

# The Effectiveness of Al-Quran Surah Ar-Rahman Murottal Listening Therapy for Improving Positive Emotions on Informal Caregivers of Schizophrenia

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## ABSTRACT

The objective of this study was to examine the effectiveness of the listening training on Al-Qurán Surah Ar-Rahman murottal in increasing positive emotions in informal caregivers of schizophrenia. There were 10 participants in this study who were divided into two groups. The first group was given treatment in the form of listening training on Al-Qurán surah Al-Rahman murottal with its meaning. Meanwhile, the second group was given treatment in the form of listening training on Al-Qurán surah Al-Rahman murottal without meaning. This is an experimental study with a pretest posttest comparison group design, which compares two groups given different treatments. Measurements were taken before training, after training, and follow-up after two weeks of training was completed. The data analysis in this study used a non-parametric difference test with the Wilcoxon and Mann-Whitney test. Positive emotions were measured by using the mDES scale (Modified Differential Emotions Scale). The training module used was a modified module from Al-Qurán murottal therapy module from Hidayati (2017). The results showed that there was a significant difference between positive emotions before and after giving listening training on Al-Qurán Surah Ar-Rahman murottal, both in the first and in the second treatment groups ( $p = 0.042 < 0.05$ ). This study shows that listening to the Al-Qurán Surah Ar-Rahman murottal is effective in increasing positive emotions in informal caregivers of schizophrenia.

*Keywords: Listening training on Al-Qurán murottal, Positive emotions, Informal caregivers of schizophrenia.*

## 1. INTRODUCTION

Schizophrenia, according to the WHO, is a serious mental disorder which is characterized by distortions in thinking, perception, language, emotions, and behavior. Psychotic experiences that often occur are hallucination and delusion. Hallucinations can be in form of seeing, hearing or feeling things that are not there. Meanwhile, delusions are in the form of the emergence of false suspicions or beliefs that continue to be believed despite conflicting evidence [25]. Schizophrenics are more often referred to as people with schizophrenia (ODS). The course of this disease is chronic and occurs in almost every country. Based on data from WHO in 2016, the

number of ODS reached more than 21 million people worldwide [16].

Based on data in Indonesia itself, case of schizophrenia has a fairly large prevalence. stated that the prevalence of people with schizophrenia mental disorders cases in Indonesia is 7 people per area mile. The most found occurred in the provinces of Bali, West Nusa Tenggara, and Special Region of Yogyakarta. Yogyakarta is one of the top three areas where the population largely suffers mental disorders. Based on data compiled by Special Region of Yogyakarta Health Office in 2016, there were 12,322 people with schizophrenia from a population of around 3.594 million [24].

People with schizophrenia need care and assistance in meeting their daily needs. Therefore, the high number of people with schizophrenia is also directly proportional to the number of people providing care. Someone who provides care (caregiving) is called a caregiver. Caregiver is divided into two types, namely formal caregiver and informal caregiver. Formal caregiver is part of a health service such as paid health workers. Meanwhile, informal caregivers are family, friends, or other closest people who are willing to care for part time or full time without being paid [28].

The caregiver of schizophrenia who will be the subject of this study is the informal caregiver, namely the family or relatives of the people with schizophrenia themselves. This is based on the consideration that according to the world health organization (WHO) in the presentation of the 2013 - 2020 Mental Health Action Plan, in Indonesia, there were 96.5% of schizophrenics who are not served in mental hospitals, public hospitals, or community health centers with adequate treatment [18], so that most only get care at home by their relatives.

Informal caregivers are families or relatives of people with schizophrenia who care for them because they live together and no other person can care for them. Informal caregivers of schizophrenia should care for and help people with schizophrenia because schizophrenia is a disorder that makes sufferers tremendously dependent on others. Therefore, informal caregivers of schizophrenia need to carry out daily care by fulfilling daily needs such as food, clothes, medicines, and others. In addition, social support also needs to be demonstrated by providing a sense of security and comfort. It is necessary to carry out routine care until the patient is regarded cured, and repeated treatment is done in the event of a relapse. The length of caring time can make a burden for the caregiver. The burdens experienced are physical, psychological, and social [5].

Not only is their energy drained to provide daily care for people with schizophrenia, informal caregivers of schizophrenia also have to endure social humiliation and sanctions from the surrounding environment who cannot accept the presence of people with schizophrenia in that environment. It is different from the case with formal caregivers who get paid and not having an emotional connection with people with schizophrenia. In addition, caregivers with chronic physical disorders often receive sympathy from the environment, but informal caregivers of schizophrenia instead have to bear the social burden with the people with schizophrenia they care for. Interview on 29

March 2019, with Mrs. M (F, 45 years) whose brother S has been suffering from schizophrenia for seven years was conducted. She explained that the neighbors were disturbed and not happy with her brother's behavior who often shouted, often talked, and sometimes used harsh words against his family. This made M annoyed and disappointed. Unfavorable words from the surrounding environment also cause negative emotions for the caregiver. This is what differentiates and contributes to the burden on informal caregivers of schizophrenia.

The burdens felt by the informal caregivers of schizophrenia consist of objective and subjective burdens. Objective burden refers to practical problems during caring [20]. These problems have an impact on disruption of social activities and leisure time, work difficulties, financial problems, and social isolation [11]. These problems can cause negative feelings. Based on the results of an interview on July 23, 2018 with Mrs. N (F, 56 years old) whose husband is a person with schizophrenia, it is known that since her husband was diagnosed with schizophrenia, Mrs. N felt confused and did not know what to do. Her husband, who used to be the backbone of the family, was no longer able to provide a livelihood, causing financial problems. Mrs. N felt discouraged. Mrs. N became often sick and had sleeping difficulty because of thinking about her husband.

Meanwhile, subjective burden refers to the caregiver's emotional reaction [20]. The impact caused by subjective burdens is in the form of physical health problems, distress, and stress, decreased levels of satisfaction and quality of life [31], increased anxiety and depression [10], fear, sadness, anger, guilt, loss, and rejection, as well as feeling of discomfort [8]. Various emotional reactions caused by the burdens experienced by the informal caregivers of schizophrenia, such as anger, fear, sadness, anxiety, and guilt, are negative emotions that cause discomfort in their daily lives [9].

Different from negative emotions that cause discomfort in everyday life, positive emotions can actually have a positive impact on someone who perceives it. This is in line with the opinion expressed by Fordyce [26] that positive emotional condition in individuals can increase the ability to solve various problems. Therefore, the informal caregivers of schizophrenia who are being faced with various problems because of their role in caring for people with schizophrenia need to increase and improve their positive emotions.

Several studies reveal various kinds of interventions that have been applied to caregivers,

including the research of [2] which explained that psycho-education can increase the role of caregiver in treating clients with mental disorders. Besides, [12] also explained that family psycho-education is also able to reduce the level of anxiety and family burdens in caring for people with schizophrenia. [4] also stated that the burden of people with schizophrenia caregiver can be decreased through multiple-family therapy.

Some of these studies have not examined the increase in positive emotions. In addition, it has not collaborated with the dimension of religiosity. This dimension in transpersonal psychology is the highest dimension in the human psychic structure, so that currently some religious psycho-therapies have emerged. Religious psychotherapy uses a variety of religious traditions and practices as a medium for the healing process. This is because handling related to aspects of religiosity is considered able to have a positive impact on individuals. [19] reveal that an Islamic psychological intervention approach that comes from Islamic teachings such as prayer, al-Quran listening/reading/tadabbur, and other acts of worship, can be used to improve positive psychological conditions and reduce negative psychological conditions.

One of the positive emotions itself is influenced by religious factor [26] This shows that religion affects a person's positive emotions. The positive emotions can be increased by implementing Islamic behavior [6]. In addition, positive emotion, namely happiness, can increase with increased religiosity [17, 23, 15]. Religiosity itself is a person's knowledge, practice of worship, and comprehension on his/her religion [3]. One of forms of worship in Islam is by listening to Al-Quran *murottal*. According to Salim, Al-Quran *murottal* is a way of reading the Al-Quran with moderate rhythm, not too slow and not too fast or *tartil* [34].

Listening to Al-Qur'an *murottal* itself has been shown in several studies to have a positive effect on one's emotions. The research conducted by [32] has been proven to reduce negative emotions in grade 5 of elementary school students. Another study was conducted by Wahida et.al., 2015 with the results of Al-Qurán *murottal* can increase feelings of relaxation in birthing mothers during the active phase I. In addition, Al-Qurán *murottal* has also been shown to reduce anxiety levels in pregnant women and preoperative laparotomy patients [34, 7].

Some advantages of Al-Quran *murottal* therapy in having a positive effect on a person's emotional changes make researchers interested in using this therapy. The majority of previous studies using Al-Qurán *murottal* therapy were carried out on subjects

experiencing physical pain. This research will be conducted on informal caregivers of schizophrenia. The research design this time is also different from previous studies. This study will compare between groups who listen to the Al-Qurán *murottal* with meaning and groups who listen to Al-Qurán *murottal* without meaning. This design used and the limited research using informal caregivers of schizophrenia subjects and positive emotional variable make researchers increasingly interested in conducting further research on the effectiveness of Al-Quran *murottal* therapy to improve positive emotions in informal caregivers of schizophrenia.

## 2. METHOD

### 2.1. Research Subject

This is an experimental study with a pretest-posttest comparison group design which compares two groups given different treatments. Research participants have the following criteria: (1) Informal caregiver of schizophrenia with at least 6 months experience, (2) Over 18 years old, (3) Moslem, (4) Having undisturbed hearing, (5) Minimum attending junior high school, (6) Having low to moderate positive emotions, and (7) Not participating in other psychological interventions.

### 2.2. Measuring Instrument

Measurement of positive emotions was carried out before training, after training, and follow-up after two weeks of training was completed. Positive emotions were measured by using the mDES scale (Modified Differential Emotions Scale). mDES was developed by [9] which was then adapted and modified by the researcher. This scale consists of 20 items that reveal the emotional condition of an individual. The scale used in this measuring instrument moves from a scale of 0-4 (never at all, once in 7 days, 3 times in 7 days, 5 times in 7 days, every day). This scale scores positive emotions and negative emotions separately. The score is obtained by adding up each emotional item.

The researchers carried out adaptation and modification to the mDES scale in several stages. In the first stage, the researchers used professional assistance to translate the scale using the forward-backward method. After conducting the translation process, an assessment of the content validity of the scale was carried out by an expert judgment. Furthermore, a preliminary and final try out was carried out to see the validity and reliability of the scale. Based on data analysis, the scale was declared

valid with  $r = 0.404 - 0.762$  ( $r > 0.3$ ) and the Cronbach Alpha value was reliable = 0,780 ( $> 0,6$ ).

**2.3. Intervention Procedure**

The intervention was carried out in 5 days with 2 face-to-face meetings and on the face-to-face meetings, there were 3 days of assignments at home. The face-to-face meeting consisted of seven sessions. Meanwhile, the amount of time needed at the first meeting was 170 minutes for treatment group 1 and 120 minutes for treatment group 2. Meanwhile, at the second meeting, both took 130 minutes. The intervention will be led by a facilitator who is a psychologist and assisted by a co-facilitator and observer. The interventions carried out were guided by the modified module of the Al-Qurán Surah Ar-Rahman *murottal* Therapy module by Hidayati (2017). After modifying the module, a professional judgment was then carried out.

**2.4. Data Analysis Technique**

The data analysis in this study used a non-parametric difference test with the assistance of SPSS. The method used was the Wilcoxon test to see differences in test scores in one group (pretest, posttest, follow-up). In addition, the Mann-Whitney method was also used to see the difference in scores between two different subject groups, namely treatment group 1 and 2 (Sujarweni, 2014). This analysis was chosen because the research subjects were few ( $< 30$ ).

**3. RESULTS**

The number of participants in this study was 10 people. Participants were divided into two groups; five people in treatment group 1 and five people in treatment group 2. The following is a description of the participant's positive emotional score data and a description of the statistical data:

**Table 1.** Description of Positive Emotion Score Data of Treatment group 1

Name	Pretest	Posttest	Follow-up	Gained score (pretest to posttest)	Gained score (posttest to follow-up)	Gained score (pretest to follow-up)
GY	18	24	37	6	13	19
R	26	30	30	4	0	4
HD	26	36	34	10	-2	8
KS	27	29	31	2	2	4
ZB	26	36	27	10	-9	1

Based on the table above, it can be seen that the five participants in treatment group 1, after listening to the Al-Qurán Surah Al-Rahman *murottal* with meaning, experienced an increase in positive emotions. When conducting follow-up 2 weeks after posttest, two participants (HD and ZB) experienced a decrease. Meanwhile, two other participants (GY and KS) experienced an increase in positive emotions and one participant (GR) had the same positive emotional score as posttest. Participants' scores at posttest and follow-up are in the moderate to very high category.

**Table 2.** Description of Positive Emotion Score Data of Treatment Group 2

Name	Pretest	Posttest	Follow-up	Gained score (pretest to posttest)	Gained score (posttest to follow-up)	Gained score (pretest to follow-up)
YI	27	32	27	5	-5	0
SJ	26	36	33	10	-3	7
SY	24	25	26	1	1	2
PT	26	30	34	4	4	8
TN	22	26	32	4	6	10

Based on the table above, it can be seen that the five participants in treatment group 2, after listening to Al-Qurán Surah Al-Rahman *murottal* with meaning, experienced an increase in positive emotions. When conducting follow-up in 2 weeks after posttest, two participants (YI and SJ) experienced a decrease. Meanwhile, 3 other participants (SY, PT, and TN) experienced an increase in positive emotions. Participants' scores at posttest and follow-up were in the moderate to very high category.

**3.1. Hypothesis Testing**

Hypothesis testing uses a non-parametric difference test because the number of research subjects is small (subjects  $< 30$ ). The method used is the Wilcoxon method to see differences in test scores in one group (pretest, posttest, follow-up). In addition, the Mann-Whitney method is also used to see the difference in scores between two different subject groups (treatment group 1 and 2).

**Table 3.** Difference Test of Positive Emotion Scores in Each Group

Measurement	Treatment 1		Treatment 2	
	Z	P	Z	P
Pretest to Posttest	-2.032	0.04	-2.023	0.04
Posttest to Follow-up	0.184	0.85	-0.405	0.68
Pretest to Follow-up	2.032	0.04	-1.826	0.06

Based on the results of hypothesis testing using Wilcoxon in the treatment group 1, there was a significant difference in the pretest to posttest measurement conditions ( $p = 0.042 < 0.05$ ). Likewise in the conditions of pretest to follow-up measurement ( $p = 0.042 < 0.05$ ). However, in the condition of posttest to follow-up measurement, there was no significant difference ( $p = 0.854 > 0.05$ ). While in the treatment group 2, there was also a significant difference in the pretest to posttest measurement condition ( $p = 0.042 < 0.05$ ). However, in the condition of posttest to follow-up measurement, there was no significant difference ( $p = 0.686 > 0.05$ ). Likewise in the condition of pretest to follow-up measurement ( $p = 0.068 > 0.05$ ).

This shows that the first hypothesis of this research, namely that listening therapy on Al-Qurán Surah Ar-Rahman *murottal* is effective for increasing positive emotions in informal caregivers of schizophrenia, is acceptable. There is an increase in positive emotional scores in each group after giving intervention in the form of Al-Qurán Surah Ar-Rahman *murottal* therapy.

**Table 4.** Difference Test of Positive Emotional Scores between Treatment Group 1 and Treatment Group 2

Measurement	Z	P
Pretest	-0.224	0.823
Posttest	-0.212	0.832
Follow-up	-0.525	0.599

Based on the results of hypothesis testing using Mann-Whitney, it can be seen that the p value of each test is 0.823 (pretest), 0.832 (posttest), 0.599 (follow-up) where  $p > 0.05$ . This shows that there is no significant difference in positive emotions between treatment group 1 and treatment group 2, either in the pretest, posttest, or follow-up. This shows that the second hypothesis in this study, namely the increase in positive emotional scores is greater in the experimental group 1 (therapy with meaning) than in the treatment group 2 (therapy without meaning) is rejected.

However, if seen from the mean value of the three tests carried out, there is still a difference in the mean value between treatment groups 1 and 2, where the pretest mean value of treatment group 1 is smaller than the pretest mean value of treatment group 2. However, for posttest and follow-up, the mean value of treatment group 1 is greater than the mean value of treatment group 2. Although it seems that the mean value is greater in treatment group 1, the difference is not significant.

**Table 5.** Description of Statistical Data

Measurement	Treatment group 1		Treatment group 2	
	Mean	SD	Mean	SD
Pretest	24.6	3.71	25.0	2.00
Posttest	31.0	5.10	29.8	4.49
Follow-up	31.8	3.83	30.4	3.65

### 3.2 Discussion

The objective of this study is to determine the effectiveness of listening therapy on Al-Qurán Surah Ar-Rahman *murottal* both with meaning and without meaning in improving positive emotions in the informal caregivers of schizophrenia. The researchers are also willing to find out whether listening therapy on Al-Qurán Surah Ar-Rahman *murottal* with meaning increases positive emotions compared to without meaning in the informal caregivers of schizophrenia. Based on the results of hypothesis testing, it is found that the first hypothesis proposed is accepted. This means that listening to Al-Qurán surah Ar-Rahman *murottal* can increase positive emotions in informal caregivers of schizophrenia, both therapies with meaning and without meaning.

The results of this study are in line with previous research done by [21] stating that the Al-Quran *murottal* has a positive effect on controlling one's emotions. In addition, the research of [27] also found that listening to the Al-Quran *murottal* can generate delta waves in the brain that make a person feel calm and relaxed. Another research was done by [1], who recorded the Electro Encephalo Graphy (EEG) after Al-Quran *murottal* was played. Based on the results of the recording, the EEG is dominated by delta waves in the frontal and central areas on both the right and left sides of the brain, which means being in calm, tranquility, and comfort.

Delta waves are the slowest brain waves (0.5-4 Hz) and are often associated with very deep sleep. The delta phase is referred to as the resting phase for the body and mind. This is due to the release of human growth hormone, which is useful in healing. When the delta is in a deep sleep, the body will carry out the self-healing process, repair damaged tissue, and produce new cells. However, if delta waves are generated in a waking condition, they will provide opportunities to access subconscious activities and encourage their flow to a more conscious mind [1].

Basically, the area which is dominated by delta brain waves, namely the frontal part, functions as the general intellectual center and emotional control, while the central area functions as the center for controlling the movements that are carried out. Giving listening therapy on the Al-Quran *murottal* can bring

a sense of calm, tranquility, and comfort for those who listen to it, both who understand its meaning or not.

Meanwhile, for the second hypothesis, it is found that there is no significant difference in positive emotions between the groups that are given listening therapy on the Al-Qurán Surah Ar-Rahman *murottal* with meaning and without meaning in the informal caregivers of schizophrenia. This can be influenced by the advantages of listening to the Al-Qurán *murottal* which does affect a person's positive emotions. This is in accordance with Qadhi's research which also proves that only by listening to the recitation of the verses of the Al-Qurán, whether those who are able to speak Arabic or not, enormous psychological changes can be perceived [14]. Therefore, listening to the Al-Qurán *murottal* can influence the participants' positive emotions.

However, based on the mean value of the three tests carried out, there is still a difference in the mean value between the groups that are given listening therapy on the Al-Qurán Surah Ar-Rahman *murottal* with meaning and without meaning. The mean value of the pretest group with meaning is smaller than the mean value of the pretest group without meaning. However, for posttest and follow-up, the mean value of the group with meaning is greater than the mean value for the group without meaning. This can indicate that there is still a greater increase in positive emotions in the group given listening therapy on the Al-Qurán surah Al-Rahman *murottal* accompanied by the meaning.

A greater increase in positive emotions in the group given therapy with meaning can be influenced by broader biological processes. Signals of the verses of the Qur'an with known meanings enter the wernicke and prefrontal areas. Wernicke's area is an area of interpretation, where the incoming signal is interpreted and is given a certain impression. While the prefrontal area functions to think and process incoming data and information. Signals entering these two areas will be interpreted and processed so that they become more aware. When the recitation of the verses of the Quran that is heard is more aware through known meanings, it can increase the motivational effect because the verses of the Quran contain motivation for life [22]. Therefore, the participants' feelings are not only more positive because of the sound of the Al-Qurán *murottal* being played, but also from the meaningful content of the Al-Qurán verses.

All of the participants had never previously attended the Al-Qurán Surah Ar-Rahman *murottal* therapy. All participants stated that through listening to the Al-Qurán *murottal* therapy, the participants felt

a positive effect. In the group with the meaning, the previous participants did not really know the meaning of the verse in the Al-Qurán Surah Al-Rahman, let alone its meaning. Participants expressed that after the participants had undergone listening therapy on Al-Qurán Surah Ar-Rahman *murottal* with the meaning, they perceived that complaints about the trials so far were actually something to be grateful for. According to the participants, it turned out that there were many blessings that have not been grateful and only complained about the trials given. Participants also stated that they believed in Allah's help and had hope and felt peaceful. [29] stated that Al-Qurán's therapeutics can be obtained more by interpreting the contents of each verse through *tafsir* (explanation) and *takwil* (interpretation).

In the group without meaning, the participants stated that after the participants underwent the process of listening therapy on the Al-Qurán Surah Ar-Rahman *murottal*, they felt calm and felt peaceful. Participants also felt touched when they heard the Al-Qurán Surah Al-Rahman *murottal*. Connection with Allah was also felt to be closer. This is found in the word of Allah through Al-Qurán Surah Ar-ra'd verse 28, that by remembering Allah, the heart becomes calm. Besides, this is also in accordance with another word of Allah, namely:

*“O mankind, there has to come to you instruction from your Lord and healing for what is in the breasts and guidance and mercy for the believers”*(QS. Yunus (10) : 57).

Some participants, both from the group with meaning, and without meaning, expressed that they became more enthusiastic and the pressures felt as if they were melting seemed a way out. Participants who previously felt afraid, worried, depressed, sad, anxious, restless, angry, and annoyed began to feel the positive effects of listening to Al-Qurán *murottal* therapy. Participants felt more grateful, calm, peaceful, happy, glad, optimistic, excited, and amazed. This is in line with the research results from Heru stating that *murottal* voice can reduce stress hormones; activate natural endorphins; increase feelings of relaxation; distract from fear, anxiety, and tension; improve the body's chemical system thereby lowering blood pressure; and slow breathing, heart rate, pulse, and brain wave activity [35]. Other studies have also found that listening to the Al-Qurán *murottal* can reduce negative emotions [32], increase feeling of relaxation [33], and lower anxiety levels [34].

The results of this study also showed that the increase in the positive emotion score of each participant was different. The difference in the level of change was also seen from the results of the self-

therapy reports that the participants carried out at home. This can be influenced by the process of each participant during therapy. The participants whose positive emotions were increasing were those who extremely enjoyed reading the Al-Qurán or those who enjoyed listening to the Al-Qurán Surah Ar-Rahman *murottal*. These participants continued to listen to the Al-Qurán Surah Ar-Rahman *murottal* although it was not frequent, and even invited their families to listen to it as well.

Meanwhile, the participants who experienced a decrease in positive emotions after the intervention was completed admitted that they rarely heard the Al-Qurán Surah Ar-Rahman *murottal*. In addition, the difference in the increase in the participants' positive emotional scores could also be influenced by conditions that occurred outside the therapy process such as family conditions at home, working conditions, recurrence of treated patients, and current pandemic conditions. All of these are conditions that are beyond the control of the researchers so that they become limitations or confounding variables in the study.

### 3.3 Conclusion

The results of this study indicate that listening therapy on the Al-Qurán Surah Ar-Rahman *murottal* is effective in increasing positive emotions, either with meaning or without meaning. In addition, there is no significant difference between the positive emotional scores of the groups that are given listening therapy on the Al-Qurán Surah Ar-Rahman *murottal* with meaning and without meaning.

### AUTHORS' CONTRIBUTIONS

A.W.W conceived of the presented idea. All authors discussed the research data and contributed to the final manuscript. All the authors carried out the interviews. A.W.W. verified the numerical results of analysis. A.W.W wrote the manuscript and supervised by F.N The authors worked out almost all the technical details.

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