



Comparison of Murotal Therapy and Classical Music Therapy On the Recurrence of Hallucinations

journal home page: <https://goicare.web.id/index.php/JNJ>

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Editorial



PRE-EXPERIMENTAL STUDY

ARTICLE HISTORY

Received: July 28, 2025

Revised: September 20, 2025

Accepted: October 2, 2025

DOI: 10.61716/jnj.v3i3.122

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Abstract

Background: Hallucinations are perceptual disturbances experienced by individuals, in which a person may hear, see, smell, or feel something that does not actually exist. This disorder carries the risk of causing behavior that is harmful to oneself and others. **Purpose:** This study aims to determine the difference in effectiveness between murotal therapy and classical music therapy on the recurrence of hallucinations in patients. **Methods:** This study used a pre-experimental design with a one-group pretest-posttest approach. A total of 30 patients diagnosed with hallucinations at the Aulia Rahma Clinic in Bandar Lampung were selected as respondents and divided into two intervention groups: the murotal therapy group and the classical music therapy group. Murotal therapy was conducted by playing Surah Ar-Rahman, while classical music therapy was provided through instrumental music. **Results:** The results showed that the murotal therapy group experienced a 1.80-point decrease in hallucination recurrence scores, which was higher than the classical music therapy group. Data analysis using statistical tests showed a value of $p = 0.032$ ($p < 0.05$), which means that there was a significant difference between the two therapies in terms of reducing hallucination recurrence. **Conclusion:** Murotal therapy is more effective than classical music therapy in reducing the recurrence of hallucinations in patients with mental disorders. Murotal therapy can be used as an alternative non-pharmacological nursing intervention that is easy, inexpensive, and safe to apply in mental health nursing practice.

Keywords: hallucinations, music, murotal, recurrence, spiritual therapies

Introduction

Hallucinations are sensory perception disorders that cause a person to hear, see, smell, or feel something that does not actually have an external stimulus [24]. Hallucinations can affect all five senses and often occur in individuals with severe mental disorders such as schizophrenia. Patients typically have a strong belief that these perceptions are real, putting them at risk of engaging in self-harming or harmful behavior toward others [17]; [21]. In severe cases, hallucinations can lead to panic, aggressive behavior, or even suicide if not properly addressed [24].

According to the 2018 Basic Health Research (Riskesdas), the prevalence of severe mental disorders in Indonesia reached 1.7 per

thousand, while emotional mental disorders were experienced by more than 19 million people over the age of 15 [15] Data from the Ministry of Health also shows a suicide rate of 1,800 cases per year, or about five cases per day, with the 10–39 age group being the highest risk group [16]. In Lampung Province, the Health Office reported 11,316 cases of mental disorders in 2022, with 1,899 cases occurring in Bandar Lampung City [6].

Various interventions have been implemented to address hallucinations, both pharmacological and non-pharmacological. However, non-pharmacological therapy is preferred due to its minimal side effects and ability to enhance patient comfort [3]. Two commonly used approaches are murotal therapy

and classical music therapy. Murotal therapy is a method that uses the recitation of sacred verses from the Quran, such as Surah Ar-Rahman, which has been clinically proven to reduce anxiety levels and the intensity of hallucinations [7]; [26]. Meanwhile, classical music therapy—such as Mozart's compositions—is known to stimulate the limbic system and promote the release of endorphins, thereby helping to reduce hallucination symptoms [2]; [5].

Research by Dian Anggri Yanti et al. (2020) shows that classical music therapy is effective in significantly reducing the level of auditory hallucinations ($p < 0.05$). On the other hand, Nidya Tama Waja et al. (2023) proved that murotal therapy also significantly reduced hallucination scores. However, there are still few studies that directly compare the effectiveness of the two.

The Aulia Rahma Clinic in Bandar Lampung is one of the mental health facilities that actively uses both therapies, but no comparative evaluation of their effectiveness has ever been conducted. Therefore, this study was conducted to determine whether there is a significant difference between murotal therapy and classical music therapy in terms of the recurrence of hallucinations in patients, so that it can be used as a basis for selecting more effective and efficient mental health nursing interventions.

Non-pharmacological approaches such as murotal therapy and classical music therapy are increasingly being used in psychiatric nursing practice because they are easy to implement, safe, and have minimal side effects. Murotal therapy offers spiritual relaxation through the recitation of sacred verses from the Quran, while classical music therapy works through sensory stimulation to reduce anxiety and hallucination symptoms. This research is important to determine which therapy is more effective in reducing hallucination recurrence, thereby serving as a basis for evidence-based nursing interventions.

Methods

Study design and setting

A quasi-experimental, non-randomized, two-group pretest-posttest design was employed for this study, conducted at the Aulia Rahma Kemiling Clinic in Bandar Lampung, Indonesia, from February 23 to March 6, 2025.

Participants and eligibility

The study included all individuals clinically diagnosed with hallucinations and receiving treatment at the clinic during the specified period. A total of 30 participants were enrolled using a census sampling method. Participants were stratified into two parallel groups based on the clinic's scheduling and service delivery system: one group received murotal therapy, and the other received classical music therapy. All participants provided written informed consent before their inclusion in the study.

Interventions

The murotal group was exposed to a 15-minute daily recitation of Surah Ar-Rahman via audio for six consecutive days. The control group listened to instrumental classical music by Mozart under identical conditions (15 minutes daily for six days). Both therapeutic interventions were administered in a tranquil clinical setting under standard nursing supervision.

Outcomes

The primary outcome measure was the change in hallucination relapse score from baseline to day 6, assessed using a clinic observation sheet designed to quantify the frequency and intensity of hallucination symptoms. Measurements were taken immediately prior to the first intervention session and following the conclusion of the sixth session.

Procedures and data collection

Outcome assessments were performed by the principal researcher in conjunction with trained nursing staff, utilizing a standardized data collection form and schedule. Demographic and clinical characteristics were documented at the outset of the study. Daily monitoring of participant adherence to the assigned audio sessions was conducted by the attending nurse.

Randomisation and masking

Due to logistical constraints related to clinic operations and the nature of the auditory interventions, randomization and masking procedures were not implemented. Group allocation was determined by the existing clinic workflow, and outcome assessors were informed of participant group assignments.

Sample size

The sample size was determined by the number of eligible patients available at the clinic during the study period, alongside practical considerations. No formal a priori power calculation was conducted, and the findings should be regarded as preliminary.

Statistical analysis

Analyses were performed according to a predetermined plan. Descriptive statistics are presented as means or medians and frequencies as appropriate. The primary analysis involved comparing the change from baseline to day 6 between the two groups using an independent-samples t-test, contingent upon meeting its assumptions. If assumptions were not met, the Mann-Whitney U test was utilized. Changes within each group from pre-intervention to post-intervention were also described. Effect sizes with 95% confidence intervals were reported, with a two-sided significance level of $\alpha=0.05$. No adjustments for multiple comparisons were planned, and missing data were not imputed. Statistical analyses were conducted using IBM SPSS Statistics.

Ethics

The study protocol received ethical approval from the Ethics Committee of Mitra Indonesia University (Approval No. S. 25/085/FKES10/2025). The research was conducted in accordance with the principles of anonymity, confidentiality, voluntary participation, and the Declaration of Helsinki.

Result

Based on the results of the data analysis in Table 1, it is known that the majority of respondents who underwent treatment at the Aulia Rahma Clinic were over 30 years old, namely 19 respondents (63.3%). Based on gender, most of the respondents were male, namely 23 people (76.7%). In terms of educational background, the majority of respondents had a high school education as their highest level of education, with 27 respondents (90.0%). This characteristic indicates that the adult age group, particularly males with a secondary education, dominate the patients with hallucinations being treated at the clinic.

Table 1. Frequency distribution of respondent characteristics at the Aulia Rahma Clinic in Kemiling, Bandar Lampung

Variable	Frequency	Percentage (%)
Age		
< 30 years	11	36.7
> 30 years	19	63.3
Gender		
Men	23	76.7
Women	7	23.3
Education		
SMA	27	90.0
SMK	2	6.7
SMP	1	3.3

Based on Table 2, it is known that in the pre-intervention group, the average frequency of hallucination recurrence in respondents who received classical music therapy was 5.93 times per day with a standard deviation of 1.223. This value indicates that the variation in recurrence among respondents in this group was relatively low. The recorded recurrence range was between 4 and 8 times per day. Meanwhile, in the murotal therapy group, the average frequency of hallucination recurrence before intervention was 6.40 times per day with a standard deviation of 0.986, indicating that the data distribution in this group was relatively homogeneous. The range of recurrence in the murotal therapy group was also between 4 and 8 times per day, similar to the classical music therapy group. These findings indicate that before intervention, both groups had high rates of hallucination recurrence with comparable distribution patterns (Table 2).

Table 2. Average recurrence of hallucinations in respondents before receiving music therapy and murotal at the Aulia Rahma Kemiling Clinic in Bandar Lampung

Recurrence of hallucinations	Mean	SD	(Min-Max)	n
Music therapy				
Before	5.93	1.223	4-8	15
After	4.93	0.961	3-7	15
Murottal therapy				
Before	6.40	0.986	4-8	15
After	4.67	1.175	2-7	15
Total				30

Table 3. Comparison of music therapy and murotal therapy on the recurrence of hallucinations at the Aulia Rahma Kemiling Clinic in Bandar Lampung

Group hallucinations	Recurrence of Hallucinations						p value
	Pretest			Posttest			
	(f)	(%)	Mean	(f)	(%)	Mean	
Music therapy							
< 5 times a day	5	33,3	5.93	12	80,0	4.93	0.002
> 5 times a day	10	66,7		3	20,0		
Murottal therapy							
< 5 times a day	1	6,7	6.40	12	80,0	4.67	0.000
> 5 times a day	14	93,3		3	20,0		

Based on Table 3, in the classical music therapy group, the average frequency of hallucinations among respondents before the intervention was 5.93 times per day, decreasing to 4.93 times per day after the intervention, with a reduction of 1 time per day. The analysis results showed that 4 respondents (ties) did not experience a change in recurrence frequency. The statistical test yielded a value of $p = 0.002$ ($p < 0.05$), indicating that classical music therapy significantly influenced the reduction in hallucination recurrence among patients at Aulia Rahma Kemiling Clinic, Bandar Lampung (Table 3).

Meanwhile, in the murotal therapy group, the average recurrence of hallucinations before intervention was 6.40 times per day, decreasing to 4.67 times per day after intervention. The difference in reduction was recorded at 1.73 times per day, with 2 respondents (ties) experiencing no change. Statistical analysis revealed a p-value of 0.000 ($p < 0.05$), indicating that murotal therapy has a highly significant effect on reducing the recurrence of hallucinations. These results reinforce that both interventions are effective,

but murotal therapy shows a greater reduction compared to classical music therapy.

Discussions

Most respondents were in the over-30 age group, numbering 19 people (63.3%). This age group falls within the middle adulthood phase, where individuals begin to face complex life challenges, such as work responsibilities, family obligations, and chronic health risks. According to Stuart (2013), adults are prone to prolonged stress and psychosocial crises, which contribute to the emergence of mental disorders such as hallucinations [22].

In addition, research by Patel et al. (2020) shows that the prevalence of psychotic symptoms such as hallucinations increases with age, especially in individuals with a history of stress or past trauma [18]. This is reinforced by findings from the World Health Organization (WHO, 2021), which states that the burden of mental illness in productive age groups is increasing significantly, especially in developing countries with high social and economic pressures [25].

In this study, the respondents were predominantly male, with 23 participants

(76.7%). According to the literature, men are at higher risk of experiencing early-onset psychotic disorders at a younger age compared to women, with hallucinations as the primary manifestation [13]. This may be attributed to biological factors such as differences in brain structure, dopamine regulation, and genetic expression related to schizophrenia. In addition, men tend to have more repressive coping styles and are reluctant to seek psychological help. A study by Addington and Heinssen (2018) shows that men often experience delays in seeking professional help, which contributes to the severity of symptoms and a decline in long-term prognosis [1].

The majority of respondents had a high school education, namely 27 people (90.0%). Educational attainment plays an important role in mental health literacy, understanding symptoms, and adherence to treatment. According to Townsend (2015), individuals with higher education are better able to understand the benefits of therapy, follow medical instructions, and demonstrate active involvement in the recovery process [23].

A study by Jorm (2012) also confirms that mental health literacy is directly proportional to education level. People with low education tend to have limited understanding of mental disorders, which can trigger internalized stigma and resistance to treatment. In this context, education is an important strategy in facilitating acceptance of diagnosis and adherence to therapy [12]. The results of the analysis show that before the intervention, both the music therapy group and the murottal therapy group experienced a relatively high and stable frequency of hallucination recurrence within a certain range.

In the group planned to receive music therapy intervention, the average frequency of hallucination recurrence was 5.93 times per day, with a standard deviation of 1.223. This relatively small standard deviation indicates that the variation in hallucination frequency among respondents was quite low, resulting in a relatively homogeneous data distribution. The recurrence range was between 4 and 8 times per day, indicating that most patients experienced hallucinations more than once every few hours.

The high frequency of recurrence reflects a significant level of perceptual disturbance, which can interfere with daily activities and reduce the patient's quality of life. This is

consistent with the theory that hallucinations, as the main symptom of psychotic disorders such as schizophrenia, are persistent if not accompanied by adequate therapeutic intervention [22]. Meanwhile, in the group planned to receive murottal therapy, the average frequency of hallucination recurrence was 6.40 times per day, with a standard deviation of 0.986. As in the music therapy group, the small standard deviation indicates that the distribution of data between individuals tends to be uniform. The range of recurrence was also between 4 and 8 times per day, but the average value was slightly higher than that of the music therapy group.

The difference in the average frequency of recurrence before intervention shows that both groups did indeed experience significant hallucinations that were relatively equal in intensity, although the murottal group showed a slightly higher frequency. This data supports the importance of non-pharmacological interventions, such as music therapy or Quranic recitation therapy, as complementary approaches to reduce the burden of symptoms experienced by patients with perceptual disorders. According to previous research by Goldberg et al. (2018), high frequency of hallucinations correlates with increased psychological distress and impaired social functioning. Therefore, interventions aimed at reducing the frequency of recurrence may help improve the overall prognosis and quality of life of patients [8].

The results of data analysis showed a decrease in the frequency of hallucination recurrence after intervention in both groups, namely the music therapy group and the murottal therapy group. This indicates that both non-pharmacological approaches had a positive effect on reducing the symptoms of hallucinations experienced by patients.

In the music therapy group, the average frequency of hallucination recurrence decreased from 5.93 times per day to 4.93 times per day after the intervention. This decrease of 1 time per day indicates that music therapy can help reduce the occurrence of hallucinations. Additionally, the range of recurrence also improved, with the maximum limit previously reaching 8 times per day, decreasing to 7 times per day. This indicates that music therapy not only impacts the average recurrence rate but

also the highest intensity of recurrence experienced by the participants.

The effectiveness of music therapy in the context of psychiatry has been extensively researched. Music is considered capable of diverting patients' attention from disturbing internal stimuli, such as auditory hallucinations, and serves as a medium for emotional expression and psychological relaxation. Chang et al. (2014) in their study stated that music therapy significantly reduces anxiety levels and improves psychotic symptoms in patients with schizophrenia. The calming effects of music can stimulate the limbic system, lower cortisol levels, and create a more stable psychological state [4].

In the murottal therapy group, the reduction in recurrence frequency was more significant, from 6.40 times per day to 4.67 times per day after intervention. This reduction of 1.73 times per day indicates that murottal therapy can be an effective spiritual intervention in reducing hallucination symptoms, especially in patients with a compatible cultural and religious background. The relapse range also showed positive changes, from 4–8 times per day to 2–7 times per day, reflecting a decrease in both the minimum and maximum relapse rates experienced.

Murottal therapy is a form of spiritual intervention that involves playing recitations of the Qur'an with tartil and a soothing voice. Research by Rizal Faris Nur Zayyan, et al. (2024), shows a significant decrease in Auditory Hallucination Rating Scale (AHRS) scores after murottal therapy was given to schizophrenia patients [20]. This is further supported by research by Fitriani & Yunitasari (2020), who found that murottal therapy can enhance inner calmness, reduce stress levels, and strengthen patients' self-control in coping with hallucinatory stimuli [7].

The effectiveness of this therapy can be explained through the activation of the limbic system and alpha brain waves, which play a role in relaxation and increased focus and spirituality. In addition, a religious value-based approach provides psychosocial support and existential meaning, which are important in the recovery of patients with chronic mental disorders.

Both types of therapy showed positive results in reducing the frequency of

hallucination recurrence. Although murottal therapy showed a greater quantitative reduction, this difference needs to be further analyzed statistically to assess its significance. These results support the importance of integrating music-based and spirituality-based therapeutic approaches in psychiatric nursing interventions.

The results of the analysis show that in the music therapy group, there was a decrease in the average recurrence of hallucinations from 5.93 times/day before the intervention to 4.93 times/day after the intervention. This decrease of 1 time per day indicates an improvement in the patients' perception symptoms after receiving music therapy. Statistical analysis using the Wilcoxon test showed a p-value of 0.002 ($p < 0.05$), which means H_0 is rejected, thus concluding that there is a significant effect of music therapy on the reduction of hallucination recurrence at Aulia Rahma Kemiling Clinic in Bandar Lampung.

It is also known that there were 4 ties, which means that there were 4 respondents who did not experience any change in the frequency of hallucinations after the intervention. However, the majority of respondents experienced a decrease in recurrence, which indicates the effectiveness of this therapy. Music therapy works through psychophysiological mechanisms, namely by reducing tension, diverting attention from internal stimuli, and increasing emotional comfort. Music can influence the limbic system, reduce stress hormones such as cortisol, and stimulate the production of endorphins, which play a role in mood regulation [4]. The effectiveness of this therapy has been supported by various studies on music intervention in schizophrenia patients experiencing auditory hallucinations.

In the murottal therapy group, the average recurrence of hallucinations decreased from 6.40 times/day to 4.67 times/day after intervention, with a difference of 1.73 times per day. The results of the Wilcoxon test showed a p-value of 0.000 ($p < 0.05$), thus rejecting H_0 and concluding that there is a significant effect of murottal therapy on reducing the recurrence of hallucinations. A value of 2 indicates that only two respondents experienced no change, while the rest showed a decrease. The recurrence range also improved, from 4–8 times

Murotlat vs Classical Music for Hallucination Recurrence

to 2–7 times per day, indicating a significant reduction in symptoms.

Murotlat therapy is a form of spiritual therapy based on reciting the Qur'an, which has been proven effective in calming the psychological condition of patients. A study by Rizal Faris Nur Zayyan et al. (2024) demonstrated a decrease in the Auditory Hallucination Rating Scale score from 22 on the first day to 10 on the sixth day following murotlat therapy using Surah Ar-Rahman. This therapy stimulates alpha brain waves, enhances feelings of safety and calmness, and strengthens patients' spiritual values and hope [7].

Hallucinations are perceptual disturbances that occur without any real stimulus, but are experienced as real by the individual [22]. Hallucinations can be temporary, such as during mourning or sleep paralysis [9], but in chronic disorders such as schizophrenia, hallucinations can be persistent and severe. Research shows that hallucinations can be a trigger for violent behavior, especially when patients are in a state of distress or fully believe the content of their hallucinations. A study by Hermiati et al. (2023) found a significant association between hallucinations and violent behavior in schizophrenia patients ($p = 0.015$). Patients who are unable to distinguish between reality and internal perceptions are at risk of expressing aggression both verbally and physically [11].

In a case report by Hastuti, a patient with mild mental retardation exhibited violent tendencies when experiencing visual and auditory hallucinations. The patient was unable to control his emotions and exhibited destructive behaviors such as shouting and hitting [10]. Uncontrolled anger, especially when triggered by hallucinatory stimuli, can develop into active violent behavior. Zaini (2015) and Keliati et al. (2019) explain that anger can be expressed internally (self-harm) or externally (harming others). This reinforces the idea that effective management of hallucinations, such as music therapy and recitation of the Quran, can play a role in reducing the risk of violence [14, 27]. Pongdatu et al. (2023) emphasize that many patients are admitted to psychiatric hospitals due to violent behavior, either toward themselves (suicide) or others (hitting, destroying, etc.) [19]. Therefore, early intervention for hallucination symptoms

is crucial in preventing the escalation of symptoms toward aggressive behavior.

Limitation

This investigation is subject to several constraints. The internal validity and applicability of the findings are constrained by the quasi-experimental, non-randomized two-group pretest–posttest design, a limited sample size, and the study's single-center location. The brief observation period may not adequately capture the medium- to long-term consequences or the patterns of relapse. Potential confounding factors and the absence of blinding introduce a risk of bias, and no pre-specified sample size or power calculation was conducted. Measurement inaccuracies and observer bias are also possible, given the reliance on clinic-based assessments and limited information regarding the validity and reliability of the instruments used. Consequently, these results should be regarded as preliminary and require validation through adequately powered, multicenter randomized controlled trials featuring extended follow-up periods and standardized outcome measures.

Conclusion

Murotlat recitation and classical music both appeared to decrease hallucination recurrence within a limited observation timeframe, with the murotlat group showing a more pronounced reduction. However, due to the non-randomized design and limited sample size, these findings represent early indicators of feasibility and possible advantage, rather than conclusive proof of superior effectiveness. Future studies must focus on multicenter randomized controlled trials that specify primary outcomes, effect sizes, and confidence intervals, rigorously control for confounding variables, and include extended follow-up to assess the lasting impact and clinical significance of these interventions. Pending further validation, integration into mental health nursing may be considered in culturally relevant contexts.

Acknowledgement

We extend our sincere appreciation to the patients and nursing staff at Aulia Rahma Clinic for their valuable participation and support. We also acknowledge the clinic's leadership for facilitating data collection and thank our

colleagues for their constructive feedback on the study protocol and data verification. The content presented herein is solely the responsibility of the authors.

Funding

This study was conducted without any external financial support.

Conflict of interest

The authors report no competing interests.

Data Availability

The anonymized data pertaining to individual participants, which substantiates the findings presented in this publication, along with the data dictionary, analytical scripts, and study resources, will be accessible from the corresponding author upon reasonable request. This access will commence at the time of publication and continue for a period of three years, exclusively for non-commercial academic purposes. All requests must be accompanied by a concise proposal and an analysis plan, and will be assessed by the study team based on their scientific merit and adherence to participant consent and ethical approvals; a data-use agreement may be necessitated. The sharing of any data will be conducted in compliance with relevant privacy regulations and institutional guidelines.

Author Contribution

Authorship was determined according to the ICMJE criteria. The research team spearheaded the conceptualization and methodology, while the clinical team at Aulia Rahma Clinic managed the investigation and data curation. Formal analysis and visualization were executed by the lead and second authors. The initial manuscript was drafted by the first author. All authors provided critical review and editing, approved the final version for submission, and collectively assume responsibility for the work's integrity and accuracy, with the corresponding author acting as guarantor.

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