considerable number can be accomplished solo, but doing it in a group will generate a more impassioned atmosphere.³¹

CONCLUSIONS AND RECOMMENDATION

The psycho-religious group dhikr as combination therapy can significantly reduce the signs of hallucination symptoms in patients with psychotic disorders at Grhasia Mental Health Hospital. Nurses in psychiatric hospital wards can use this combined intervention to reduce the signs and symptoms of hallucinations in schizophrenic patients.

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