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The Living Qur'an Approach as a Spiritual Therapy for the Recovery of People with Mental Disorders at Daarul Hakim Social Welfare Institution

Khoirun Nidhom¹; Mohamad Muallim²

Abstract

Mental health problems are an issue that is getting more and more attention in various parts of the world, including in Indonesia. Based on data from the Ministry of Health of the Republic of Indonesia, the prevalence of People with Mental Disorders (ODGJ) continues to increase every year. ODGJ, which includes individuals with severe mental disorders such as schizophrenia, requires not only medical care but also a holistic approach, including spiritual support. Although there are various studies on spiritual therapy, there are almost no studies that examine the implementation of Qur'anic therapy in the context of pesantren-based rehabilitation institutions in Indonesia, especially those that apply the concept of living Qur'an. This study aims to analyze and explain the implementation of Qur'anic verses as spiritual therapy for the recovery of ODGJ at the Daarul Hakim Social Welfare Institution in Sumber Village, Kradenan District, Blera Regency, which is a special Islamic boarding school for ODGJ that receives support from the Indonesian government. The results of the study show that the implementation of Qur'anic verses is realized through several forms of spiritual therapy, such as ruqyah syar'iyah, recitation of certain surahs, dhikr, and structured religious assistance. These practices not only function as a method of spiritual healing, but also as a means of fostering inner peace, reducing psychological symptoms, and improving the self-control ability of ODGJ students. Thus, the application of Qur'anic verses as spiritual therapy has a significant contribution to the recovery process of ODGJ and is an important foundation to be studied further in the context of socio-religious institutions, filling the research gap related to the integration of Islamic spirituality in pesantren-based mental rehabilitation.

Keywords: Qur'anic Healing; Spiritual Therapy; Mental Health Recovery; People with Mental Disorders (ODGJ); Pesantren-Based Rehabilitation.

¹ Institut Daarul Qur'an Jakarta, Banten, Indonesia, Email: abufayha.nidhom@gmail.com

² Institut Daarul Qur'an Jakarta, Banten, Indonesia Email: muallimku@gmail.com

Introduction

Mental health disorders are one of the public health issues that are receiving increasing global attention, especially because of their broad impact on quality of life, productivity, and social stability. The World Health Organization (WHO) notes that mental disorders are now one of the leading causes of disability worldwide and contribute significantly to the global burden of disease, even exceeding some chronic physical diseases such as cancer and diabetes [1]. This increase in prevalence is influenced by a variety of factors, including socio-economic pressures, changes in family structure, rapid urbanization, prolonged stress exposure, and lack of adequate access to mental health services, especially in developing countries [2].

In the Indonesian context, individuals with mental health disorders are categorized as People with Mental Disorders (ODGJ), which are individuals who experience dysfunction in cognitive, affective, perceptual, and behavioral aspects so that they hinder their ability to interact socially, work, and carry out daily activities [3]. The concept of ODGJ includes not only severe mental disorders such as schizophrenia, bipolar, and major depression, but also psychological conditions that cause significant impairments in social functioning [4]. Mental disorders are essentially multidimensional conditions characterized by significant changes in the way they think, feel, and act. These changes are not only internal, but also influenced by genetic, biological, psychological, environmental, and spiritual factors, which comprehensively contribute to the disruption of an individual's ability to live daily life [5].

The problem of mental health disorders is getting more complicated because of the strong negative stigma that is still inherent in society. People with Mental Disorders (ODGJ) are often seen as dangerous, irrational, or even unworthy of acceptance in social life [6]. This kind of stigma not only worsens the psychological condition of sufferers, but also triggers various forms of discrimination, social exclusion, and in some extreme cases, attachment or confinement measures that are still found in various regions in Indonesia. Research by Human Rights Watch confirms that social stigma is one of the main factors causing ODGJ neglect, as people tend to perceive them as a threat or "not the norm" [7].

In addition to the direct impact on the sufferer, stigma also affects family behavior. Many families feel embarrassed or afraid of social judgment and are reluctant to take their family members to a mental health professional, even when symptoms are already severe. As a result, medical or psychosocial interventions are given too late, which worsens the condition of ODGJ and lowers the chances of recovery. Other studies have shown that internal and external stigma plays a

significant role in delays in diagnosis and treatment, as well as negatively impacting patients' quality of life and family well-being [8]. Thus, the treatment of mental disorders cannot only rely on medical services, but must be accompanied by educational and social interventions to reduce stigma in society [9].

Empirically, the mental health situation in Indonesia shows a significant improvement trend, reflecting the urgent need for integrated, community-based mental health interventions. Data from the Ministry of Health of the Republic of Indonesia (Kemenkes RI) shows that the prevalence of ODGJ, especially those with severe mental disorders such as schizophrenia, has continued to increase over the past decade. The provinces with the highest numbers include DKI Jakarta (24.3%), Aceh (18.5%), West Sumatra (17.7%), West Nusa Tenggara (10.9%), South Sumatra (9.2%), and Central Java (6.8%). This increase is influenced by a variety of factors, including population growth, socio-economic pressures, low awareness of mental health, and limited access to adequate mental health services.

Basic Health Research (Riskesdas) 2013 reported that the prevalence of mental emotional disorders in the population aged ≥ 15 years reached 6% or around 14 million people, while severe mental disorders such as schizophrenia reached 1.7 per 1,000 population, equivalent to $\pm 400,000$ people (Ministry of Health of the Republic of Indonesia, 2013, pp. 45–46). Longitudinal research shows that the number of people with severe mental disorders in Central Java has increased drastically from 121,962 people in 2013 to 260,247 people in 2014, and increased again to 317,504 people in 2015 [10]. This phenomenon of increase confirms the need for more proactive mental health policies, including rehabilitation programs, community therapy, and family- and community-based interventions [11]. The latest data from One Data on Domestic Government (SDPDN) in 2023 also shows high ODGJ rates in several districts, including Blora Regency (2,163 people), Pati (3,116 people), Kudus (2,110 people), and Demak (2,650 people) [12]. These figures emphasize the urgency of strengthening mental health services at the local level, particularly through rehabilitation institutions and integrative approaches that combine medical, psychosocial, and spiritual therapies in the cultural context of local communities.

The increasing number of People with Mental Disorders (ODGJ) demands a more comprehensive and integrated treatment, which not only focuses on medical aspects but also includes social, psychological, and spiritual dimensions. Without adequate intervention, ODGJ are particularly vulnerable to discrimination, exclusion, and neglect, especially for those who come from economically disadvantaged families and are unable to access professional mental health services. This is in line with Human Rights Watch's findings that

economic limitations, lack of health facilities, and social stigma cause many ODGJ to be abandoned, live on the streets, or even be supported by their families [13].

In fact, Law No. 18 of 2014 concerning Mental Health affirms the obligation of the government and local governments to provide treatment, rehabilitation, and protection services for ODGJ who are abandoned, homeless, have no family, or threaten the safety of themselves or others [14]. This law emphasizes the importance of coordinated interventions between the government, communities, and families to ensure the rights of ODGJ are met. However, the implementation of this regulation in the field still faces significant obstacles, such as limited mental health service facilities, lack of trained professionals, and low mental health literacy in the community.

The treatment of ODGJ ideally adopts an integrative approach, which includes medical, psychosocial, cultural, and spiritual aspects. Medical approaches typically include pharmacotherapy, psychotherapy, and clinical rehabilitation, while non-medical approaches include family support, community interventions, cultural therapy, and spiritual or religious practices [15]. A spiritual approach, especially in a religious Indonesian society, is often an important component of the recovery process. Research shows that faith-based therapies can lower anxiety levels, increase inner peace, and strengthen patients' meaning in life and psychological resilience [16]. Furthermore, the integration of spirituality in ODGJ rehabilitation can improve adherence to treatment, strengthen social bonds, and provide intrinsic motivation for patients to undergo continuous recovery [17].

In the Islamic tradition, the Qur'an is not only seen as a holy book containing moral and legal instructions, but also as *al-Shifā'*, which is a healer for the soul and body. This concept confirms that the verses of the Qur'an have therapeutic potential to provide inner peace, relieve anxiety, and aid psychological recovery when practiced consistently and with the right understanding [18]. The emphasis on the healing function of the Qur'an is in accordance with QS. Al-Isrā': 82 which affirms that the Qur'an is a means to cure diseases in the chest, whether in the form of anxiety, anxiety, or emotional distress.

The practice of using Qur'anic verses as a medium of spiritual healing is now known as living Qur'an, which is a phenomenon in which the Qur'an is not only read or understood textually, but is also internalized and brought to life in the practice of daily life, both in the context of worship and social interaction [19]. The concept of living Qur'an departs from the phenomenon of the Qur'an in Everyday Life, which is how Muslims understand, appreciate, and utilize the values of the Qur'an in real life to face various challenges, including mental

health problems [20]. This approach emphasizes the integration between textual understanding, spiritual practice, and the application of Qur'anic values in social life, thus contributing to mental well-being, emotional stability, and improving the quality of life of individuals.

In addition, several studies have shown that Qur'an-based therapies can lower stress and anxiety levels, improve inner peace, and strengthen psychological resilience in individuals with various mental health conditions. This shows that the integration of the spiritual values of the Qur'an in the practice of mental therapy, as applied in Islamic boarding schools or rehabilitation institutions, has the potential to be an effective complementary approach in supporting the recovery of ODGJ.

The Daarul Hakim Social Welfare Institution (LKS) located in Sumber Village, Kradenan District, Blora Regency, is one of the institutions that implements a Qur'an-based mental rehabilitation approach. Established in 2012, this institution adopts a model of salafiyah pesantren that combines traditional religious education, the practice of Riyadloh Kubro, daily worship habits, and therapy based on Qur'an verses as the main strategy of spiritual recovery for People with Mental Disorders (ODGJ).

The rehabilitation program at LKS Daarul Hakim is designed comprehensively. Therapy activities include the reading and listening of Qur'anic verses in murattal, dhikr, ruqyah syar'iyah, and internalization of Qur'anic values through daily learning and practice. This approach emphasizes the integration of spiritual, psychological, and social aspects in the healing process, so that participants not only experience emotional stabilization but also the strengthening of spiritual awareness and adaptive behavior in daily life.

Several studies and theoretical studies show that Qur'an-based interventions can provide significant therapeutic effects, including improving inner peace, reducing symptoms of anxiety and depression, and strengthening patients' internal motivation to recover. The therapeutic practice applied at Daarul Hakim, with a focus on internalizing Qur'anic values and spiritual habituation, is believed to be able to accelerate the mental recovery of ODGJ as well as build long-term psychological resilience. This approach shows that the integration of religious values in the rehabilitation of ODGJ can be an effective complementary strategy, especially in the context of religious Indonesian society as enshrined in QS. Al-Isra/17:82.

Although the Qur'ani approach shows positive results in practice, academic studies on its effectiveness are still relatively limited, especially in the context of pesantren-based ODGJ rehabilitation in Indonesia. Most previous studies have focused more on spiritual therapy in medical patients, for example

in hemodialysis patients, which suggests that Islamic spiritual interventions are able to reduce anxiety levels and improve patients' psychological calm [21]. Other studies highlight the influence of spiritual intelligence on the quality of life of schizophrenia patients, suggesting that the spiritual dimension plays an important role in improving patients' mental well-being and supporting the recovery process [22].

In addition, international studies show spiritual practices such as yoga also contribute to the management of mental disorders, improve emotional stability, and lower symptoms of anxiety and depression [23]. Qualitative research on the recovery experiences of schizophrenic patients in China emphasizes the importance of family support, internal motivation strengthening, and cultural factors in the rehabilitation process [24].

However, these studies have not specifically explored the implementation of Qur'anic therapy in pesantren-based rehabilitation institutions in Indonesia, so there is still a research gap in terms of: (1) the effectiveness of long-term Qur'anic therapy for ODGJ; (2) the integration of spiritual therapy with medical and psychosocial approaches; and (3) an in-depth understanding of the ODGJ recovery experience in the local cultural and religious context. This gap shows the need for studies that focus on institutions such as LKS Daarul Hakim to make an empirical and theoretical contribution to the development of a spiritual-based ODGJ rehabilitation model in Indonesia.

Thus, there are several research gaps that need to be answered: (1) the lack of local studies on Qur'anic therapy in the recovery of ODGJ; (2) lack of longitudinal research on the effectiveness of spiritual therapy; (3) the need for comprehensive integration of medical and spiritual approaches; and (4) the lack of in-depth qualitative research on the experience of ODGJ recovery in the pesantren culture. Based on the above background description, the formulation of the problem in this study is: 1. How is the implementation of Qur'an verses as spiritual therapy for the recovery of ODGJ at the Daarul Hakim Social Welfare Institution of Sumber Village, Keradenan District, Blora Regency? 2. What are the therapeutic implications of Qur'anic verses therapy on the process of recovering the psychological condition of ODGJ at the Daarul Hakim Social Welfare Institution? 3. What are the challenges and opportunities in the application of spiritual therapy based on Qur'an verses for the recovery of ODGJ in the institution? So the purpose of this study is to (a) identify the implementation of Qur'an verses as spiritual therapy for the recovery of ODGJ in LKS Daarul Hakim Blora; (b) analyze its implications for the psychological recovery of ODGJ; and (c) examine the challenges and opportunities for the implementation of Qur'an-based spiritual therapy.

Research Gap

Based on previous literature and research studies, there are a number of research gaps that are an important basis for this research. The gap covers contextual, methodological, theoretical, practical, and cultural aspects, which as a whole shows the need for an in-depth study of Qur'anic therapy for ODGJ in Islamic boarding school rehabilitation institutions.

1. Gap Konteks (Contextual Gap)

Most research on spirituality and mental health is conducted in medical or non-Islamic contexts, such as hemodialysis patients, cancer, stroke, psychiatric hospitals, and the international community. These studies generally emphasize religious-based spiritual therapy or non-Islamic religious practices, making them less relevant to understand the dynamics of ODGJ recovery in the context of the Indonesian Muslim community. Until now, there has been almost no research examining the implementation of Qur'anic therapy in ODGJ in pesantren-based rehabilitation institutions, even though this practice has been carried out consistently in several Social Welfare Institutions (LKS) such as Daarul Hakim Blora.

2. Methodological Gap

Most previous studies have been quantitative, focused on short-term clinical interventions, and used standard measurement instruments such as the Hamilton Anxiety Rating Scale (HAM-A) or the Depression Anxiety Stress Scale (DASS) [25],[26]. This approach provides a statistical picture of the effects of spiritual therapy on psychological symptoms, but is less able to capture the subjective experiences of ODGJ in the recovery process. There has been no qualitative research that has in-depth explored: the spiritual experience of ODGJ, the meaning of Qur'anic verses in daily life, and the dynamics of Qur'anic therapy carried out according to the concept of living Qur'an. A deep understanding of this experience is important to assess the effectiveness of therapy from the perspective of the patient and field practice.

3. Theoretical Gap

There has been no study that simultaneously integrates the theory of spiritual healing, the concept of al-Syifā' in the Qur'an, the theory of recovery, and the study of the living Qur'an into a single analytical model to understand the recovery of ODGJ [27]. Previous studies generally only discuss one aspect, such as spiritual healing or recovery model, so they have not provided a comprehensive conceptual framework that links spiritual, psychological, and social dimensions in the pesantren-based rehabilitation process.

4. Practical Gap

LKS Daarul Hakim has been implementing Qur'anic therapy regularly since 2016 through the reading of verses, murattal, ruqyah syar'iyah, dhikr, and internalization of Qur'anic values. However, this practice has not been systematically documented in scientific research, so the effectiveness and consistency of therapy have not been analyzed. In addition, the challenges and opportunities for the development of Qur'anic therapy in the context of Islamic boarding schools are still minimally studied, including how the application of therapy can be adjusted to the capacity of the institution, the number of patients, and the characteristics of ODGJ.

5. Cultural Gap

Pesantren as an institution has distinctive traditions, rituals, parenting, discipline, social structure, and spirituality. There has been no research that specifically links the cultural context of pesantren to the recovery of ODGJ through Qur'anic therapy [28]. In fact, cultural and environmental factors of the pesantren greatly influence the way ODGJ undergoes therapy, accepts spiritual teachings, and internalizes Qur'anic values in daily life. This study is important to understand the adaptation of spiritual therapy practices in unique local contexts.

Research Theory

1. Theory Stigma (Goffman)

The stigma theory put forward by Erving Goffman explains that individuals who receive negative labels from society tend to experience exclusion, discrimination, and social isolation [29]. In the context of ODGJ, this stigma arises because of public perceptions that they are dangerous, strange, or irrational, thus causing fear, rejection, and social alienation. This kind of stigma not only impacts social interaction, but also worsens the psychological condition of ODGJ, hinders their access to health services, and slows down the rehabilitation process.

2. Bio-Psycho-Social Model

The bio-psycho-social model explains that mental disorders are influenced by the interaction between biological, psychological, and social factors [30]. Biological factors include genetics, neurochemical disorders, and nervous system disorders, while psychological factors include stress, trauma, and maladaptive mindsets. Social factors include family interactions, community support, economic conditions, and culture. This approach emphasizes that the

treatment of ODGJ should be holistic and integrated, including medical interventions, psychotherapy, social rehabilitation, and spiritual support.

3. Recovery Model

The recovery model emphasizes a recovery process that focuses on the patient's hope, meaning of life, self-identity, and empowerment. This model sees ODGJ not only in terms of symptoms or medical diagnoses, but as individuals who have the capacity to build a productive and meaningful life. This approach prioritizes the patient's active participation in decision-making, strengthening social skills, and supportive an inclusive environment, helping the patient develop a sense of control and responsibility for their own lives.

4. Spiritual Therapy Theory

According to Koenig and Pargament, spirituality serves as a psychological strengthening mechanism that helps individuals cope with stress, trauma, and mental disorders. Spiritual therapy can increase mental resilience, provide a sense of security, foster hope, and lower anxiety. In practice, this therapy can be prayer, meditation, scripture reading, or other religious activities that strengthen an individual's bond with God and provide inner peace.

5. The Qur'an as a Healer (al-Syifā')

In the Islamic tradition, the Qur'an is seen as al-Shifā', which is a source of spiritual and psychological healing. The verses of the Qur'an are believed to provide calm, reduce stress and anxiety, and improve the mental condition of patients. QS. Al-Isrā': 82 affirms that the Qur'an is a healer for diseases in the chest, which can be applied in real terms through the reading, hearing, and internalization of its spiritual message.

6. The Concept of Living Qur'an

Living Qur'an is the concept of applying the verses of the Qur'an in daily life practically and spiritually. This phenomenon is not only limited to reading or understanding the text, but brings to life Qur'anic values in action, social interaction, and rehabilitation practice. This concept has its roots in the idea of the Qur'an in Everyday Life, which emphasizes the active interpretation of the Qur'an as a guideline in the social, ethical, and mental health of the Muslim community.

Method: Types of Research

This research is a field research, which is research that is carried out systematically by collecting data directly from the environment where the research takes place [31]. This research uses a qualitative method. According to Nawawi, the qualitative approach is the process of collecting information in the natural conditions of an object, which is then associated with problem-solving efforts, both theoretically and practically. Qualitative research begins with the collection of data under real conditions, which is then formulated into a logical generalization that is acceptable to common sense [32]. Meanwhile, according to Bodgan and Taylor, qualitative research methods are procedures that produce descriptive data in the form of words, both oral and written, from individuals and observable behaviors. This approach emphasizes understanding of the setting and the individual as a whole [33].

The author chose a qualitative approach in accordance with the purpose of the research, which is to obtain an overview of the process of applying Qur'anic verses as spiritual therapy in the recovery of ODGJ at the Daarul Hakim Social Welfare Institute, located in Sumber Village, Keraden District, Blora Regency. Based on the type, this study is included in the descriptive category. The descriptive method is used to provide a systematic, accurate, and objective description or explanation of the facts, characteristics, and relationships between the phenomena being studied. Therefore, the research report will be accompanied by data citations to clarify its presentation. The data is obtained from various sources, such as interview transcripts, field notes, memos, and official documents [34].

Data Sources and Types

In the process of data collection, there are sources and types of data used:

a) Data Source

The data sources of this study include:

1. Respondents: Individuals who have undergone a ritual of medicine and given their views on the method as well as their understanding of the verses used.
2. Informants: Parties who can provide information related to the matter being investigated.

In this study, the number of informants and respondents was 10 people, consisting of:

- 1 founder of the institution (K. Syamsuri)
- 3 caregivers (Ustadz Rahman, Ustadz Sudirman, Ustadzah Linda)
- 3 ODGJ patients who are undergoing therapy
- 3 family members of the patient present during the therapy process

Among the interview excerpts:

- "We used to read the beginning of Surah Al-Jinn to calm the patient. We repeat certain verses until the patient begins to respond [35]"
- "Every time I hear the recitation of that verse, my heart becomes cooler... as if there is something soothing [36]."

b) Data Types

The types of data used in the study are as follows:

1. Data primer

That is, data obtained directly from the main source containing the information or data needed (not intermediaries) [37]. In this study, the primary data are direct observation of the therapy process at the Daarul Hakim Social Welfare Institution, Sumber Village, Kradenan District, Blora Regency and interviews with K. Syamsuri as the founder of the Daarul Hakim institution, and with other caregivers as well as observations and interviews with ODGJ patients.

2. Data Sekunder

Secondary data is data obtained indirectly through intermediaries. This data can be collected from various sources such as written evidence, records, books, journals, or historical reports that have been documented in archives or other data.

3. Research Location

The location of this research site aims to limit the research place conducted by the researcher, namely the Daarul Hakim Social Welfare Institute, Sumber Village, Kradenan District, Blora Regency.

4. Data Collection Methods

Data Collection Techniques

This study uses several data collection techniques, namely:

1. Observations

Observation is a technique of direct observation at the research location of the object being studied. This observation can be made in a relatively short time according to the needs of the research.

2. Interview

Interviews are a method of collecting data by asking questions orally through questions and answers and direct interaction between researchers and informants. In this study, interviews were conducted with parties related to the focus of the research, namely Ustadz Syamsuri and patients.

3. Dokumentations

Documentation is a data collection technique by collecting and analyzing various documents, both in the form of writing, images, and electronic documents. In this study, photo documentation was used as evidence of the conduct of interviews at the research site, ensuring that the research was actually carried out as planned.

5. Data Analysis

Data analysis in qualitative research is carried out during the data collection process and afterwards within a certain period of time. During the interview, the researcher has begun to analyze the answers from the sources. If after analyzing the answer is considered inadequate, the researcher will continue with additional questions until data that is considered credible is obtained. The qualitative data analysis process is interactive and is carried out continuously until the data reaches the point of saturation. The steps of data analysis in this study are as follows [38];

a. Data Collection

Data collection is a method used in research to obtain data in a systematic and structured manner to make it easier to analyze. Research instruments have a very important role and are a strategic part of the overall research process. With the existence of instruments, the data obtained can be used to answer problems, find relevant information in achieving research goals, and test hypotheses. The type of data collected depends on the variables contained in the research hypothesis.

b. Data Reduction

Data reduction is the process of selecting, simplifying, focusing, and transforming data obtained from the field. This process takes place continuously during data collection. During data collection, the reduction is carried out through stages such as summarizing, coding, identifying themes, and compiling key notes, which continue until the final report of the research. In this study, data reduction was carried out by sorting, editing, simplifying, abstracting, and transforming raw data from field records. The reduced data is expected to provide a clearer picture of the observation results and facilitate the final analysis process.

c. Data Presentation

Once the data reduction process is complete, the next step is to present or analyze the data. In qualitative research, data is usually presented in the form of text and narrative to facilitate understanding of the phenomenon that occurs and to help in planning the next steps based on this understanding.

d. Conclusion/Verification

Conclusions were drawn after the research was completed, taking into account the results of observations, interviews, and documentation obtained. Raw data that is not ready to be analyzed will be reduced and presented before it is finally concluded. In the early stages, researchers search for meaning from the collected data by identifying patterns, models, themes, relationships, and similarities that often emerge. The initial conclusions generated are temporary and subject to change if needed. If needed, verification is done by collecting additional data to strengthen or establish a final conclusion.

To test the validity of the data, in this study the author uses a triangulation method so that the data produced is valid data for research. Triangulation in credibility testing is defined as checking data from various sources in various ways, and at various times. Thus, there is a triangulation of sources, triangulation of data collection techniques, and time. In this study, the author only used triangulation of data sources and triangulation of data collection techniques to obtain valid data.

6. Research Ethics (Ethical Clearance and Informant Approval)

This research still pays attention to the ethical aspects of qualitative research. The form of application of ethics in this study is as follows:

a. Informant Consent (Informed Consent)

Before the interview was conducted, each informant was given an explanation of the purpose of the research, the benefits of the research, and their right to refuse or terminate the interview at any time. All informants expressed verbal willingness to participate, stating: "I am willing to provide information for this study so that it will be of benefit to others [39]."

b. Identity Confidentiality

The names of ODGJ patients are not listed in full, but rather use initials to maintain confidentiality.

c. Simple Ethical Clearance

This research obtained informal approval from the institution, which was conveyed directly by the founder of the institution, K. Syamsuri, that the research can be carried out without interfering with medical activities." Please do more research here, the important thing is not to disturb the patient [40]."

d. Non-Exploitation

Researchers did not take pictures of patients without permission, nor did they display sensitive information that could harm them.

Results and Discussion

Mental Disorders in the Qur'an

The term soul comes from the Arabic *an-nafs* (النفس) which literally means "self," and in simple understanding can be interpreted as "soul." In a number of verses of the Qur'an, terms related to psychiatric disorders are also found, such as *the sick qalb (maradhun)*, *majnûn* or *jinnatûn* which is understood as "crazy," and *maftûn*. In addition, there is also the concept of *dirty nafs* as opposed to *holy nafs* [41]. In the Qur'an, it is mentioned that there is *qalb* (heart), *nafs* (soul), and *'aql* (intellect) as psychological elements that develop from infancy to maturity. These three potentials integrate well with each other and form a healthy mental state. However, if one of them experiences developmental obstacles – especially *qalb* – then it can trigger mental disorders. During the time of the Prophet PBUH, every time a surah of the Qur'an was revealed, their mental disorders became more and more because they felt that the "great mission" they carried out was increasingly threatened, which is reinforced in QS. Al-Taubah/9:125 which states that those who have a disease in their hearts, then with the revelation or letter will add

impurity to their souls, plus the impurities that have existed before so that they die in a state of disbelief. If this mental illness is not cured immediately, it will result in this soul being completely blind, and this has been explained in QS. Al-Hajj/22:46 which states that it is not the eyes that are blind but the blind are the hearts that are in the human chest.

In the Islamic view, liver disease is often associated with bad traits or despicable behavior (*al-akhlaq al-mazmumah*), such as envy, envy, arrogance, emotional attitudes, and so on. Hasan Muhammad Ash-Syarqawi in his work *Nahw Ilm al-Nafsi al-Islamy* divides liver diseases into nine types, namely: showing off (*riya'*), anger (*al-ghadhab*), negligence and forgetfulness (*al-ghaflah wan-nisyân*), waswas (*al-waswasah*), despair (*al-ya's*), greedy (*thama'*), deceived (*al-ghurur*), arrogant (*al-'ujub*), as well as envy and envy (*al-Hasad wal-Hiqd*) [42].

Definition of Mental Disorder according to scientists

Mental disorders are conditions that arise due to abnormalities in brain function, which are characterized by emotional instability, disturbances in mindset, behavior, and sensory perception. This disorder can be experienced by anyone, regardless of age, racial background, religion, or socio-economic status. This condition often causes stress and difficulty, both for the individual who experiences it and for the family [43]. In Law of the Republic of Indonesia No. 18 of 2014 it is explained that mental disorders or called ODGJ are where a person's condition experiences pressure on thoughts, feelings and behaviors that manifest in the form of a set of symptoms or meaningful behavioral changes, and can cause suffering and difficulties in carrying out his functions as a human being.

Mental disorders are often associated with disabilities, physical health problems, substance abuse, and even the risk of suicide. This disorder can appear from childhood, adolescence, to adulthood and the elderly. If not treated immediately or given appropriate treatment, the condition can develop into a more severe mental disorder [44]. Severe mental disorders, which are included in the ODGJ category, are conditions when a person experiences a decrease in the ability to assess reality or has weak insight. This condition is usually characterized by the appearance of hallucinations, illusions, false beliefs (*waham*), disorders of the thought pipeline, decreased thinking ability, and unnatural behavior. One form of severe mental disorder is *schizophrenia* [45]. Schizophrenia means 'divided soul', which is a condition when there is a misalignment or disruption of the relationship between thought processes, feelings, and actions. A number of experts argue that schizophrenia-type psychosis can be caused by personality disorganization due to non-adaptive reactions, weak ego functions that make the superego neglected, so that the impulse of the id becomes more dominant [46].

A Variety of Mental Disorders

According to the American Psychiatric Association (1994), there are several forms of mental disorders, including [47]:

a. Disorders that usually appear first in infancy, childhood, or adolescence

This category includes mental retardation (retardation), learning disorders, motor disorders, communication disorders, developmental and pervasive disorders, ADHD and disruptive behaviors, eating disorders, and various other forms of behavioral deviation.

b. Delirium, dementia, amnesic disorder, and other cognitive impairments

This disorder occurs due to a decrease in brain function, either temporary or permanent, which can be triggered by the aging process, head injury, or degenerative diseases of the nervous system such as HIV, syphilis, or Alzheimer's.

c. Substance-related disorders

Conditions that arise as a result of excessive use of alcohol, cocaine, or other toxic substances that affect behavior. This includes the use of marijuana and tobacco, although the psychological effects are still debatable.

d. Schizophrenia and other psychotic disorders

It is characterized by a loss of contact with reality, serious disturbances in thought and perception processes, and unnatural behavior. In certain phases, sufferers almost always experience delusions, hallucinations, and delusions.

e. Mood disorders

For example, abnormal euphoric conditions; bipolar disorder with alternation between depressive and mania phases; and depression, which is a moody reaction to life pressures characterized by decreased motivation, feelings of helplessness, and pessimism. Pathological depression leads to extreme inability to respond to stimuli, low self-esteem, delusions of inadequacy, and hopelessness. The triggering situation can be academic or job failure, as well as the loss of loved ones.

f. Anxiety disorders

Anxiety disorders include the following: (a) disorders with anxiety as the main symptom, such as fear without a clear cause, irritability, difficulty making decisions, and prolonged tension; (b) phobia, which is a strong and irrational fear of certain objects or situations, such as height, enclosed space, blood, darkness, strangers, or animals; (c) obsessive-compulsive disorder, i.e. the urge to perform

certain rituals or sedentary thoughts that are difficult to control; (d) post-traumatic stress disorder (PTSD).

g. Dissociative disorders

That is a condition when there is a temporary change in the function of consciousness, memory, or identity triggered by emotional pressure. Examples are dissociative amnesia, in which a person is unable to remember certain life experiences after experiencing a traumatic event, as well as multiple personality disorder, which is the appearance of two or more different personalities in one individual.

Factors That Cause Mental Disorders

There are several factors that can trigger the appearance of mental disorders, including [48]:

a) Somatic (somatogenic) factors, which are factors that originate from disorders in neurophysiological, neurochemical, and neuroanatomical aspects. This includes the level of maturity and development of the body's organs, as well as conditions related to the prenatal and perinatal periods.

b) Psychological (psychogenic) factors, namely things related to the dynamics of the relationship between children and mothers, competition between siblings, the role of fathers, work conditions, relationships in the family, and social demands. In addition, aspects of intelligence, self-concept, emotional development, and adaptation patterns also determine a person's ability to face problems. If these factors are not supportive, this can lead to negative effects such as anxiety, depression, insecurity, and excessive feelings of guilt.

c) Socio-cultural factors include family stability, childcare patterns, living environment, economic level, and various problems experienced by minority groups, such as mutual suspicion, limited access to health services, low welfare, and the influence of racial and religious backgrounds.

Profile of the Social Welfare Institution (LKS) Daarul Hakim

A brief history of the establishment of the Social Welfare Institution (LKS) Daarul Hakim Daarul Hakim Sumber Village, Keradenan District, Blora Regency)

The Daarul Hakim Social Welfare Institution (LKS) is a social institution located in the middle of the settlement of Sumber Village, Kradenan District, Blora Regency, Central Java Province. This institution was specifically established to deal with and treat individuals with psychiatric disorders. Initially, the establishment of this institution was based on Kyai Syamsuri's desire to establish a pesantren that functioned as a place of religious guidance for children at the elementary, junior high, and high school levels or equivalent. They followed the teaching of religious sciences after returning from their respective formal schools. In the early period, the number of students who participated in religious education was quite adequate. But over time, the number of students decreased until finally no one took part in the program. On a trip in the Sumber Village area, Kyai Syamsuri accidentally passed a crowd of residents who were facing someone who was suddenly angry for no apparent reason. No one dared to approach the person around him. Kyai Syamsuri then took the initiative to handle the situation with several residents by giving water that had been recited in prayer, then blowing it to the person who was raging. With Allah's permission, the person immediately regained consciousness and returned to his family. Since the incident, the community has begun to bring people with mental disorders to Kyai Syamsuri's residence to get help. Their number continues to increase every day. This situation then changed the initial orientation of the establishment of the Islamic boarding school. The Islamic boarding school, which was originally intended for school children, eventually developed into a Social Welfare Institution (LKS) that focuses on the care, coaching, and rehabilitation of people with mental disorders who are displaced around the area, with the aim that they can return to a normal, useful, and accepted life by the community.

The Daarul Hakim Social Welfare Institute (LKS) was officially established in 2016 AD on the initiative of Kyai Syamsuri. This institution has a salaf direction with a religious education approach in the form of Riyadloh Kubro and Living Qur'an. Since its inception, the institution under his care has treated more than 1,000 people with mental disorders, most of whom are now able to return to normal activities. Most patients come from families with limited economic conditions so they cannot afford adequate care services. Therefore, many of them were picked up directly by the management to be treated at this rehabilitation institution. The healing methods applied in this institution are diverse and adjusted to the severity of the patient's psychiatric disorders. For patients with a disorder rate below 50%, the rehabilitation process is carried out through

quarantine and religious guidance. At this stage, the administrators guide the patient to carry out worship, dhikr after prayer, pray, and read the Qur'an. During the quarantine period, patients are not allowed to leave the rehabilitation area. As for patients with a disturbance rate above 50%, the institution provides leeway to leave the quarantine place with strict supervision from the administrators, as well as work with residents and the local government to ensure the safety and smooth recovery process.

At the Darul Hakim Social Welfare Institution (LKS) there are around 110 cases of people with mental disorders. By 2025, the number of recorded patients consists of approximately 30 women and 80 men. According to one of the administrators of LKS Darul Hakim, all operational costs of the institution were initially borne by the foundation. Although there was some assistance from some ODGJ families and from other donors, the support was not enough because the number of patients continued to increase. This condition encouraged the local government to pay attention, so that the financing of LKS Darul Hakim finally received official support from the local government.

Stages of therapy for ODGJ students at LKS Daarul Hakim Blora

Students with mental disorders must go through several stages in participating in Qur'an therapy. The first stage is an interview with the family. This phase has an important level equivalent to the anamnesis process in the medical world. At this stage, caregivers and coaches need to understand the student's disease history, health conditions, and family background. It would be better if the family had obtained an official diagnosis from a doctor regarding the type of mental disorder experienced by the students. However, the reality is that many families do not know the exact cause of the disorder; They only understand based on the symptoms they see in family members who experience them. There are students with mental disorders caused by psychoactive substances, namely those caused by stress-related neurotic disorders have different signs. In this interview stage, the family is asked to honestly convey all other medical histories that students may have. This information is needed so that caregivers and coaches can provide appropriate and effective treatment if students experience recurrence.

The next stage is the deforestation process. Every new ODGJ student will be carried by the coaches. The shaving of ODGJ students is with the intention that their hair will continue to be cut until it is bald as long as their condition has not recovered. This action is carried out with the aim of helping to reduce the body heat of ODGJ students.

The next stage is the installation of chains on the poles. This phase is only applied to certain conditions, namely for students with severe mental disorders that are difficult to control when they relapse. This bonding becomes part of therapy to help calm them down. This is in line with Kyai Syamsuri's explanation: "Those who are chained are those who are in a severe condition – who when they come immediately make a fuss, challenge, or rebel. The goal is for them to calm down and start adapting. It's a form of therapy."

The next stage is to chain the students in pairs. The purpose of this method is to prevent one of the students from leaving unsupervised as well as to allow them to take care of each other and supervise each other. As with the chaining phase in a pole, this stage is also only applied to certain conditions. It is usually given to students with severe mental disorders who still often experience a decrease in consciousness and often leave the Daarul Hakim LKS environment. This is as explained by Kiai Syamsuri: "Over time, the chain will be released. Usually the students come out of the Daarul Hakim LKS environment. Previously they had also been chained individually (tied to poles). If they go out, the public can easily recognize that they are ODGJ students because of their characteristics such as shaved heads. By being chained in pairs, it will be easier for local residents and the Social Service who happen to pass by to deliver them back to the Daarul Hakim LKS [49]." After that, enter the main phase, which is Qur'an therapy, which is carried out through the habit of reading Qur'anic verses.

Implementation of Qur'an verses as spiritual therapy for the recovery of ODGJ

According to the Complete Dictionary of the Indonesian Language, the word "implementation" means "the implementation or implementation [50]." Meanwhile, Nana Sudjana defines it as the effort of a leader to encourage the individual or group he leads to be motivated to carry out tasks or activities as planned in order to achieve organizational goals [51]. Nurdin added that implementation or implementation is related to activities, actions, or work processes in a system. Implementation is not just an activity, but a series of actions that are planned to achieve predetermined goals [52].

Qur'an therapy is a form of treatment that utilizes verses of the Qur'an, which is believed to be able to cure various diseases, both physical and psychological. In carrying out its service functions, the Daarul Hakim Blora Social Welfare Institute applies the Qur'an therapy method to treat people with mental disorders. The selection of this therapy is based on the concept of ash-sifā' which is repeatedly mentioned in the Qur'an and is understood as the meaning of healing or cure. One of them is found in QS. Al-Isra'/17: 82. Ibn Qayyim Al-Jauziyyah gave the interpretation of the verse that the Qur'an is the perfect cure

for all diseases, both liver and physical diseases, as well as diseases of this world and the hereafter. However, not everyone is able or given taufik to make the Qur'an a means of healing. If the sick person truly treats himself with the Qur'an, puts him to his illness with sincerity, faith, complete acceptance, strong conviction, and fulfills all the requirements, then no disease will be able to fight him. Meanwhile, Quraish Shihab quoted the narration of Ibn Mardawaih through the Prophet's friend, Ibn Mas'ud who reported that someone came to the Prophet (saw) who complained about his chest, then the Prophet (saw) told him to read the Qur'an. From this narration, Quraish Shihab interprets that the spiritual illness is the result of mental disorders [54].

Ibn Qayim also added that the Qur'an is able to remove various diseases that damage the purity of one's will. Through the healing of the heart first, the Qur'an makes one's desires straight again and returns them to their original nature. Unlike natural medicines that usually only work after a disease appears, according to Ibn Qayyim, the "divine medicine" of the Qur'an not only functions to heal, but is also able to prevent the onset of diseases in the first place.

The discussion of the Qur'an as a *syifâ'* (medicine or cure) for various diseases is still an interesting topic until now, especially when it is associated with its function as a mercy (gift) from Allah SWT. This discussion includes how the Qur'an can function in this way, as well as whether the benefits are absolute or relative. This is what encourages mufasir to provide explanations through various methods and interpretational approaches. However, when one is concerned, all these interpretations ultimately lead to one conclusion: the effectiveness of the Qur'an as a *shiva'* and *rahmah* is largely determined by the condition of the human being who hopes to benefit from it. The more the main conditions are met, the greater the chance of a person gaining healing and mercy from Allah SWT, and vice versa. The main requirement is faith. This is revealed by Ibn Kathir in his commentary that the Qur'an is *a syifa'* (healing) and mercy for the believers. When a person experiences doubts, deviations, or restlessness in his heart, then the Qur'an is the antidote to all of them. In addition, the Qur'an is also a blessing that leads to goodness and encourages people to do so. These benefits can only be felt by those who justify and follow his teachings. For believers like this, the Qur'an really serves as a medicine as well as a mercy [55].

According to Kyai Syamsuri, the leader of the Social Welfare Institute Foundation (LKS) Daarul Hakim Blora, said that mental disorders are not solely caused by inner pressure, but can also be triggered by the influence of jinn that enters a person's body. He explained that people who are experiencing psychological burdens are more easily affected by the genie because of the very subtle nature of the genie. The implementation of ruqyah therapy through the recitation of verses of the Qur'an is carried out with the aim of expelling or

preventing the presence of jinn and calming the hearts of the people who undergo the therapy.

When the researcher arrived at LKS Daarul Hakim Blora on October 23, 2025, the students were sitting in the prayer room waiting for the ustadz to start the Qur'an learning session after the Zuhur prayer. Several ODGJ students immediately stood up and asked the researcher about the purpose of their arrival. The researcher also saw several students who were handcuffed in pairs, but still greeted and greeted. Apparently, it was a form of their obedience to Kiai Agus's instructions to always greet everyone they met [56].

Based on an interview with Kyai Syamsuri as the caretaker of the Daarul Hakim Blora Social Welfare Institution, he explained: "When you come, you are welcomed by ODGJ students at the prayer room, yes. Those children, if they see someone who looks confused as if they are looking for someone, they will respond quickly. Students who are able to react like that are those whose condition is close to recovery. They begin to show a good response to the situation around them."

In the pesantren, Kyai Syamsuri also applies the ruqyah therapy method of reading the holy verses of the Qur'an to ODGJ students individually, which is known as independent ruqyah. He explained the reason as follows: "I apply independent ruqyah to ODGJ students as an effort to fortify themselves and provide protection from various jinn disturbances, as well as to make them feel calmer. Many students here are far from home and often feel sad when separated from their parents, so their psychological condition becomes disturbed. Their hearts became empty – allowing the jinn to enter or cause a trance. With this independent ruqyah, students who were initially sad, wanted to go home, and felt uncomfortable, slowly became more comfortable, no longer dissolved in sadness, and avoided trance."

Ruqyah therapy using verses of the Qur'an is applied as a means of healing for students. This therapy helps to turn negative thoughts into more positive ones, so that the soul feels calmer. Every day, especially after the Fajr prayer until 07.00, ODGJ students gather at the mosque to read the Qur'an and several selected dhikr guided by the ustadz. After that, the activity continued with independent ruqyah without the assistance of the ustadz, starting at 08.00 until Zuhur time. All students are required to follow this therapy process. The activity was carried out in a holy state because they were still performing ablution and dressed according to the sharia, namely wearing sarongs. This ruqyah therapy functions to help cure mental disorders as well as calm the hearts of the students. The recitation of the verses of the Qur'an that they do – or known as independent ruqyah – after congregational prayers is carried out sequentially,

starting from juz 1, juz 2, and so on. Some ODGJ students who previously were not even able to read the Qur'an, now some have memorized several surahs because they often listen and participate in chanting the reading.

The treatment process is also carried out every time after the Zuhr prayer. When ruqyah takes place, all students are required to remain in the assembly, even if some fall asleep or do other things. This ruqyah aims to provide positive energy and pray for ODGJ students to get back as usual. ODGJ students at the Social Welfare Institute actually still have awareness, even though some of them experience disturbances. This remaining controllable consciousness needs to be reactivated to stimulate the disturbed part of consciousness. This effort can be done by increasing the focus of students through their involvement in Qur'anic reading therapy sessions.

Ibn Qayyim Al-Jauziyah explained that one needs to concentrate when reading or listening to the Qur'an in order to feel its benefits. One should place oneself as if he were talking to Allah, for the Qur'an is a divine message for His people conveyed through the Messenger of Allah. Focus and listening concentration are important requirements to obtain influence and blessings from the recitation of Qur'anic verses.

Implications of Qur'an Therapy on the Recovery of Mental Disorders at the Daarul Hakim Blora Social Welfare Institution

Positive Implications

a. Reduces Consciousness, Attention, and Behavior Disorders

Through Qur'an therapy, the students gain inner peace so that their previously disturbed consciousness can gradually recover. These changes can be seen from a reduction in consciousness disorders and attention disorders which are common symptoms of mental disorders. A consciousness disorder usually arises when a person is not able to fully realize the circumstances around him. The implementation of Qur'an therapy also plays a role in increasing the faith of students in Allah. Darmawi in his research explained that increasing faith can trigger the awakening of one's consciousness [57]. After participating in several therapy sessions, the students showed a decrease in consciousness disorders. This can be seen from their ability to respond when the researcher comes, begins to be aware of the surrounding environment, and focuses on the researcher. Some students can even be invited to communicate well. In addition, Al-Qur'an therapy at the Social Welfare Institution (LKS) Daarul Hakim Blora has also been proven to help relieve behavioral disorders experienced by ODGJ students due to various personal problems, such as family conflicts, work problems, to emotional distress due to breakups with their partners, etc. This condition makes

it difficult for a person to control behavior and emotions due to weakening the ability to control themselves. However, after following Qur'an therapy for three to 4 months, the ability to manage emotions began to recover. Even after two years of living at LKS Daarul Hakim and regularly following Qur'an therapy, he got recovered and was normal as before.

The same thing was also expressed by Ustadz Rahman as one of the caregivers, who explained that Qur'an therapy at LKS Daarul Hakim Blora was learned directly through guidance (*binnadh*) from Kyai Syamsuri as the institution's supervisor. In the therapy process, the students are instructed to sit facing the qibla while reading the Qur'an or Iqra' with the intention of healing. Through the reading of these holy verses, students are invited to present memories to Allah. They recite the verses of the Qur'an with a clear and loud voice so that both the reader and the listener can absorb every recitation that is read. This practice makes the hearts of the students calmer and helps them reduce their tendency to behave aggressively or easily throw tantrums [58].

b. Restoring Memory Ability

Qur'an therapy, through the activity of reading and listening to the chanting of its verses, stimulates the nerve cells in the brain. After receiving these stimuli, the brain responds and when done repeatedly, the area of the brain responsible for regulating memory – the cerebellum – can recover from memory impairment [59]. The symptoms of memory impairment, which are common to people with mental disorders, slowly reduce through this therapy. The sound of the Qur'an reading produces a lot of delta waves, which stimulate blood flow in the frontal lobe, which is the outer part of the cerebrum. The frontal lobe plays a role in cognitive functions such as language, movement, memory, and personality [60]. When a person often reads or listens to the recitation of the Qur'an, his brain is constantly forged by the rhythm of these verses. This consistent stimulus can re-strengthen memory skills, so that memory impairments in people with mental disorders can gradually recover.

c. Curing Mental Disorders

One form of Qur'an therapy at LKS Daarul Hakim is Qur'an reading therapy. Inggriane Puspita Dewi and colleagues analyzed this therapy as a form of Islamic bibliotherapy – that is, treatment through reading activities. Their research suggests that Qur'an reading therapy as an Islamic bibliotherapy can reduce symptoms of depression [61].

The positive changes seen in some ODGJ students show that Qur'an therapy has a significant impact on their recovery process. This approach works by first calming the hearts of the students. As explained by Ibn Qayyim al-

Jauziyah, a person who is constantly interacting with the Qur'an will have a spiritual closeness to Allah. The attachment of the heart to Allah through the recitation and chanting of the verses of the Qur'an makes the soul stronger. When spiritual power increases, a person's mental condition and character also strengthen, so that both support each other in the process of healing and eliminating psychiatric disorders.

The application of Qur'an therapy at LKS Daarul Hakim Blora focuses on training students to be able to read and hear verses of the Qur'an. In the process, students must believe wholeheartedly that what they read and hear from the Qur'an can function as a cure for the mental disorder they are suffering. This is in accordance with what was explained by Ustadz Sudirman, who used to be one of the students with mental disorders:

"Here, it's just by reciting the Qur'an. We must be sure that the verses we read have an energy that will have a healing effect on those of us who read and hear them. If we doubt the Qur'an, it will not be cured. The main reason for this is that [62]

A student is declared recovered if he meets the criteria that have been set, including discipline in following the Qur'anic therapy schedule, consistency in carrying out congregational prayers, and the disappearance of all signs and symptoms that indicate a mental disorder. In addition, the evaluation process also considers aspects of attitude, manners, and the level of seriousness of the students. This provision is in line with the explanation conveyed by Kyai Syamsuri as the caregiver.

Negative Implications

a. Requires a Longer Duration of Therapy

The effectiveness of Qur'an therapy at LKS Daarul Hakim Blora can be seen in the variation in the duration of recovery. The duration of therapy ranges from three to six months, even up to several years. Generally, the recovery process lasts between one and two years, with the fastest duration being three to four months and the longest duration reaching five years. Longer therapy times are generally experienced by students with severe psychiatric disorders. This condition is exacerbated by the limited number of therapists—in this case, coaches, administrators, and supervisors at the Daarul Hakim Blora Social Welfare Institute (LKS)—so that the ratio between therapists and students becomes unbalanced. In addition, the absence of general practitioners and psychiatrists who provide assistance and routine examinations also prolongs the Qur'anic therapy process. And also the targeted recovery for ODGJ students through Al-Qur'an therapy is not limited to the loss of the mental disorders

experienced, but also to the recovery of their social roles and functions after recovery.

b. Societal Stigma Against Recovered Students

The application of Qur'an therapy to treat mental disorders does not automatically remove the stigma of society towards students who have recovered. Negative views of those who have experienced mental disorders are still a serious problem in the social environment. Although awareness of the importance of mental health continues to increase, negative stereotypes against ex-ODGJ remain strong, often even emerging from the immediate environment, including their own families. Not a few families are reluctant to pick up one of their families even though the LKS Daarul Hakim Blora has informed that the condition of the student has recovered. Although stigma is often directed at ODGJ students, it is not uncommon for their families to also be targeted by negative views of society. This condition makes some families feel that their family members who have recovered from mental disorders can actually disrupt household harmony. Students who have recovered are often considered a burden when they return to live at home. The presence of one family member who has experienced a mental disorder is often seen as a disgrace by other family members.

These negative labels cause low self-confidence. In some cases, the stigma can even trigger the reappearance of signs and symptoms of mental disorders that have previously been successfully overcome while at LKS Daarul Hakim. The symptoms of recurrence are sometimes even more severe than the initial condition before they recovered. Therefore, it is not surprising that some families end up bringing their families back to the LKS to undergo Qur'anic therapy, even in the not too long time after they leave the LKS Daarul Hakim.

Recovery Rate of ODGJ through Religious Therapy at LKS Daarul Hakim Blora

The process towards recovery for people with mental disorders requires certain stages and a gradual level of stability. This means that an ODGJ must achieve a stable state of mind and mind before it can be declared to be completely recovered. No ODGJ can be completely healed in a short time.

In LKS Daarul Hakim, there are several levels that describe the percentage of stability of ODGJ students. This percentage is determined based on the development of each student. According to Kyai Syamsuri, the level of stability is divided into five categories.

a. Levels 50%

At this stage, ODGJ students began to be considered stable even though they were still in a stable condition. This laziness can be seen from behavior such as still talking to himself or laughing for no reason.

b. Levels 70%

At the 70% level, the stability of ODGJ students is assessed by their behavior that is no longer unstable. They are already able to answer other people's questions clearly and no longer speak to themselves. However, in this phase they do not have the ability to memorize optimally and sometimes still forget easily.

c. Levels 85%

At the level of 85%, ODGJ students are already in a more stable condition, unstable, and can be communicated well. They begin to be able to memorize, for example, the recitation of prayers or prayers in prayer.

d. Levels 95%

At this stage, ODGJ students at LKS Daarul Hakim have been allowed to move rooms to an open room. This is different from the levels of 50%, 70%, and 85% who still occupy special buildings for ODGJ students. At this level, the condition of the students is considered to be almost fully recovered, but they cannot be escorted back home.

e. Levels 100%

The 100% rate shows that the students have recovered completely as before. If they remain in the institution, they can become part of the management. In fact, they have been allowed to be imams praying at the Daarul Hakim Blora Social Welfare Institution mosque.

To achieve a 100% recovery rate, it takes about two to five years to undergo religious therapy at LKS. Not all ODGJ students who have recovered choose to go home; Some choose to continue their education at LKS.

Challenges and opportunities in the application of spiritual therapy based on Qur'an verses for the recovery of ODGJ at LKS Daarul Hakim Blora

Experience regarding the challenges in the implementation of therapy

From the results of the interview, information was obtained that there were a number of obstacles during the Qur'an therapy process in ODGJ. One of the main challenges is the rejection or resistance of some patients due to differences in perception of the therapy. In addition, consistency in the application of therapy and its adjustment to the needs of each patient is also something that needs to be considered. Another challenge found is the need to integrate Qur'an therapy with other therapy methods so that the results obtained are more optimal. Therefore, appropriate efforts are needed so that patients do not misunderstand the purpose of therapy, given the concern that misperceptions can make them reluctant to participate in therapy sessions.

Another considerable challenge is the lack of public knowledge about Qur'an therapy. Many people still doubt its effectiveness and prefer conventional medical therapy. These findings show the need for counseling and education efforts to the community to increase understanding of the principles, benefits, and advantages of Qur'an therapy as a companion alternative in the treatment of mental disorders.

Furthermore, the foundation trustee also said that the lack of Qur'anic therapists who really understand the readings and meaning of Qur'anic verses is a significant obstacle. In addition, the skepticism of some patients towards this therapy also complicates the implementation process. This condition emphasizes the importance of developing competent human resources in the field of Qur'anic therapy and the need for broader education for the public and patients about the benefits of therapy.

From the patient's side, the challenge that was also revealed was the difficulty in understanding the verses of the Qur'an read by the therapist. Nevertheless, the therapists are considered patient and diligent in providing guidance. This shows that therapist support plays an important role in helping patients overcome these obstacles.

Qur'an therapy has a great opportunity to be developed as a companion method in the recovery of People with Mental Disorders (ODGJ). The spiritual values contained in the verses of the Qur'an can provide calm, strengthen emotions, and increase the mental resilience of patients. This therapy also has the potential to help patients manage stress, anxiety, and other emotional symptoms through the reading of holy verses, dhikr, and murottal. In addition to being easily accessible and culturally appropriate to Muslim society, Qur'an therapy

can be integrated with medical care thus creating a holistic approach that includes physical, psychological, and spiritual aspects [63]. Another opportunity is the increase in public trust in religious methods, as well as the opening of opportunities to produce competent Qur'anic therapists. With adequate environmental support and education, Qur'an therapy has the potential to be one of the effective alternatives in accompanying treatment for ODGJ [64]. The need for competent Qur'anic therapists also opens up opportunities for training, certification, and human resource development in the field of Qur'anic therapy for ODGJ. Qur'anic therapy also has ample room to be researched, tested for effectiveness, and developed into a more scientific and structured model of psychotherapeutic intervention.

This research on Qur'anic Therapy as a spiritual approach to the recovery of ODGJ has a number of limitations that need to be considered. *First*, the research was only conducted on one institution, so the findings cannot be generalized to all spiritual rehabilitation models in Indonesia. The cultural conditions of the pesantren, the capacity of the institution, and the characteristics of patients in the Daarul Hakim LKS affect the form of therapy implementation observed. *Second*, the number of informants is limited and involves ODGJ patients with varying psychological conditions, so that the depth of data is uneven across all subjects. *Third*, the study is qualitatively descriptive so that it does not provide clinical measurements of changes in the patient's psychological condition using standard psychiatric or psychological instruments. *Fourth*, the limitations of patient ethics and privacy limit visual documentation and observation to certain sensitive moments, so that some therapeutic dynamics cannot be recorded directly. *Fifth*, this study has not used a longitudinal approach, even though the recovery of ODGJ through Qur'anic Therapy takes place over a long period of time and requires continuous monitoring so that changes in conditions can be assessed more accurately [65].

Based on these limitations, further research is suggested to expand the scope of the study by involving several ODGJ rehabilitation institutions in various regions in order to obtain a comparison of Qur'anic therapy models in different cultural contexts. Longitudinal research is also needed to assess the patient's development over time, especially since the recovery process of ODGJ is gradual and long. In addition, future research may combine qualitative methods with clinical instruments such as measurements of psychiatric symptoms, stress levels, or cognitive function to strengthen the validity of findings. It is also important to conduct an in-depth study of patients' subjective experiences through a phenomenological approach so that their spiritual meaning and internal experiences during therapy can be understood more comprehensively. In addition, further research on the competence and training

of Qur'anic therapists is needed to develop professional standards that can be widely applied. Finally, the analysis of community and family acceptance of Qur'anic Therapy needs to be expanded, considering that social support factors and family trust have a significant influence on the success of ODGJ rehabilitation [66].

Conclusion

Based on research, Qur'anic therapy has significant potential in supporting the recovery of People with Mental Disorders (ODGJ) through strengthening spiritual, psychological, and emotional aspects. The practice of reciting verses, murottal, dhikr, and ruqyah syar'iyah is able to bring inner peace, increase confidence, and open hope for patients who have not obtained optimal results from medical or psychological therapy.

However, the application of this therapy faces challenges, including patient resistance, limited therapist competence, and low public understanding of the effectiveness of spiritual therapy. These constraints can be minimized through therapist training, public education, and the application of a structured therapy model.

Overall, Qur'anic Therapy has been shown to make a positive contribution to the recovery of ODGJ and has great opportunities for further development. With synergy between professionals, families, and social institutions, this approach can be a comprehensive therapy model that combines psychological and spiritual aspects to improve mental stability and quality of life of patients.

Author Contributions

Khoirun Nidhom: Conceptualization, Methodology, Writing – review & editing, Supervision, Project administration. **Mohamad Muallim:** Methodology, Writing – review & editing, Investigation.

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Conflict of Interest

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Bibliography

- [1] Ah. Yusuf. (2015). Buku Ajar Keperawatan Jiwa. Salemba Medika.
- [2] Amin Najar. (2004). Mengobati Gangguan Jiwa. Mizan.
- [3] Anthony, W. A. (1993). Recovery from Mental Illness: The Guiding Vision of the Mental Health Service System. *Psychosocial Rehabilitation Journal*, 16(4), 11–23.
- [4] Arroisi, J., & Zhoofiroh, Z. 'Afaaf. (2020). Terapi Psikoneurosis Perseptif Ustman Najati. Analisis: *Jurnal Studi Keislaman*, 20(2), 151–178. <https://doi.org/10.24042/ajsk.v20i2.7293>
- [5] As-Syarqowi. (1979). Nahwa Ilm an-Nafsi al-Islami. al-Hai'ah al-Misriyah.
- [6] Asnaniar, W. O. S., Hidayat, R., Asfar, A., Safruddin, S., Emin, W. S., Ishak, P. R. T., Wijaya, D. N. H., Kasan, H. A., Agusnitar, A. S. N., & Anggi, A. (2023). Pendidikan Kesehatan Tentang Manfaat Terapi Murottal Al-Quran. *Jurnal Abmas Negeri (JAGRI)*, 4(1), 33–37. <https://doi.org/10.36590/jagri.v4i1.652>
- [7] Bayoumy, H. S. . et al. (2020). Spirituality and Anxiety in Hemodialysis Patients. *Journal of Nursing Research*, 28(4), 1–9.
- [8] Burhan Bunga. (2003). Analisis Data Penelitian Kualitatif. PT. Rajagrafindo Persada.
- [9] Corrigan, P. W. . & A. C. W. (2002). Understanding the Impact of Stigma on People with Mental Illness. *World Psychiatry*, 1(1), 16–20.
- [10] Cramer, H. . L. R. . & D. G. (2015). The Role of Yoga and Spiritual Practices in Managing Mental Health Disorders: A Systematic Review. *BMC Psychiatry* 15, 15, 1–11.
- [11] Darmawi. (2021). Metode Kiyai dalam Menanamkan Nilai-Nilai Pendidikan Agama Islam pada Santri Rehabilitasi Gangguan Jiwa. *Jurnal Literasiologi*, 5(1). <https://jurnal.literasikitaindonesia.com/index.php/literasiologi/article/view/173/191>
- [12] Dewi, I. P., Suryadi, R. A., Rifa'atul Fitri, S. U., Tinggi, S., Kesehatan', I., Bandung, A. (2020). Pengaruh Terapi Bacaan Al-Qur'an (TBQ) sebagai Biblioterapi Islami pada Kesehatan Mental Narapidana Lesbian. *Faletehan Health Journal*, 7(2), 104–112. www.journal.lppm-stikesfa.ac.id/ojs/index.php/FHJ
- [13] Dinas Kesehatan Provinsi Jawa Tengah. (2016). Laporan Data Penderita Gangguan Jiwa di Jawa Tengah 2013–2015 .

- [14] Engel, G. L. . (1977). The Need for a New Medical Model: A Challenge for Biomedicine," *Science* 196, no. 4286 (1977): 129–136. *Science* , 196(4286), 129–136.
- [15] Erving Goffman, S. (1963). *Notes on the Management of Spoiled Identity*. Simon & Schuster.
- [16] Etta Mamang Sangadji. (2010). *Metodologi Penelitian: Pendekatan Praktis Dalam Penelitian*. CV. Andi Offset.
- [17] Fitriani, R. . & H. T. (2019). Pengaruh Terapi Spiritual Islami terhadap Penurunan Tingkat Kecemasan pada Pasien Hemodialisis. *Jurnal Psikologi Kesehatan*, 5(2), 45–53.
- [18] Gail Wiscarz Stuart, M. T. L. (1995). *Stuart & Sundeen's Principles and Practice of Psychiatric Nursing*. Mosby Year Book.
- [19] Goffman, E. (1963). *Stigma: Notes on the Management of Spoiled Identity*. Simon & Schuster.
- [20] Hefner, R. W. (2000). *Civil Islam: Muslims and Democratization in Indonesia*. Princeton University Press.
- [21] Human Rights Watch. (2016). *Living in Hell: Abuses Against People with Psychosocial Disabilities in Indonesia*. HRW.
- [22] Ibnu Al-Qayyim Al-Jauziyyah. (2012). *Fawa'id al-Fawa'id*. Pustaka Imam Syafi'i.
- [23] Ibnu Katsir. (1999). *Tafsir Al-Qur'an Al-Azhim*. Daar al-Kutub al-Ilmiyyah.
- [24] Ibnu Qayyim Al-Jauziyyah. (1443). *Al-Thibb Al-Nabawi*. Daar al-Salam.
- [25] Ibnu Qayyim Al-Jauziyyah. (1994). *Zaad al-Ma'ad* (Vol. 4). Muassasah al-Resalah.
- [26] Ibnu Qayyim Al-Jauziyyah. (2005). *Mawaridul Aman Al-Muntaqa Min Ighatsatul Lahfan Fi Mashayidisy Syaithan* (Ainul Haris Umar Arifin Thayib (ed.)). Daar al-Falah.
- [27] Iin Tri Rahayu. (2009). *Psikoterapi Perspektif Islam & Psikologi Kontemporer*. UIN Malang Press.
- [28] Indrawan W.S. (2000). *Kamus Lengkap Bahasa Indonesia*. Lintas Media.
- [29] Syamsuri. (2025). *Wawancara*.
- [30] Kementerian Kesehatan Republik Indonesia. (2020). *Profil Kesehatan Jiwa Indonesia 2020*. Kemenkes RI.
- [31] Kementerian Kesehatan RI. (2013). *Riset Kesehatan Dasar (Riskesdas)*. Kemenkes RI.
- [32] Kementerian Kesehatan RI. (2020). *Pedoman Penggolongan dan Diagnosis Gangguan Jiwa*. Kemenkes.
- [33] Khoirun Nidhom & Mohamad Muallim. (2025). *Observasi*.
- [34] Koenig, H. G. (2012). *Handbook of Religion and Health* (2nd ed.). Oxford

- University Press.
- [35] Ledesma, D. . & K. A. (2020). Effect of Spiritual Intervention on Stress and Anxiety: A Systematic Review. *BMC Psychology*, 8(35), 1–15.
- [36] Lexy. J. Moleong. (1991). *Metodologi Penelitian Kualitatif*. Remaja Rosdakarya.
- [37] Ma, M., Shi, Z., Chen, Y., & Ma, X. (2023). Recovery journey of people with a lived experience of schizophrenia: a qualitative study of experiences. *BMC Psychiatry*, 23(1). <https://doi.org/10.1186/s12888-023-04862-1>
- [38] Nana Sudjana. (2009). *Dasar-dasar Proses Belajar Mengajar*. Sinar Baru.
- [39] Nasr, S. H. (2003). *Islamic Spirituality: Foundations*. Routledge.
- [40] Nasution, A. (2020). Pengaruh Kecerdasan Intelektual, Emosional, dan Spiritual terhadap Peningkatan Kualitas Hidup Pasien Skizofrenia di Puskesmas Limboto Barat. *Jurnal Keperawatan Indonesia*, 12(1), 120–135.
- [41] Nawawi Hadari. (1992). *Instrumen Penelitian Bidang Sosial*. Gajah Mada.
- [42] Nur Hidayat. (2005). *Rahasia sistem Imun dan Kiat menghadapi penyakit*. Kakibuku.
- [43] Nurdin Usman. (2007). *Konteks Implementasi Berbasis Kurikulum*. PT Raja Grafindo Persada.
- [44] Pargament, K. I. (2011). *Spiritually Integrated Psychotherapy: Understanding and Addressing the Sacred* . Guilford Press.
- [45] Patel, V. dkk. (2016). Addressing the Burden of Mental, Neurological, and Substance Use Disorders: Key Messages from Disease Control Priorities. *The Lancet*, 387(10028), 1672–1685.
- [46] Quraish Shihab. (2002). *Tafsir Al-Misbah*. Lentera Hati.
- [47] Rahman. (2025). *Waawancara Lapangan*.
- [48] Rahman, F. (1979). *Islam*. University of Chicago Press.
- [49] Rahman, F. (2009). *Major Themes of the Qur'an*. University of Chicago Press.
- [50] Sadock, B. J. . & V. A. (2015). *Kaplan & Sadock's Synopsis of Psychiatry*. Wolters Kluwer.
- [51] Saged, A. A. G., Mohd Yusoff, M. Y. Z., Abdul Latif, F., Hilmi, S. M., Al-Rahmi, W. M., Al-Samman, A., Alias, N., & Zeki, A. M. (2018). Impact of Quran in Treatment of the Psychological Disorder and Spiritual Illness. *Journal of Religion and Health* 2018 59:4, 59(4), 1824–1837. <https://doi.org/10.1007/S10943-018-0572-8>
- [52] Samsul Bahri, A. W. S. H. (2023). View of Utilization of Al-Qur'an Verses in Mental Therapy at The Islamic Therapy Center (ITC), Banda Aceh. *Substantia*, 25(2). <https://jurnal.ar-raniry.ac.id/index.php/substantia/article/view/10145/pdf>

- [53] Satuan Data Pemerintahan Dalam Negeri (SDPDN). (2023). Data ODGJ Kabupaten/Kota 2023.
- [54] Stuart, G. W. . P. and P. of P. N. (St. L. E. 2016), hlm. 12–15. (2016). Stuart, Gail W., Principles and Practice of Psychiatric Nursing. Elsevier.
- [55] Sudirman. (2025). Wawancara .
- [56] Sugiyono. (2013). Metode Penelitian Kuantitatif, Kualitatif dan R&D. Alfabeta.
- [57] Suharismi Arikunto. (1995). Dasar-dasar Research. Tarsoto.
- [58] Sutejo. (2023). Keperawatan Kesehatan Jiwa. Pustaka Baru Press.
- [59] Syarbini, A. (2018a). Al-Qur'an sebagai Penyembuh Jiwa: Perspektif Tasawuf dan Psikoterapi Islam. Kencana.
- [60] Syarbini, A. (2018b). Living Qur'an dalam Kehidupan Sehari-hari. Rajawali Press.
- [61] Syarbini, A. (2020). Pendidikan Pesantren dan Terapi Spiritual: Studi Kasus LKS Daarul Hakim. Kencana.
- [62] Thornicroft, G. et al. . (2016). Reducing Stigma and Discrimination in Mental Health: Evidence-Based Approaches . Oxford University Press.
- [63] Undang-Undang RI no. 18 tahun 2014. (2014). Kesehatan Jiwa.
- [64] Wayan Widhidewi, N., Asih Primatanti, P., Arya Suryanditha, P., Surya Pramana, M., & Nengah Kapti, I. (2023). Pemberdayaan Pasien Dengan Gangguan Jiwa Di Wilayah Kerja Puskesmas Dawan, Klungkung, Bali. Jurnal Peduli Masyarakat, 5(4). <http://jurnal.globalhealthsciencegroup.com/index.php/JPM>
- [65] World Health Organization. (2021). Mental Health Atlas 2020. WHO.
- [66] World Health Organization. (2022). World Mental Health Report: Transforming Mental Health for All. WHO.

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