

The Effectiveness of Generalis Murotal Therapy on Mr. K with Sensory Perception Disorders and Auditory Hallucinations at Wisma Lily 9, Soerojo Hospital, Magelang

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ABSTRACT

Background & Objective: Schizophrenia is a persistent and serious neurobiological brain disorder, a clinical syndrome that can cause damage to the lives of individuals, families, and communities. One of its symptoms is that a person with schizophrenia will experience auditory hallucinations. Hallucinations are false perceptual distortions resulting from maladaptive neurobiological responses. The client actually experiences sensory distortions but perceives them as real. To address hallucinations, two techniques can be employed: pharmacological and non-pharmacological. Pharmacological techniques involve collaborating with a doctor to administer medication such as Haloperidol, Serenace, Lodomer, or Chlorpromazine. Non-pharmacological techniques include individual therapy, biological therapy, cognitive therapy, environmental therapy, family therapy, and behavioral therapy. **Method:** A qualitative approach using a case study research design was employed. The subject of this study was one client with auditory hallucinations in Room Wisma Lily 9. Data collection techniques included interviews, observations, and documentation. **Result:** The case study results showed that the sensory perception disorder was resolved. Therefore, it can be concluded that nursing care, which includes assessment, diagnosis, intervention, implementation, and evaluation, combined with the application of video therapy, effectively reduces the level of hallucinations, frequency of hallucinations, and duration of hallucinations in schizophrenia patients. **Conclusion:** It is recommended that nurses continue to implement nursing interventions for patients with sensory

perception disorders: auditory hallucinations effectively to improve and optimize the level of hallucinations in patients.

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Introduction

Mental health is a state in which an individual is cognitively, emotionally, physiologically, behaviorally, and socially healthy, enabling them to fulfill their responsibilities, function effectively in their environment, and feel satisfied with the promises made as an individual and in their interpersonal relationships (Videbeck, 2010; Stuart, Keliat & Pasaribu, 2016 in Alini et al., 2024).

Schizophrenia is a disorder that affects brain function. Schizophrenia involves numerous factors, including brain structure, changes in brain chemistry, and genetic factors. Schizophrenia is a chronic heterogeneous syndrome characterized by disorganized thinking, delusions, hallucinations, inappropriate behavioral changes, and impaired psychosocial functioning (Yunita, 2020). Schizophrenia is a severe mental disorder (psychosis) characterized by distortions in thought, perception, emotion, speech, self-awareness, and behavior. Schizophrenia is one of the 25 most common diseases worldwide that can cause disability, affecting the patient, their family, and the community around them (Sadock, 2011).

According to the World Health Organization (WHO, 2018), it is estimated that approximately 450 million people worldwide suffer from schizophrenia. In Indonesia, the prevalence of schizophrenia is estimated to be around 400,000 people, or 1.7 per 1,000 of the Indonesian population (RISKESDAS, 2013), while in 2018, it was estimated that 31.5% of the population experienced mental disorders (RISKESDAS, 2018). The number of people with mental disorders in Indonesia, particularly those experiencing hallucinations, indicates that the number of mental disorders in 2014 was 121,962 people, increasing to 260,247 people in 2015, and further increasing to 317,504 people in 2016 (Dinkes, 2017). In Central Java, there were 50,608 people with mental disorders in 2016, and 45,481 in 2017 (DKK Banyumas, 2017, in Pratiwi & Rahmawati 2022).

Signs of violent behavior include intense staring, clenched fists, clenched jaws, restlessness, and the urge to move back and forth. Expressing feelings of hatred or dislike toward others, stating a desire to harm others, damaging the environment, flushed face, and raised voice accompanied by coarse language. Emotional symptoms such as discomfort and angry mood may appear alongside physiological reactions like muscle tension, sweating, and increased blood pressure. The risk of violent behavior can lead to danger for oneself and others due to unmanaged emotions (Keliat, 2019, in Yunengzah Fitri, 2024).

At Soerojo Mental Hospital in Magelang, data shows that 6,823 individuals with mental disorders were hospitalized between January and December 2023, with 1,323 patients diagnosed with hallucinations. Of the total 1,323 patients with hallucinations, 926 experienced auditory hallucinations, 265 visual hallucinations, and 132 olfactory, gustatory, and tactile hallucinations. Hallucinations are perceptual disturbances where patients perceive something that is not actually occurring. Auditory hallucinations are errors in perceiving sounds heard by individuals with mental disorders, and the sounds heard can be pleasant to the patient, threatening, or even deadly and destructive (Aji, 2019).

Murottal is a healing method that uses the sacred verses of the Quran as a therapeutic tool. This recitation is considered a miracle that Allah SWT revealed to Prophet Muhammad SAW and serves as a form of worship when recited. Qur'anic murottal therapy is a religious treatment involving the recitation of Qur'anic verses for several minutes or even hours, which can have a positive impact on a person's body. The recitation of Quranic verses in murottal can reduce stress hormone levels, activate natural endorphins, and enhance relaxation (Saputri et al., in Yunengzah Fitri, 2024).

Based on research findings, Rina Herniyanti (2019) states that spiritual therapy (listening to the Quran or murottal of Surah Ar-Rahman) influences the ability to control violent behavior. This therapy can reduce violent behavior because listening to the Qur'an makes one feel more relaxed and calm, which certainly has a positive impact. The murottal therapy was administered 10-15 times a day for 7 days using a mobile phone. Psychoreligious therapy has a significant effect on the client's ability to control violent behavior by performing psychoreligious therapy.

Objective

Based on the above background, the author is interested in conducting a case study on "Mental Health Nursing Care for Mr. K with Nursing Issues Related to Behavioral Changes in Violent Schizophrenic Clients through the Application of Murottal Spiritual Therapy at Soerojo Hospital in Magelang."

Method

This final nursing thesis uses a qualitative approach with a case study research method to explore a nursing care issue for patients with sensory perception disorders and auditory hallucinations in Room Wisma Lily 9 at Soerojo Hospital in Magelang, using an innovative intervention, namely the application of spiritual murottal therapy. The approach used is the psychiatric nursing care approach, which includes: assessment, psychiatric nursing care diagnosis, intervention, implementation, and evaluation.

This case study research was conducted in Room Wisma Lily 9 at Soerojo Hospital in Magelang. The research was conducted over three days, from March 26, 2025, to March 28, 2025.

The subject of this final nursing thesis is an individual with auditory hallucinations due to sensory perception disorders in Room Wisma Lily 9 at Soerojo Hospital in Magelang, who will be studied in detail and depth. The research subject to be studied is one client.

This case study focuses on nursing care management for one patient/client, emphasizing the Murottal Spiritual Therapy intervention procedure in addressing nursing issues related to Sensory Perception Disorders with Auditory Hallucinations in Room 9 of Wisma Lily at Soerojo Hospital in Magelang.

Results

Following an assessment conducted on Wednesday, March 26, 2025, the following patient data was obtained: Mr. K, age 33, male, high school education, employed as a laborer, residing in Sleman, Yogyakarta. The patient was admitted on March 20, 2025, with a medical diagnosis of (F20.0) Paranoid schizophrenia. The reason for admission was that the patient became violent due to frequently hearing

voices instructing him to throw objects, and there were even voices telling him to kill. During the current medical history assessment, approximately one year ago, the patient had issues with an unfair distribution of inheritance within his family, leading to bullying by his relatives and subsequent dismissal from his job, causing the patient to feel overwhelmed by the problems he faced, resulting in frequent daydreaming. Over time, the patient frequently hears voices in his ears, including voices urging him to kill. The patient is disturbed by the frequent appearance of these voices, so whenever he hears them, he tends to shout, scream, and even has difficulty sleeping.

The primary nursing diagnosis for this case is sensory perception disorder: auditory hallucinations (D.0085). The increased sensory perception is supported by data such as hearing whispers, frequent anger, threatening and disturbing the surrounding environment, appearing to talk to oneself, and frequently daydreaming.

The intervention in this case study involves the primary intervention of hallucination management (I.09288), which includes observation, therapeutic approaches, education, collaboration, and the implementation of strategies for general therapy and the administration of murotal therapy.

TABLE 1. Documentation of the Application of Generalis Murotal Therapy

Day	Patient Response
1	<i>"The patient reports frequently hearing voices instructing them to become violent and throw objects; the patient states that the hallucinations appear suddenly and unpredictably."</i>
2	<i>"The patient still hears voices telling them to become violent and throw objects, but the episodes are brief because the patient can now confront the voices. The frequency of hearing these voices has decreased compared to the previous day, occurring only twice with a duration of approximately 8 seconds."</i>
3	<i>"The patient reported not hearing voices telling him to throw objects, resulting in more stable emotions and a sense of calm."</i>

Discussion

The assessment revealed that the patient was admitted to Room Wisma Lily 9 at Soerojo Hospital in Magelang because the patient was violent due to frequently hearing voices telling him to throw objects and even to kill. In the current medical history review, approximately one year ago, the client had issues with an unfair distribution of inheritance within their family, leading to the patient being bullied by their own relatives and subsequently being laid off from their job. These circumstances caused the patient to feel overwhelmed by the problems they were facing, resulting in the patient frequently daydreaming. Over time, the patient frequently heard whispers in their ears, including whispers urging them to kill. The patient felt uncomfortable with the frequent whispers, so whenever they heard them, the patient would shout, scream, and even have difficulty sleeping.

The assessment conducted on the patient revealed several symptoms pointing to a diagnosis of sensory perception disorder: auditory hallucinations associated with psychotic disorders. This aligns with the SDKI (2019), where the signs of sensory perception disorders include auditory hallucinations: hearing whispers, perceiving sounds through the sense of hearing, acting as if hearing, having poor concentration, daydreaming, and preferring solitude. Auditory hallucinations involve hearing

sounds or noises, most commonly human voices. The sounds range from unclear noises to clear words spoken about the client, even to complete conversations between two people experiencing hallucinations. The thoughts heard, where the client hears instructions to do something, can sometimes be dangerous (Azizah, 2016; Dwi, 2020).

The condition experienced by patients is associated with unpleasant behaviors that trigger stress and discontinuation of treatment without the consent of healthcare professionals. The process of hallucinations is explained using Stuart's stress adaptation concept, which includes stressors from predisposing and precipitating factors. Additionally, hallucinations can also be caused by social isolation, which can lead to hallucinations and increase the risk of violent behavior. Patients with sensory perception disorders involving hallucinations typically experience unpleasant experiences and have a history of discontinuing medication or stopping medication (Stuart Laraia, 2010). Information about unpleasant behavior and discontinuation of treatment was obtained from the patient's parents, who stated that the patient refused to take medication because it made them drowsy.

The plan provided to the client involves hallucination management. Hallucination management interventions include observing behaviors indicative of hallucinations, monitoring the content of hallucinations, maintaining a safe environment, discussing feelings and responses to hallucinations, and avoiding debates about the validity of hallucinations. Additionally, education is provided on how to control hallucinations and collaborate on the administration of antipsychotic and anxiolytic medications (SIKI, 2019).

According to Pima (2020), hallucination management also includes Implementation Strategies (IS) such as helping individuals recognize hallucinations, controlling hallucinations through confrontation, taking medication regularly, engaging in conversation with others, and participating in scheduled activities. These strategies are expected to reduce verbalization of hearing voices, reduce hallucinatory behavior, and decrease withdrawal and daydreaming (SLKI, 2019). Hallucination control is achieved through modality therapy, which is divided into four categories: activity therapy, social therapy, group therapy, and environmental therapy (Hidayah, 2019).

The modality therapy that the researcher conducted was activity therapy, one of which was general murotal therapy. General murotal therapy was administered for 3 days, with a duration of 10-20 minutes each day. During the therapy, the patient listened to murotal sounds through earphones. Following this, the patient was asked about the hallucinations they experienced after undergoing the murotal therapy. On the first day, the patient stated, "The patient frequently hears whispers instructing them to become violent and throw objects; the patient mentioned that the hallucinations appear suddenly and unpredictably." On the second day, the patient said, "I still hear whispers telling me to rage and throw objects, but the episodes are brief because I can now confront them. The frequency of hearing these whispers has decreased compared to the previous day, occurring only twice with a duration of approximately 8 seconds." On the third day, the patient stated, "The patient reported not hearing the voices instructing him to throw objects, resulting in more stable emotions and a sense of calm."

This aligns with research conducted by Rina Herniyanti (2019), who stated that spiritual therapy (listening to the Quran or the recitation of Surah Ar-Rahman) influences the ability to control violent behavior. This therapy can reduce violent

behavior because listening to the Quran induces a more relaxed and calm state of mind, which undoubtedly has a positive impact. The murottal therapy was administered 10–15 times daily for 7 days using a smartphone.

Another study conducted by Handayani and Rohmi, titled “The Effect of Qur'anic Murottal Therapy on Hallucination Responses,” also aligns with these findings. The analysis revealed positive responses to auditory hallucinations in schizophrenia patients before and after receiving Qur'an therapy. Therefore, it can be concluded that Qur'an therapy has an effect on the auditory hallucination responses of schizophrenia patients. (Devita & Hendriyani, 2019).

According to Zainuddin et al. (2019), it is explained that, in general, Al-Qur'an recitation therapy can be used as an alternative new therapy for relaxation and is even better than other audio therapies because Al-Qur'an recitation can produce delta waves of 63.11%, Therapy using zikir as a medium aims to remember Allah SWT, which seeks to calm the heart and mind of humans. By reciting prayers and zikir, humans entrust all their problems to Allah SWT, thereby reducing the stress and psychological distress they experience.

Psychoreligious therapy has a significant impact on clients' ability to control violent behavior through psychoreligious therapy. Group activity therapy: sensory stimulation is an effort to stimulate all five senses (sensory) to elicit an adequate response. The application of TAK was also implemented in the study by Noor et al. (2017) titled “Group Activity Therapy: Sensory Stimulation for Auditory Hallucinations in the Eagle Room at RSJD Atma Husada Mahakam Samarinda,” with results indicating that TAK can be used to control hallucinations and improve the ability to control them. This means that the therapy method of watching videos can be used to reduce the frequency of hallucinations.

Conclusion

Based on the results of the above case study, it can be concluded that when simultaneously implementing hallucination management intervention and implementation strategy (SP), the application of generalised murottal therapy can reduce the level of hallucinations, frequency of hallucinations, and duration of hallucinations in schizophrenia patients, thereby resolving the sensory perception disorder of auditory hallucinations.

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