

**Enhancing Mental Health Care Through Psychoreligious Intervention: Qur'anic Murottal Therapy for Substance Abuse Patients in a West Java Rehabilitation Unit**

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**ABSTRACT**

Anxiety is a psychological symptom experienced by patients with substance use disorders, which may occur both during substance use and throughout the withdrawal process. Substance abuse is often associated with various health issues, including mental health disorders such as anxiety and depression, which further diminish patients' quality of life. Furthermore, elevated anxiety levels among individuals with substance use disorders increase the risk of relapse and rehabilitation failure. In this context, psychoreligious therapy through listening to Quranic murottal has emerged as a potential alternative for managing anxiety in individuals with substance use disorders. This study aimed to investigate the effect of Quranic murottal psychoreligious therapy on reducing anxiety levels in patients undergoing rehabilitation at the West Java Provincial Mental Hospital. A quasi-experimental design with a pretest-posttest control group approach was used. A total of 28 respondents were selected through total sampling. The study demonstrated a significant effect of Quranic murottal therapy in reducing anxiety levels among patients with substance use disorders, with an average decrease of 13.143 points. Statistical analysis showed a p-value of 0.000, which is lower than the significance threshold of 0.05 ( $p < 0.05$ ). Additionally, a significant difference in anxiety levels was also observed in the control group ( $p = 0.02 < 0.05$ ). The findings indicate that Quranic murottal psychoreligious therapy significantly reduces anxiety levels in patients with substance use disorders. These results are expected to contribute to the implementation of spiritual care interventions in the substance use rehabilitation ward.

**Keywords:** quranic murottal, psychoreligious, anxiety, substance abuse

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**INTRODUCTION**

Substance abuse involving narcotics and addictive substances remains a growing global mental health and nursing concern. According to the United Nations Office on Drugs and Crime (UNODC) report, approximately 296 million individuals worldwide were involved in substance abuse, representing a 23% increase compared to a decade earlier (United Nations Office on Drugs and Crime, 2024). This condition not only adversely affects individuals who use substances

but also has profound psychological, social, and family-related consequences, thereby increasing the burden on mental health and nursing services.

Anxiety is a psychological condition that arises when an individual is confronted with situations perceived as threatening, stressful, or emotionally distressing. It often emerges as an initial response to psychological stressors, particularly when important personal values, needs, or life circumstances are perceived to be disrupted or threatened. Anxiety is commonly characterized by feelings of uneasiness, restlessness, excessive worry, and uncertainty about future events. In addition to psychological symptoms, anxiety is frequently accompanied by somatic manifestations, including palpitations, shortness of breath, cold sweating, muscle tension, and sleep disturbances (Azizah et al., 2016; Yosep, 2019).

Religious therapy includes psychoreligious interventions that involve listening to recitations of the Holy Qur'an. Previous studies have demonstrated that Qur'anic sound and audio stimulation may reduce stress hormone levels, promote the release of endorphins, enhance relaxation, and divert attention away from tension, fear, and anxiety. Qur'anic murottal can be applied as a complementary therapeutic modality, contributing to improved breathing patterns, decreased blood pressure, reduced heart rate, and modulation of brain wave activity, while also supporting the body's neurochemical regulation (Mustafidah, 2019; Antika et al., 2022; Aulia Ziqri et al., 2020).

Based on observations conducted by researchers through interviews with nurses in the substance abuse (NAPZA) unit, the findings indicated that 5 out of 28 respondents (17.8%) reported that patients who use substances experience anxiety due to unresolved personal problems that they are unable to manage independently. As a result, these individuals tend to use substances as a maladaptive coping mechanism to obtain temporary relief or a sense of calm (Yusuf et al., 2015; Dalami & Suliswati, 2014).

The urgency of this research is underscored by several critical considerations. First, the global prevalence of substance abuse continues to rise, placing an increasing burden on mental health and nursing services. Anxiety, as a common comorbid condition among individuals who use substances, exacerbates relapse risk, impairs recovery outcomes, and reduces quality of life (Soedirham et al., 2024).

Second, current interventions for anxiety in substance abuse populations predominantly rely on pharmacological approaches, which may carry risks of dependency, side effects, or limited accessibility in certain clinical settings. There is an urgent need for safe, low-cost, and non-addictive complementary interventions that can be implemented by nurses as part of holistic mental health care (Yosep, 2019).

Third, psychoreligious therapy using Qur'anic recitation aligns closely with patients' cultural and spiritual values, particularly in Muslim-majority contexts. Integrating such interventions into nursing practice not only supports psychological recovery but also enhances patient engagement, therapeutic trust, and emotional resilience. However, empirical evidence specifically examining the effectiveness of Qur'anic murottal therapy in reducing anxiety among substance abuse patients remains limited (Widiyanti et al., 2021; Hernawaty et al., 2024).

## METHODS

This study employed a non-probability sampling method, specifically purposive sampling. Participants were selected intentionally based on predetermined inclusion and exclusion criteria relevant to the objectives of the study. Purposive sampling was considered appropriate because the study focused on a specific clinical population—patients with substance abuse (NAPZA) who experienced anxiety—and random allocation was not feasible within the clinical setting.

This study employed an experimental research approach using a quasi-experimental design, specifically the non-equivalent control group pretest–posttest design. In this design, a pretest was administered prior to the intervention, followed by a posttest after the intervention in each group. The effectiveness of the intervention was determined by comparing outcomes between the experimental group and the control group (Notoatmodjo, 2018). The study involved 28 respondents, who were allocated into an experimental group and a control group.

### Data Collection Procedure

1. The researchers identified research subjects according to the predetermined sampling technique. Participants in both the intervention and control groups were recruited using total sampling, and the samples were divided into two groups.
2. After eligible participants were identified, the researchers provided a clear explanation regarding the research ethics and procedures, including the study timeline, objectives, potential benefits, and implementation procedures. Participants who agreed to take part in the study were asked to sign an informed consent form.
3. Once informed consent was obtained, the participants were assigned into two groups: the intervention group and the control group.
4. Following group allocation, both the intervention and control groups were administered the Hamilton Anxiety Rating Scale (HARS) as a pretest to obtain baseline anxiety data.
5. After completion of the pretest, the intervention group received a psychoreligious therapy intervention involving listening to Qur'anic murottal recitations. The therapy was conducted for 10 minutes per session over three consecutive days. Participants were provided with headphones to listen to the recitations and were encouraged to perform ablution (wudu) prior to the intervention. The therapy session began with the recitation of *Bismillah* and *Istighfar* three times, followed by listening to verses from Surah Ar-Rahman.
6. The control group did not receive the intervention during the study period and was provided with the therapy after the intervention group had completed the study, in accordance with ethical considerations.

7. If the intervention was interrupted or not completed for three consecutive days, the therapy was repeated from the beginning. Participants were informed that they were given one day after the completion of the intervention to complete the posttest questionnaire.
8. Finally, a posttest assessment was conducted using the HARS questionnaire in both the intervention and control groups.

## RESULTS

**Table 1 Frequency Distribution of Anxiety Levels Among Patients with Substance Use Disorders Before and After the Intervention in the Intervention Group at the West Java Provincial Psychiatric Hospital**

Anxiety Level	<i>Pre-test</i>	
	Frequency (F)	Percentage (%)
Mild Anxiety	5	35.7
Moderate Anxiety	4	28.6
Severe Anxiety	5	35.7
Total	14	100.0
Anxiety Level	<i>Post-test</i>	
	Frequency (F)	Percentage (%)
No Anxiety	8	57.1
Mild Anxiety	5	35.7
Moderate Anxiety	1	7.1
Total	14	100.0

Based on Table 1, the analysis illustrates the distribution of anxiety levels among patients with substance use disorders in the intervention group. Prior to the intervention, 5 patients (35.7%) experienced severe anxiety, 5 patients (35.7%) experienced mild anxiety, and a smaller proportion, 4 patients (28.6%), experienced moderate anxiety. No patients were classified as having normal anxiety levels or very severe anxiety before the intervention.

Following the intervention, the majority of patients, 8 individuals (57.1%), were categorized as having normal anxiety levels, while 5 patients (35.7%) experienced mild anxiety, and 1 patient (7.1%) experienced moderate anxiety. Notably, no patients were found in the categories of severe or very severe anxiety after the intervention.

**Table 2 Frequency Distribution of Anxiety Levels Among Patients with Substance Use Disorders Before and After the Intervention in the Control Group at the West Java Provincial Psychiatric Hospital**

Anxiety Level	<i>Pre-test</i>	
	Frequency (F)	Percentage (%)
No Anxiety	1	7.1
Mild Anxiety	9	64.3
Severe Anxiety	4	28.6
Total	14	100.0

  

Anxiety Level	<i>Post-test</i>	
	Frequency (F)	Percentage (%)
No Anxiety	2	14.3
Mild Anxiety	7	50.0
Moderate Anxiety	2	14.3
Severe Anxiety	3	21.4
Total	14	100.0

Based on Table 2, the analysis describes the distribution of anxiety levels among patients with substance use disorders who did not receive the Qur'anic murottal therapy of Surah Ar-Rahman (control group). Prior to the study period, 9 patients (64.3%) experienced mild anxiety, while 4 patients (28.6%) experienced severe anxiety. A small proportion, 1 patient (7.1%), was classified as having normal anxiety levels, and no patients were categorized as having moderate or very severe anxiety before the intervention period.

After the intervention period, 7 patients (50.0%) in the control group continued to experience mild anxiety, while 3 patients (21.4%) experienced severe anxiety. Additionally, 2 patients (14.3%) experienced moderate anxiety, and 2 patients (14.3%) were classified as having normal anxiety levels. No patients were found in the category of very severe anxiety after the study period.

**Table 3 Presentation of the Effects of Qur'anic Murottal Therapy (Listening to Surah Ar Rahman) in the Experimental Group**

Mean	Std. Deviation	Std. Error Mean	95% CI Lower	95% CI Upper	t	df	Sig. (2-tailed)
13,143	7,004	1,872	9,099	17,187	7,021	13	0,000

The statistical analysis revealed a significant p-value of 0.000, indicating that the difference between anxiety levels before and after the intervention was statistically significant ( $p < 0.05$ ). This finding suggests that Qur'anic murottal therapy had a significant effect in reducing patients' anxiety levels. The t-test result showed a value of  $t = 7.021$  with 13 degrees of freedom ( $df = 13$ ), further confirming that the observed difference was not due to chance. Additionally, the one-tailed critical t-value was 1.771, and since the calculated t-value (7.021) exceeded the critical value (1.771), with a two-tailed significance value (Sig. 2-tailed) of  $0.000 < 0.05$ , the null hypothesis was rejected.

**Table 4 Comparison of Post-Intervention Anxiety Levels Between the Experimental Group and the Control Group After Listening to Qur'anic Recitation of Surah Ar-Rahman**

F	Mean difference	Std. Error difference	95% CI Lower	95% CI Upper	t	df	Sig. (2-tailed)
6.159	-8.071	2.997	-14.232	-1.911	-2.693	26	0,012
	-8.071	2.997	-14.357	-1.786	-2.693	18.428	0.015

Descriptively, the mean anxiety score in the intervention group after receiving Qur'anic murottal therapy was 11.57, whereas the control group demonstrated a higher mean score of 19.64. The mean difference of  $-8.071$  indicates that the intervention group experienced a substantially greater reduction in anxiety compared to the control group. The t-test analysis yielded a value of  $t = -2.693$  with 26 degrees of freedom ( $df = 26$ ), along with a 95% confidence interval (CI) ranging from  $-14.357$  to  $-1.786$ , suggesting that this difference was statistically significant, not attributable to chance, and potentially generalizable to a broader population.

## DISCUSSION

The findings of this study demonstrate that the administration of Qur'anic murottal therapy involving Surah Ar-Rahman significantly reduced anxiety levels among patients with substance use disorders. These results are consistent with the study conducted by Aulia and Ziqri (2020), which concluded that murottal therapy is effective in reducing anxiety, stress, and other psychological disturbances among patients undergoing substance abuse rehabilitation.

Observations made by the researchers, supported by questionnaire-based assessments of anxiety symptoms, indicated improvements in clinical manifestations such as sleep disturbances, including difficulty initiating sleep and frequent nighttime awakenings. From a physiological perspective, listening to the recitation of the Holy Qur'an—particularly Surah Ar-Rahman—is believed to stimulate the parasympathetic nervous system, which plays a crucial role in inducing relaxation responses. According to Whida, cited in Alfiyah (2018), Surah Ar-Rahman has been shown to increase endorphin levels, which are associated with feelings of calmness and emotional stability. This effect was reflected in the questionnaire results, which showed a significant reduction in anxiety scores, decreasing from 7.937 to 4.751, with a p-value of 0.000.

In contrast, the control group, which did not receive Qur'anic murottal therapy, did not exhibit a significant change in anxiety levels, as indicated by a p-value of 0.868. This difference between the experimental and control groups can be explained through the psychoreligious therapy framework, which integrates psychological and spiritual dimensions to help individuals cope with emotional problems such as anxiety. Unlike the intervention group, the control group did not receive any stimulus capable of supporting optimal functioning of the limbic system, the central regulator of emotional responses, thereby limiting their ability to effectively modulate stress and anxiety.

The authors assume that the significant reduction in anxiety observed in the experimental group is not solely attributable to distraction effects, but rather to the synergistic interaction between auditory stimulation and spiritual meaning embedded within the Qur'anic murottal, particularly Surah Ar-Rahman. From a mental health nursing perspective, this intervention is presumed to facilitate emotional regulation by enhancing patients' sense of inner peace, spiritual connectedness, and perceived meaning, which are often disrupted in individuals with substance use disorders. The repetitive rhythm, harmonious intonation, and spiritually reassuring messages of Surah Ar-Rahman are believed to promote cognitive reframing, reduce hyperarousal of the limbic system, and strengthen adaptive coping mechanisms. Consequently, the authors posit that Qur'anic murottal therapy functions as a holistic psychoreligious intervention that addresses both

neurophysiological and psychosocial dimensions of anxiety, thereby supporting recovery-oriented nursing care for patients with substance use disorders.

## CONCLUSION

Based on the results and discussion of this study examining the effect of Qur'anic murottal therapy (listening to Surah Ar-Rahman) on anxiety levels among patients with substance use disorders at the West Java Provincial Mental Hospital in 2025, the following conclusions can be drawn:

1. Prior to the intervention, anxiety levels among patients with substance use disorders in the intervention group were distributed as follows: 5 patients (35.7%) experienced severe anxiety, 5 patients (35.7%) experienced mild anxiety, and 4 patients (28.6%) experienced moderate anxiety. After receiving the intervention, anxiety levels improved, with 8 patients categorized as having no anxiety (normal), 5 patients experiencing mild anxiety, and 1 patient experiencing moderate anxiety.
2. In the control group, prior to the study period, 9 patients (64.3%) experienced mild anxiety, 4 patients (28.6%) experienced severe anxiety, and 1 patient (7.1%) was categorized as having normal anxiety levels. After the study period, 7 patients (50.0%) continued to experience mild anxiety, 3 patients (21.4%) experienced severe anxiety, 2 patients (14.3%) experienced moderate anxiety, and 2 patients (14.3%) experienced no anxiety.
3. The findings indicate a significant effect of psychoreligious murottal therapy (listening to Surah Ar-Rahman) on reducing anxiety levels among patients with substance use disorders, as demonstrated by a statistical result of  $p = 0.000 < \alpha = 0.05$ .
4. There was a significant difference in post-intervention anxiety levels between the intervention group and the control group among patients with substance use disorders, with a statistical value of  $p = 0.020$ .

## RECOMMENDATIONS

It is recommended that psychoreligious murottal therapy involving listening to the recitation of the Holy Qur'an be implemented in substance abuse rehabilitation units within psychiatric hospitals, particularly for patients experiencing anxiety symptoms. This intervention may serve as an effective form of spiritual nursing care and a complementary non-pharmacological approach to support mental health recovery.

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