



Effectiveness of Happy Spiritual Intervention in Reducing Hallucination Levels Among Schizophrenia Patients

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Abstract

Hallucinations are the main symptom of schizophrenia that negatively affect patients' social and psychological functioning. Reducing the level of hallucinations is crucial, particularly during the recovery phase when patients require a holistic approach to improve their quality of life. Spiritual-based non-pharmacological interventions represent an alternative therapy with the potential to help decrease hallucination levels. The objective of this study was to determine the effect of the happy spiritual intervention on hallucination levels in patients with schizophrenia at the West Java Provincial Mental Hospital. Methods: This study employed a pre-experimental one-group pretest-posttest design with a quantitative approach. The sample consisted of 30 respondents selected through purposive sampling. The happy spiritual intervention was administered for 6 days, with each session lasting 15 minutes. Hallucination levels were measured using the Psychotic Symptom Rating Scale (PSYRATS). Data were analyzed using the Wilcoxon test with a significance level of 0.05. The findings showed a significant effect, namely a reduction in hallucination levels after the intervention ($p = 0.001$). Conclusion: The happy spiritual intervention significantly reduced hallucination levels in patients with schizophrenia during the recovery phase. This intervention can be used as a complementary Islamic spiritual-based therapy in psychiatric nursing practice and is recommended for routine implementation in mental health facilities.

Introduction

Mental health issues are currently a global concern, including in Indonesia (Basrowi et al., 2024; Rahvy et al. 2020; Putri et al., 2021; Pham et al., 2024). Mental health is a state of well-being in which individuals are able to realize their potential, cope with the stresses of daily life, work productively, and contribute to their communities. One serious mental disorder with widespread impact is schizophrenia, a chronic mental disorder characterized by distortions in thoughts, perceptions, emotions, and behavior (Lysaker et al., 2018; Tavares, 2017; Silverstein, 2016; Watson et al., 2006). One of the main symptoms of schizophrenia is hallucinations, especially auditory hallucinations, which often cause social dysfunction and disrupt daily activities.

WHO data (2024) indicates that approximately 24 million people worldwide suffer from schizophrenia (Fan et al., 2025; Same et al., 2024). In Indonesia, the 2018 Basic Health Research (Riskesdas) recorded a prevalence of psychotic disorders of 7% of the total population, with West Java as the region with the highest number of cases. Data from the West Java Provincial Mental Hospital in 2024 showed that of the 7,947 inpatients with

schizophrenia, 2,101 experienced hallucinations. Miyamoto et al. (2012) and Kane & Correll (2010) said that Schizophrenia is generally managed through pharmacological therapy using antipsychotics. However, non-pharmacological interventions are also important to support the recovery process, including spiritual therapy. One form of spiritual therapy relevant in the context of psychiatric nursing is the happy spiritual intervention, which is considered to have a calming effect, reduce anxiety levels, and help patients shift focus from hallucinatory stimuli (Ministry of Health of the Republic of Indonesia, 2018; Erduran-Tekin, 2019; Knegeting et al., 2024). The happy spiritual intervention encourages open discussions between patients and healthcare professionals to discuss ways to prevent hallucinations, plan follow-up care, and make therapeutic decisions (Turner & Hodge, 2020; Rykkje et al., 2022; Huguelet et al., 2011).

However, this intervention does not directly address the management of negative emotions in patients. Happy Spiritual Therapy is implemented because it has a positive influence on patients with mental disorders. This is evidenced by previous research conducted by Dwidiyanti et al. (2025), which showed that 6 of 11 respondents (54%) who underwent happy spiritual therapy for 6 days experienced improved medication adherence in schizophrenia patients (Dwidiyanti et al., 2025). Based on several previous studies, further research is needed to see the effectiveness of happy spiritual interventions on hallucination levels in schizophrenia patients.

Methods

This study is a quantitative research with a pre-experimental approach using a One-Group pretest posttest design, in which one group of respondents was given a pre-test before the intervention and a post-test afterward. The population consisted of 114 patients with hallucinations in the recovery ward of the West Java Provincial Mental Hospital. The sample was selected purposively and calculated using the G-Power application with an effect size from Garety et al. (1994), $\alpha=0.05$, and power=0.85, resulting in a minimum of 30 respondents. The researcher used the PSYRATS (Psychotic Symptom Rating Scale) questionnaire to measure the level of auditory hallucinations. Scores on this scale range from 0 (no symptoms), 1 to 11 (mild), 12 to 22 (moderate), 23 to 33 (severe), and 34 to 44 (very severe), consisting of eleven items that must be answered by the participants. The PSYRATS instrument is a clinical research tool used to evaluate the severity of psychotic symptoms, particularly auditory hallucinations and delusions. This instrument was used because it provides a detailed description of patients' subjective experiences, especially regarding the frequency with which symptoms occur. Each symptom is assessed specifically across various aspects, including intensity, duration, the level of distress caused, and the degree of belief the patient has in the symptom (Cleeland, 2007; Portenoy et al., 1994; Cleeland et al., 2000; McCorkle & Quint-Benoliel, 1983).

PSYRATS has been translated into Indonesian and replicates the original version by Amir et al. (2018), with good internal validity (95%). The internal consistency of the Ina-PSYRATS is also strong, as reflected by a Cronbach's alpha value of 0.90 and high reliability, with Cronbach's alpha reported as 0.741. The purpose of using PSYRATS in this study was to screen eligible patients who would be selected as respondents. Each individual was asked to choose the option that best described their current condition and mark it with a check (✓) in the answer box. Factor analysis replicated three components emotional, cognitive, and physical which are similar to the factorial structure of the original auditory hallucination scale. PSYRATS was used to evaluate the effectiveness of the Happy Spiritual intervention administered to patients with schizophrenia. The assessment was conducted before and after the intervention so that changes in PSYRATS scores could be observed significantly. The statistical test used to determine the difference between pre-test and post-test scores was the Wilcoxon test (Nasution, 2023). This test was used because PSYRATS scores are ordinal data and do not need to be normally distributed. In the Wilcoxon test, a significant difference

between pre-test and post-test scores is indicated when the p-value < .05, which suggests that the intervention administered is effective in reducing the signs and symptoms of auditory hallucinations in patients with schizophrenia.

Results and Discussion

This study on the effects of the Happy Spiritual intervention was conducted to prevent the emergence of signs and symptoms of hallucinations experienced by schizophrenia patients at the Mental Hospital of West Java Province. The progress of this study is the result of providing intervention to 30 patients experiencing auditory hallucinations according to the established inclusion criteria. This Happy Spiritual intervention was given for 6 (six) consecutive days, with each therapy session lasting 15 minutes. This study used a pre-experimental approach with a one-group pretest-posttest design and the data obtained were processed using the Wilcoxon test.

Univariate Analysis Results

Age

Table 1. Respondents' Age Distribution

Variable	Minimum	Maximum	Mean	Std. Deviation
Age	18	63	35,61	9,795

The age distribution of respondents showed an average age of 35.61 years for patients in this study. The minimum age was 18 years and the maximum was 63 years. This indicates that the respondents involved in the study had a fairly wide age range, spanning from late adolescence to middle age.

Gender

Table 2. Distribution of Respondents' Gender

Variable	Category	Frequency (f)	Presentation (%)
Gender	Male	17	56.7
	Female	13	43.3
Total		30	100

The results of the gender distribution were mostly male, namely 17 patients (56.7%), while the rest were female, namely 13 patients (43.3%).

Variable Level of Hallucinations Before Being Given Happy Spiritual Intervention (Pre-Test)

Table 3. Description of The Hallucination Level Variable Before Being Given The Happy Spiritual Intervention (Pre-Test)

Hallucination Level	Frequency (f)	Presentation (%)
Light	2	6.7
Medium	13	43.3
Heavy	15	50
Total	30	100

The results of the description of the hallucination level variable before being given the happy spiritual intervention (Pre-test) showed that almost half of the respondents were in the severe category, namely 15 patients (50%), the moderate category was 13 patients (43.3%), while in the mild category were 2 patients (6.7%).

Variable Level of Hallucinations After Being Given Happy Spiritual Intervention (Post-Test)

Table 4. Description of The Hallucination Level Variable After Being Given a Happy Spiritual Intervention (Post-Test)

Hallucination Level	Frequency (f)	Presentation (%)
Light	21	70
Medium	6	20
Heavy	3	10
Total	30	100

The results of the description of the hallucination level variable after being given a happy spiritual intervention (Post-test) showed that respondents experienced changes, namely a decrease in the level of hallucinations. After being given the intervention, respondents were in the mild category, namely 21 patients (70%), the moderate category was 6 patients (20%), and in the severe category were 3 patients (10%).

Bivariate Analysis Results

Table 5. Effect of Happy Spiritual Intervention on Hallucination Levels in Schizophrenia Patients at the West Java Provincial Mental Hospital (n=30)

Variabel	N	Z	P	Median	r	95% Confidence Interval for Mean		Interquartile Range
						Lower Bound	Upper Bound	
<i>Pre_test</i> intervensi Happy Spiritual	30	-4.784	0.001	27	20	26,43	30,70	9
<i>Post_test</i> intervensi Happy Spiritual				4	16	4,39	8,67	10

The results of the study on the effect of the Happy Spiritual intervention on the level of hallucinations in schizophrenia patients at the West Java Provincial Mental Hospital showed that the Happy Spiritual intervention had a significant effect on reducing the level of hallucinations in schizophrenia patients at the West Java Provincial Mental Hospital. With a Z value of -4.784 and a p-value of 0.001, the difference between the pre-test and post-test was highly statistically significant. Before the intervention, the median level of hallucinations of participants was 27, while after the intervention it dropped drastically to 4, indicating a substantial decrease. The large r values, namely 20 for the pre-test and 16 for the post-test, indicate that the changes that occurred were not only significant but also had a large effect size. Despite the significant decrease, the larger interquartile range (IQR) in the post-test (10) compared to the pre-test (9) indicates a higher variability in the participants' responses to this intervention. Overall, this intervention proved effective in reducing the level of hallucinations, but the results varied between participants.

The results of the study indicate a significant effect before and after the Happy Spiritual intervention on the occurrence of signs and symptoms of auditory hallucinations in schizophrenia patients at the West Java Provincial Mental Hospital. In other words, the implementation of the Happy Spiritual intervention can reduce the incidence of hallucinations in schizophrenia patients. Therefore, the results of this study indicate that the Happy Spiritual intervention equips patients with auditory hallucinations to prevent the emergence of signs and symptoms through good emotional regulation. This can reduce feelings of fear, shame, and worry about potential symptoms. The very drastic decrease from the pre-test median (27) to

the post-test median (4) shows that this intervention provided substantial changes, especially in reducing the very disturbing symptoms of hallucinations (Andri et al., 2019).

The large effect size, as indicated by the relatively high r value (pre-test: 20, post-test: 16), indicates that the changes that occurred were not only statistically but also clinically significant. A study conducted by Gasril et al. (2020) at the Tampan Mental Hospital in Riau Province demonstrated that psychoreligious therapy in the form of dhikr (recitation of God) has a significant effect on controlling auditory hallucinations in schizophrenia patients (Gasril et al., 2020). This research aligns with research conducted by Biahimo and Djafar (2025). In this study, a combination of thought-stopping therapy and 20-minute dhikr sessions using recordings of takbir, tahmid, tasbih, tahlil, istighfar, and hauqalah proved effective. The proportion of patients in the severe psychotic category decreased from 26.7% to 0%, while 66.7% of patients shifted to the mild psychotic category after the intervention. The Wilcoxon test showed $p=0.000$ ($p<0.05$), indicating a significant decrease in the level of auditory hallucinations (Biahimo & Djafar, 2025).

Furthermore, this aligns with research on the description of spirituality in patients with schizophrenia, which showed that increasing spirituality also improves the patient's ability to control their emotions. A higher level of spirituality certainly provides many benefits, especially for patients with mental disorders (Dwidiyanti et al., 2021). Other research also suggests that increasing spirituality can significantly improve relapse management in patients with mental disorders. This study found a significant decrease and greater variability in post-test scores, with an IQR of 10 compared to pre-test scores (IQR 9), indicating differences in response between patients. This suggests that while the intervention was generally effective, results were not always consistent across participants. Research by Sadipun et al. (2018) also found that factors such as family support, age, and openness to spirituality can influence the success of spiritual-based interventions, which may explain why some patients respond better than others. Furthermore, the confidence interval (CI) for the post-test (4.39–8.67) provides important information about the precision and stability of the change estimates, further strengthening the validity of these results.

However, to strengthen the conclusions and generalize the results, it is recommended to conduct studies with larger samples and consider additional factors such as socio-psychological and biological factors that may influence the effectiveness of the intervention (Wevers et al., 2024; Mushi et al., 2025; Salari & Filus, 2017). Age is known to influence patient response to dhikr therapy. Patients in the early to middle-aged adult range (18–45 years) tend to show a more positive response than older patients. This can be explained by the generally optimal cognitive and concentration abilities of this age group, enabling patients to engage in dhikr therapy with greater focus and consistency (Andika et al., 2021). Consistent with research by Gasril et al. (2020), the majority of respondents who showed a significant reduction in hallucinations were in the early to middle-aged adult age group, suggesting that age plays a significant role in the effectiveness of dhikr therapy in reducing hallucinations in schizophrenia patients. Therefore, further investigation is needed to explore the effect of age on retention of spiritual intervention content, which can be optimized according to patient age characteristics (Gasril et al., 2020).

Several factors contributing to increased hallucination rates include medication withdrawal and a history of repeated hospitalizations. Based on the results of this study, it shows that most patients experience hallucinations with moderate to severe intensity, which indicates that the level of auditory hallucinations is still dominant and requires appropriate intervention (Rawlett et al., 2019). Auditory hallucinations in schizophrenia patients are usually disturbing, such as hearing commanding or threatening voices that can affect the behavior and overall psychological condition of the patient (Syahfitri et al., 2024) (Andri et al., 2019). Differences in controlling auditory hallucinations are likely due to several factors, including family factors,

age, and gender. This is consistent with research conducted by Tiara entitled "The Relationship between the Concept of Family Support and Relapse Rates in Schizophrenia Patients." The conclusion is that there is a significant relationship between family support, defined as emotional, informational, tangible, and hopeful support, and relapse in schizophrenia patients. Family support is crucial for motivating patients to recover.

Age is known to influence patient response to dhikr therapy. Patients in early adulthood to middle age (18–45 years) tend to show a more positive response than older patients. This can be explained by cognitive abilities and concentration, which are generally still optimal in this age group, allowing patients to engage in dhikr therapy with greater focus and consistency (Erlanti & Suerni, 2024). The majority of respondents who showed a significant reduction in hallucinations were in the early to middle-aged adult age group, indicating that age plays a significant role in the effectiveness of dhikr therapy in reducing hallucinations in schizophrenia patients. Therefore, further investigation is needed to explore the effect of age on the retention of spiritual intervention content, which can be optimized according to patient age characteristics (Bell et al., 2024) (Sadipun et al., 2018).

Furthermore, gender also contributes to the effectiveness of dhikr therapy. This finding was predominantly male, as previous research has shown that female patients tend to be more open to spiritual approaches and provide better therapeutic responses. This is likely influenced by hormonal factors and psychological conditions that make them more receptive to spiritual-based interventions (Makhruzah et al., 2021). Contrary to previous research, which showed that the majority of respondents were male, therapy results still showed significant improvement, indicating that dhikr therapy is also effective for male schizophrenic patients. This suggests that dhikr therapy is also effective for male schizophrenic patients, although its effectiveness may still be influenced by individual characteristics such as concentration ability. Therefore, further investigation is needed to explore the influence of gender on response to dhikr therapy so that spiritual interventions can be optimized based on each patient's gender characteristics (Mabruro et al., 2024).

Spiritual happiness, which is given to reduce the level of hallucinations in schizophrenic patients, is carried out by cultivating a sense of kindness, acceptance, and patience. Spiritual happiness is an important part of emotional control in patients because it aims to overcome potential problems by drawing closer to Allah SWT. Increased spirituality can also improve the ability to prevent the emergence of signs and symptoms of hallucinations because individuals are able to recognize past sins and ask for forgiveness from Allah SWT (Dwidiyanti & Munif, 2022). This is supported by research that suggests that spiritual happiness, similar to the concept of mindfulness, can improve emotional control in pulmonary TB patients. High spiritual well-being scores are also associated with higher emotional control. This study was conducted on 45 respondents with pulmonary TB, with a significant score ($p=0.000<0.05$) (Sadipun et al., 2018).

The spiritual happiness intervention can guide patients in achieving a state of awareness, enabling them to express their intentions and desires, ultimately clearing negative emotions and feelings. Through the exercises in this spiritual happiness intervention, patients are expected to be better able to manage their emotions, which in turn increases cognitive capacity (interpreting events) and provides a greater ability to accept and find happiness in every life event (Andika et al., 2021). Spiritual strength is one aspect of the spiritual aspect that can significantly increase motivation in each individual, as it directly connects with the Creator. Spirituality is divided into three categories: healing (achieving a state of health and recovery, both physical and mental), success (achieving every desire), and individual greatness (developing a positive and positive personality). The Happy Spiritual intervention focuses on processing each word into a sentence repeatedly with a regular rhythm and devoting one's entire

body and soul to God, thus relaxing the patient. Relaxation allows breathing and heart rate to become more regular, as blood circulation in the body improves (Permana et al., 2025).

A relaxed and calm patient can reduce anxiety levels, allowing for effective management of auditory hallucinations when signs and symptoms appear. Research by Triana (2025) suggests that one way to control auditory hallucinations, which frequently occur in schizophrenic patients, is through dhikr therapy. The Happy Spiritual method is a form of spiritual coping in the form of spiritual guidance provided to schizophrenia patients with signs and symptoms of auditory hallucinations. It encompasses several stages: intention, self-reflection, repentance, consent, prayer, body scan, detoxification, relaxation, and trust (Dwidiyanti & Munif, 2022).

Spiritual guidance therapy encompasses four dimensions of communication: humans with God, humans with others, humans with themselves, and humans with other creatures. Spiritual therapy can be implemented through prayer, dhikr (remembrance of God), and healing touch, fostering trust, resilience, and optimism throughout the healing process. Happy Spiritual encourages patients to pray and draw closer to the Creator, enabling them to control the signs and symptoms of hallucinations. Nursing interventions with a spiritual approach are essential for patients because they foster hope and improve spiritual health. Happy Spiritual is a modified form of nursing intervention in accordance with established intervention standards (Dwidiyanti et al., 2021).

Signs and symptoms of hallucinations can be assessed through objective patient observations and subjective patient statements, which are divided into major and minor data. Research findings indicate a decrease in hallucinations after the happy spiritual intervention. This is because most patients focused on following the intervention's instructions, and the intervention was conducted when the patients were ready and refreshed. During the body scan session, patients exhibited a variety of reactions, including crying, shortness of breath, coughing, and even anger. This is due to the presence of pent-up, unresolved negative energies within them. Researchers monitored the patients' reactions and guided them back to a state of relaxation.

When patients focused, the happy spiritual intervention improved concentration, diverting hallucinations. It also increased social interaction between patients and researchers. This can help reduce the signs and symptoms of hallucinations. Therefore, the happy spiritual intervention is an effective non-pharmacological therapy for controlling hallucinations in patients with schizophrenia. The underlying theory of this research aligns with the core principles of the Happy Spiritual intervention, which emphasizes resolving emotions that cause discomfort or sadness due to individual experiences. This spiritual-based therapy aims to reduce the level of auditory hallucinations experienced by patients, thus enabling schizophrenic patients already in a calm phase to find peace in facing challenging situations.

Limitation of the Study

During the research, several limitations were encountered and acknowledged by the researchers. One significant limitation was that interventions could only be administered to participants prior to rehabilitation, limiting the time available to implement the interventions. Due to this time constraint, the researchers were assisted by a facilitator to re-establish a time contract with the respondents.

Conclusion

The results showed a significant effect of happy spiritual intervention on hallucination levels in schizophrenia patients with a p value of 0.001 ($p < 0.05$). This study provides an overview of the potential of happy spiritual therapy as an alternative intervention for patients to prevent the emergence of signs and symptoms of schizophrenia by reducing hallucination levels.

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