

SCHIZOPHRENIA INFORMAL CAREGIVERS OPTIMISM: THE EFFECTIVENESS OF QURAN RECITATION LISTENING THERAPY

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Keywords

*Informal caregivers,
optimism, Quran
recitation listening
therapy*

ABSTRACT

Informal caregivers are usually uncertain about the recovery and life expectancy improvement of schizophrenic patients. This study aimed to determine Quran recitation listening therapy's effectiveness in increasing optimism in schizophrenia informal caregivers. Optimism was measured using the Life Orientation Test-Revision (LOT-R) developed by Scheier, Carver, and Bridges. Quran recitation listening therapy was conducted using the *tartil* method. The *Qori'* recited surah Ar-Rahman with and without interpretation for experimental groups 1 and 2 comprising informal caregivers. Furthermore, hypotheses were tested quantitatively with the Wilcoxon analysis technique to determine the effect of the Quran recitation listening therapy on optimism. The results showed that Quran recitation listening therapy with and without interpretation effectively increased informal caregivers' optimism. The finding justified the theory that Islamic religious intervention in the Quran recitation listening therapy with and without interpretation effectively increases optimism

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The role of the family is significant in treating and assisting schizophrenia patients with daily needs, specifically when they cannot perform the duties independently (Afriyeni & Sartana, 2017). The family has a massive role in patients caring at home. Treatment reduces or eliminates symptoms, maximizes life quality and adaptive function, as well as promotes and maintains recovery in patients (Lehman et al., 2004). Therefore, informal caregivers provide care, specifically when patients cannot meet the needs independently (Stuart, 2009). Mamnuah et al. (2016) stated that family must seek healing treatment to minimize recurrence. In line with this, Hawari (2006) found that a third of schizophrenia patients were treated by formal caregivers in a mental hospital, while two-thirds did not receive treatment. This finding indicated that patients care is informal caregivers' task at home.

One important issue related to informal caregivers is optimism. The Big Indonesian Online Dictionary of Language Development and Coaching Agency (2016) defines optimism as "understanding or belief in everything from a good and pleasant perspective, an attitude of good expectations." According to Scheier et al. (2000), optimism is the belief that future events would have positive results. This indicates it should be turned on in individuals, specifically informal caregivers of schizophrenia patients. According to religion, optimism must be applied in human life. Allah stated: "*And do not lose hope in the mercy of Allah, for no one loses hope in Allah's mercy except those with no faith*" (QS Yusuf, 12:87). The verse means that believers, including informal caregivers, always hope their lives would improve over time.

The problem is low optimism in the informal caregivers of schizophrenia patients. Interviews conducted with informants comprising caregivers showed

pessimism. For instance, subject N, a male informant aged 35, has difficulty sleeping due to worries about a gloomy and threatening future. The subject is unsure that things would improve, specifically concerning schizophrenia patients.

Optimism could be increased with religious approaches, such as Quran psychotherapy. Allah mentions Quran as a healer, mercy, and guidance for believers. "*We send down the Quran as a healing and mercy for the believers, but it only increases the loss of the wrongdoers.*" (QS al-Isra', 17:82). "*It is a guide and a healing to the believers*" (QS Fushilat, 41:44). According to Ali bin Abi Talib, the Prophet Muhammad stated: "*The best medicine is Quran*" (Najati, 2005). Psychological problems could be healed by studying the Quran, listening to recitations (*murottal*), memorizing, *tadabbur*, and following its instructions. According to Nashori et al. (2019), studies showed that listening to the *murottal* and *tadabbur Quran* improves the quality of life.

Yana et al. (2015) stated that the *murottal* is the chanting of the Quran holy verses sung by a *Qori'* (reader of the Quran), recorded, and heard at a slow and harmonious tempo. Quran recitation listening could be a therapy for various psychological problems. The therapy could be performed through problem formulation, listening, and understanding of the Quran verses relevant to the problems faced by individuals (Hidayati & Nashori, 2017).

This study examined the Quran recitation listening therapy with and without interpretation. Quran recitation listening therapy with interpretation involves cognitive processes where individuals understand the message conveyed by Allah in Surah ar-Rahman. The message is that Allah assists the servants in need of help. In comparison, Quran recitation listening therapy without interpretation does not involve intense

cognitive processes. Individuals are inspired to present a positive mood that affects optimism.

Previous studies showed that Quran recitation listening interventions could improve various human psychological dimensions. According to Sari and Asiva (2019), the therapy could increase positive attributes, including optimism. Before the intervention, the study subjects had difficulty sleeping because they perceived an unclear future and were filled with negative thoughts. However, they became more confident about the future after receiving *murottal* therapy. Other studies also showed that the therapy increases relaxation (Azis et al., 2015), improves life quality (Ashar et al., 2017), enhances sleep quality (Hossini et al., 2019; Oktora & Purnawan, 2016), increases positive emotions (Abdi Winarni Wahid & Nashori, 2021), reduces anxiety (GavGANi et al., 2022; Zulkifli et al., 2022), and lowers insomnia (Aprilini et al., 2019; Supriyanti, 2021; Wahyuni & Yuliani, 2021).

Surah ar-Rahman used in this intervention has several features, such as the repetition of the verse *fabiayyi ala irabbikuma tukadzdziban*, meaning "Then, which of your Lord's blessings do you both deny?" The repetition sounds beautiful to listeners. Wirakhmi and Hikmanti (2016) also stated that the verses in ar-Rahman are generally short, making listening comfortable. Therefore, Quran recitation provides a relaxing effect for listeners even without interpretation.

The verse's interpretation is an important part of Quran recitation listening therapy. Hidayati and Nashori (2017) identified at least four stages in the therapy, including problem formulation, listening to Quran recitation, interpretation, and life experiences exchange. This further indicates that the interpretation of relevant verses is important. *Lajnah Pentashihan Mushaf Qur'an, an institution studying and preserving the Quran, found that the most*

profound interpretation of Surah ar-Rahman is all servants on earth and in the sky need Allah's help (Ministry of Religion, 2019). Allah promises to give all creatures, including humans, what is asked in the surah. Therefore, all beings believing and surrendering would gain hope or optimism of someone bearing their life. This means that individuals obtain hope for a better life in the future by understanding the interpretation.

The differences between this study and previous reports relate to the method, subjects, variables, and the use of Surah ar-Rahman in interventions. Methodologically, Sari and Asiva (2019) employed a qualitative approach, while this study used an experimental method to test the effect of Quran recitation on the optimism of schizophrenia patients' informal caregivers.

Several studies also involved different subjects, including older people residing in nursing homes (Hossini et al., 2019), surgery patients (Zulkifli et al., 2022), pregnant women (Deswita, 2013), preoperative laparotomy patients (Faridah, 2015), mothers giving birth (Azis et al., 2015), and HIV/AIDS patients (Ashar et al., 2017). Meanwhile, this study comprised schizophrenia patients' informal caregivers. In terms of variable originality, no study examined the effect of Quran recitation listening therapy in increasing optimism. The previous study by Wahid and Nashori (2021) used various surahs in the Quran, such as al-Fatihah and ar-Rahman.

Based on the preceding explanation, this study aimed to determine the Quran recitation listening therapy's effectiveness in increasing optimism in informal caregivers. The hypotheses proposed include: there is a difference in the optimism level (1) before and after therapy with interpretation, (2) before and after therapy without interpretation, and (3) between Quran recitation listening therapy with and without interpretation.

METHOD

Study Design

This study was conducted using an experimental method with a pretest-posttest comparison group design (Sugiyono, 2016). It compared treatments involving Quran recitation listening with and without interpretation. Additionally, two

groups were measured for the optimism before and after treatment.

The first and second groups were divided by matching and received Quran recitation listening therapy with and without interpretation, respectively. Subjects were assigned to the first and second treatment groups into moderate and low optimism categories.

Table 1. Non-equivalent control-group design

Group	Pretest	Intervention	Posttest
Treatment 1	Y1	X1	Y2
Treatment 2	Y1	X2	Y2

Description:

Y1 : Pretest

X1 : The treatment of Quran recitation listening therapy with interpretation

X2 : The treatment of Quran recitation listening therapy without interpretation

Y2 : Posttest

Subject

The study subjects consisted of schizophrenia patients' informal caregivers, Muslim adults with at least Junior High School education. Other criteria included having been informal caregivers for at least six months, having a moderate to low optimism score, and not participating another psychological intervention program. Therefore, this study involved ten subjects, five people each participating in the Quran recitation listening intervention with and without interpretation. Of the ten subjects, Group 1 comprised three men and two women, while Group 2 had two men and three women. Subjects' ages ranged from 22 to 75 years. Schizophrenia patients cared for by informal caregivers include mothers, wives, children, younger siblings, and older siblings. Additionally, the longest and shortest parenting period was 27 and 2 years, respectively.

Data Collection Method

Data were obtained using an optimism scale called the Life Orientation Test-Revision (LOT-R) proposed by Scheier et al. (1994). This scale is a revision of the Life Orientation Test (LOT) proposed by (Scheier & Carver, 1985). The trial results conducted by Wahid et al. (2018) showed that this scale has alpha and item-total correlation coefficients of 0.810 and 0.451-0.588, respectively. The scale comprised three positive, two negative, and four distraction items.

Before data collection, this study ensured that respondents gave informed consent to become subjects. This consent form proved their commitment to undergo therapeutic processes. The form also explained the study objectives, the subject's rights and obligations, as well as other relevant matters.

Procedure

Data collection and therapy were performed through ten steps. First, informal caregivers were interviewed to determine the conditions experienced and obtain their general psychological description. Second, the measuring tool used was prepared, such as LOT-R. Third, this study compiled the Quran recitation listening therapy module with Surah ar-Rahman.

This study assessed several informal caregivers and developed a module with steps for performing Quran recitation listening therapy by referring to Hidayati and Nashori (2017). This therapy is carried out in two face-to-face meetings with seven sessions. The stages consist of problem formulation with the group counseling system, listening to Surah ar-Rahman recitation with interpretation, and sharing experiences. The total time used in the meeting was 290 minutes for Group 1. Meanwhile, Group 2 involved no interpretation of Surah ar-Rahman and lasted 250 minutes.

Participants were also given the task at home to listen to Surah ar-Rahman recitation at least twice a day in the morning when waking up and at night before sleep. Module and worksheet validation was conducted using Professional Judgment by a psychologist that understood the therapy. The goal was to determine whether the procedure fulfilled the requirements to be implemented.

The fourth stage was looking for participants according to the criteria in this study, where each treatment group was ensured to have a minimum of five people. The fifth step was to identify facilitators, co-facilitators, and observers to assist in the therapy process. The facilitator is experienced in providing psychological therapy and has good religious knowledge. The sixth step was the clearance to ensure that the study was ethically feasible. The seventh, eighth, and ninth steps were pretest data collection, therapy referring to the modules compiled, and posttest data collection, respectively. The pretest and posttest were conducted within a time gap of four days. Finally, the tenth step was making a study report.

Data Analysis

The data were analyzed using the Wilcoxon analysis technique to determine the difference between the two experimental groups' pretest and posttest scores. This analysis was carried out with IBM SPSS Statistics 25.

RESULT

Data Description

This study involved ten subjects divided into two treatment groups, each with five participants. The optimism level was measured using the L-TOR optimism scale twice, namely before and after the therapy. Table 2 shows the optimism score data for each subject.

Table 2. Description of Subject Optimism Score Data

Group	Name	Gender	Age	Patient	Length of time as a caregiver (years)	Pretest	Posttest	Gain Score
1	GY	Male	49	Wife and young sibling	15	26	32	6
	GR	Female	74	Child	26	28	35	7
	HD	Male	75	Child	24	22	30	8
	KS	Male	22	Mother	10	21	30	9
	ZB	Female	58	Child	20	28	34	6
2	YI	Male	55	Old sibling	27	22	29	7
	SJ	Male	65	Child	10	24	35	11
	SY	Female	54	Young sibling	25	22	28	6
	PT	Female	48	Mother	2	28	30	2
	TN	Female	55	Child	7	26	28	2

The mean and standard deviation in the first and second experimental groups are shown in Table 3.

Table 3. Description of Statistical Data for Experimental Groups 1 and 2

Measurement	Experimental Group 1		Experimental Group 2	
	Mean	SD	Mean	SD
Pretest	25.00	3.317	24.40	2.608
Posttest	32.20	2.280	30.00	2.915

Table 3 shows a change in the optimism score after Surah ar-Rahman recitation therapy with and without interpretation for experimental Groups 1 and 2, respectively. In Group 1, the results were mean and SD of 25 and 3.317 for pretest, as well as 32.20 and 2.280 for posttest, respectively. Meanwhile, the results for Group 2 were mean and SD of 24.4 and 2.915 for pretest, as well as 30 and 2.915 for posttest.

Hypothesis Test Results

Several hypotheses tested in this study were as follows, first, there is a difference in optimism level before and after Quran recitation listening therapy with interpretation. The second is there is a difference in the optimism level before and after Quran recitation listening therapy without interpretation. Furthermore, Wilcoxon analysis technique were used to test the hypotheses through crude pretest and posttest data for Groups 1 and 2. The analysis results are presented in Table 4.

Table 4. Optimism Score in Experimental Groups 1 and 2

Measurement	Experimental Group 1		Experimental Group 2	
	Z	p	Z	p
Pretest to Posttest	-2.032	0.042	-2.032	0.042

The results showed a significant difference in scores in pretest and posttest measurements for Group 1 ($p = 0.042$; $Z = -2.032$). This finding confirmed the first hypothesis that optimism is different between the pretest and posttest scores. Therefore, Quran recitation listening therapy with interpretation is effective in increasing optimism.

The results of the second hypothesis test showed a significant difference in the scores in pretest and posttest measurements for Group 2 ($p = 0.042$; $Z = -2.032$). This

implies a difference in the optimism score between the pretest and posttest. Therefore, Quran recitation listening therapy without interpretation effectively increases optimism.

The third hypothesis stated differences in the effectiveness of Quran recitation listening therapy with and without interpretation. The gain score was obtained by testing the hypothesis using the Mann-Whitney analysis technique. The test results are shown in Table 5.

Table 5. Optimism Score Difference Test between Experimental Groups 1 & 2

Measurement	U	p
Pretest	11,500	0.830
Post-test	3,500	0.136
Gain Score	3,500	0.395

The Mann-Whitney hypothesis test results indicated that the pretest and posttest p-values are 0.830 and 0.136, respectively, exceeding 0.05. This implies no significant difference in optimism in Quran recitation listening therapy with and without interpretation during the two tests. The finding contradicted the third hypothesis that the increase in the optimism score was greater in Group 1 with interpretation than in Group 2 without interpretation.

DISCUSSION

This study aimed to determine the Quran recitation listening therapy's effectiveness in increasing optimism among

schizophrenia patients' informal caregivers. The results showed that therapy with and without interpretation effectively increased optimism. However, there was no difference in optimism between informal caregivers that attended Quran recitation listening therapy with and without interpretation.

These results supported Sari and Asiva (2019) that the treatment of Quran recitation listening therapy could increase optimism. Therefore, this study accumulates that Quran recitation listening therapy increases individual optimism. The findings confirmed the theory that Islamic religious interventions effectively increase individual optimism.

The interventions for Quran recitation listening are Surah ar-Rahman consisting of 78 verses. The sentence: *fabiayyi ala irabbikuma tukadzdziban*, meaning "Then, which of your Lord's favors will you both deny?", is repeated 13 times. It shows a message about the many blessings that God has provided for humans. According to Sonhadji et al. (1995), this surah provides knowledge and guarantees for humans that Allah cannot forget His servants when experiencing difficulties. All creatures in the heavens, on earth, and in between receive help from Allah. It is expected that understanding the literal interpretation of Surah ar-Rahman would help individuals remain optimistic. Furthermore, informal caregivers would still believe in many conveniences when dealing with schizophrenia patients and the future.

Quran recitation listening therapy with or without interpretation is effective due to the strong effect of reading the Quran. Pedak (2009) stated that when listening to the Quran without interpretation, the stimulation signal of the verses moves to the brain through the auditory area. The stimulation is delivered to the thalamus and the amygdala, an important part of the system that affects emotions and behavior. Additionally, this signal is delivered to the hippocampus and hypothalamus or autonomic control center. The sound of the Quran 's holy verses creates positive energy for mood. Although the interpretation may not be understood instantly, individuals still obtain a positive impact. When the Quran is listened to with sincerity and love, it positively affects mood by giving an impression generated in the hippocampus and amygdala.

This study also has implications in providing Quran recitation listening therapy with interpretation. The interpretation in surah ar-Rahman is a burden to informal caregivers to find insight that humans need to believe in and surrender to Allah, the Most Gracious and Helper, for all difficulties. When individuals perform self-reflection, they feel positive emotions, reduced stress, and increased optimism.

CONCLUSION AND SUGGESTION

Conclusion

The results indicated that Quran recitation listening therapy effectively increased optimism in informal caregivers of schizophrenia patients. Therefore, religious intervention is effective in increasing optimism.

Suggestion

Based on the process evaluation, future studies could conduct a replicative analysis of the Quran recitation listening intervention in increasing optimism. It is also recommended to use at least 30 subjects or other criteria besides informal caregivers to increase the effect of the findings.

Acknowledgment

The authors would like to express thanks to Dr. Faraz (Universitas Islam Indonesia) for valuable comments on early draft of this paper. The authors are grateful to the research assistants, namely Dwi Yan Nugraha, and all those that assisted in the successful completion of this research. The authors bears responsibility of the paper findings.

REFERENCES

- Afriyeni, N., & Sartana, S. (2017). Gambaran tekanan dan beban yang dialami oleh keluarga sebagai caregiver penderita psikotik di RSJ Prof. H.B. Sa'anin Padang. *Jurnal Ecopsy*, 3(3), 115–120. <https://doi.org/10.20527/ecopsy.v3i3.2671>
- Aprilini, M., Mansyur, A. Y., & Ridfah, A. (2019). Efektivitas mendengarkan murottal Al-Quran dalam menurunkan tingkat insomnia pada mahasiswa. *Psikis : Jurnal Psikologi Islami*, 5(2), 146–154. <https://doi.org/10.19109/psikis.v5i2.2103>
- Ashar, M. U., Sjattar, E. L., & Bahar, B. (2017). Pengaruh terapi murottal terhadap perubahan quality of life pasien dengan HIV/AIDS di Puskesmas Jumpang Baru Kota Makassar. *JST Kesehatan*, 7(1), 7–13.
- Azis, W., Nooryanto, M., & Andarini, S. (2015). Terapi murottal Al-Qur'an Surat Arrahman meningkatkan kadar β -Endorphin dan menurunkan intensitas nyeri pada ibu bersalin kala I fase aktif. *Jurnal Kedokteran Brawijaya*, 28(3), 213–216. <https://doi.org/10.21776/ub.jkb.2015.028.03.9>
- Deswita, D. (2013). Pengaruh terapi murottal terhadap tingkat kecemasan menghadapi persalinan pada ibu hamil di wilayah kerja Puskesmas Andalas. *NERS Jurnal Keperawatan*, 9(2), 116–126. <https://doi.org/10.25077/njk.9.2.116-126.2013>
- Faridah, V. N. (2015). Terapi murottal (Al-Qur'an) mampu menurunkan tingkat kecemasan pada pasien pre operasi laparatomi. *Jurnal Keperawatan*, 6(1), 63–70. <https://doi.org/https://doi.org/10.22219/jk.v6i1.2854>
- Gavgani, V. Z., Ghojazadeh, M., Sadeghi-Ghyassi, F., & Khodapanah, T. (2022). Effects of listening to Quran recitation on anxiety reduction in elective surgeries: A systematic review and meta-analysis. *Archive for the Psychology of Religion*, 44(2), 111–126. <https://doi.org/10.1177/00846724221102198>
- Hawari, D. (2006). *Pendekatan holistik pada gangguan jiwa skizofrenia*. FKUI.
- Hidayati, W., & Nashori, F. (2017). Efektivitas terapi mendengarkan murottal Al-Qur'an untuk menurunkan tingkat stres pada ibu hamil trimester III. Universitas Islam Indonesia.
- Hossini, A., Azimian, J., Motalebi, S. A., & Mohammadi, F. (2019). The effect of holy Qur'an recitation on the quality of sleep among elderly residing in nursing homes. *Salmand: Iranian Journal of Ageing*, 14(2), 236–247. <https://doi.org/10.32598/sija.13.10.280>
- Lehman, A. F., Lieberman, J. A., Dixon, L. B., McGlashan, T. H., Miller, A. L., Perkins, D. O., Kreyenbuhl, J., American Psychiatric Association, & Steering Committee on Practice Guidelines. (2004). Practice guideline for the treatment of patients with schizophrenia, second edition. *The American Journal of Psychiatry*, 161(2 Suppl), 1–56. <http://www.ncbi.nlm.nih.gov/pubmed/15000267>
- Mamnua, M., Nurjannah, I., Prabandari, Y. S., & Marchira, C. R. (2016). Literature review of mental health recovery in Indonesia. *GSTF Journal of Nursing and Health Care (JNHC)*, 3(2), 20–25. <http://dl6.globalstf.org/index.php/jnhc/article/view/1584>

- Ministry of Religion. (2019). *Al-Qur'an dan terjemahannya: Edisi Penyempurnaan 2019*. Pustaka Lajnah. <https://pustakalajnah.kemenag.go.id/>
- Najati, M. . (2005). *Hadits dan ilmu jiwa*. Penerbit Pustaka.
- Nashori, F., Diana, R. R., & Hidayat, B. (2019). The trends in Islamic psychology in Indonesia. In *Research in the Social Scientific Study of Religion, Volume 30* (pp. 162–180). BRILL. https://doi.org/10.1163/9789004416987_010
- Oktora, S. P. D., & Purnawan, I. (2016). Pengaruh terapi murottal Al Qur'an terhadap kualitas tidur lansia di Unit Rehabilitasi Sosial Dewanata Cilacap. *Jurnal Keperawatan Soedirman*, 11(3), 168–173. <https://doi.org/10.20884/1.jks.2016.11.3.710>
- Pedak, M. (2009). *Mukjizat terapi Al-Qur'an untuk kesuksesan hidup*. Wahyu Media.
- Sari, D. R., & Asiva, Z. (2019). Pengaruh murottal al-Quran Surat Al-Fatihah untuk menurunkan tingkat insomnia pada mahasiswa. *Jurnal Psikologi Islam*, 6(2), 23–36. <https://jpi.api-himpsi.org/index.php/jpi/article/view/82>
- Scheier, M. F, Carver, C. S., & Bridges, M. W. (2000). *Optimism & Pessimism: Implications For Theory, Research and practice*. American Psychological Association.
- Scheier, Michael F., & Carver, C. S. (1985). Optimism, coping, and health: Assessment and implications of generalized outcome expectancies. *Health Psychology*, 4(3), 219–247. <https://doi.org/10.1037/0278-6133.4.3.219>
- Scheier, Michael F., Carver, C. S., & Bridges, M. W. (1994). Distinguishing optimism from neuroticism (and trait anxiety, self-mastery, and self-esteem): A reevaluation of the life orientation test. *Journal of Personality and Social Psychology*, 67(6), 1063–1078. <https://doi.org/10.1037/0022-3514.67.6.1063>
- Sonhadji, H. ., Dahlan, Z., & Prawiro, H. . (1995). *Al-Qur'an dan tasirnya jilid IX*. PT Dana Bhakti Wakaf.
- Stuart, G. W. (2009). *Principle and practice of psychiatric nursing*. Mosby Year Book.
- Sugiyono. (2016). *Metode penelitian kuantitatif, kualitatif, dan R&D* (24th ed.). Alfabeta.
- Supriyanti, E. (2021). Penerapan terapi murottal al-quran untuk mengatasi insomnia pada lansia. *Jurnal Manajemen Asuhan Keperawatan*, 5(1), 13–22. <https://doi.org/10.33655/mak.v5i1.106>
- Wahid, Abdi Winarni, & Nashori, F. (2021). The effectiveness of Al-Quran Surat Ar-Rahman murottal listening therapy for improving positive emotions on informal caregivers of Schizophrenia. *Proceedings of the International Conference on Psychological Studies (ICPSYCHE 2020)*. <https://doi.org/10.2991/assehr.k.210423.038>
- Wahid, Adi Winarni, Larasati, A., Ayuni, A., & Nashori, F. (2018). Optimisme remaja yang tinggal di panti asuhan ditinjau dari kebersyukuran dan konsep diri. *Humanitas*, 15(2), 160. <https://doi.org/10.26555/humanitas.v15i2.8725>

- Wahyuni, D. A., & Yuliani, Y. (2021). Pengaruh murottal Al-Qur'an terhadap penurunan insomnia pada mahasiswa tingkat 3A dan 3C di Stikes Yatsi Tangerang. *Nusantara Hasana Journal*, 1(7), 27–32.
<http://nusantarahasanajournal.com/index.php/nhj/article/view/209>
- Wirakhmi, I. N., & Hikmanti, A. (2016). Pengaruh terapi murottal ar rahman pada pasien pasca operasi caesar di RSUD Dr. R. Geoteng Tarunadibrata Purbalingga. *Rakernas AIPKEMA 2016: Temu Ilmiah Hasil Penelitian Dan Pengabdian Masyarakat*, 421–426.
<https://jurnal.unimus.ac.id/index.php/psn12012010/article/view/2129/2156>
- Yana, R., Utami, S., & Safri. (2015). Efektivitas Terapi Murottal Al-Qur'an terhadap Intensitas Nyeri Persalinan Kala I Fase Aktif. *Jom*, 2(2).
<https://doi.org/10.1111/bjdp.12077>
- Zulkifli, N. A., Zain, U. I. Z. M., Hadi, A. A., Ismail, M. N., & Aziz, K. H. A. (2022). Effects of listening to Quran recitation and nature sounds on preoperative anxiety among patients undergoing surgery. *Pakistan Journal of Psychological Research*, 37(2), 295–310.
<https://doi.org/10.33824/PJPR.2022.37.2.18>

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