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INTEGRATING ISLAMIC PSYCHOSPIRITUAL THERAPY AND PHARMACOLOGY IN THE TREATMENT OF SCHIZOPHRENIA: A HOLISTIC APPROACH

INTEGRASI TERAPI PSIKOSPIRITUAL ISLAM DAN FARMAKOLOGI DALAM RAWATAN SKIZOFRENIA: SATU PENDEKATAN HOLISTIK

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ABSTRACT

Schizophrenia is a chronic and severe mental disorder that requires comprehensive management across biological, psychological, and social domains. Within Muslim communities, there is increasing interest in integrating Islamic psychospiritual therapy with pharmacological treatment to address both clinical symptoms and existential concerns. Despite progress in psychiatric interventions, limited research exists on the empirical application of Islamic spiritual practices alongside pharmacotherapy for schizophrenia. This study is to explore how Islamic psychospiritual practices can complement antipsychotic medication in improving treatment adherence, coping mechanisms, and overall well-being among patients with schizophrenia. The integration of spiritual and medical approaches is expected to enhance emotional resilience, reduce stigma, improve adherence, and promote holistic well-being, thereby providing a culturally sensitive framework for care. Adopting a biopsychosocial-spiritual model, this study draws on case studies, observational data, and prior empirical research involving practices such as *Ruqyah* (spiritual healing), supplication, and religious counselling. Findings suggest that combining psychospiritual therapy with medication fosters better coping mechanisms, improved adherence, and enhanced well-being. In conclusion, multidisciplinary collaboration among psychiatrists, psychologists, religious scholars, and caregivers is essential in developing effective, culturally attuned treatment strategies.

Keywords: Schizophrenia, Islamic Psychospiritual Therapy, Pharmacology, Mental Health, Holistic Approach

ABSTRAK

Skizofrenia merupakan gangguan mental yang kronik dan serius serta memerlukan pendekatan lebih holistik merangkumi aspek biologi, psikologi dan sosial. Di kalangan orang Islam, terdapat kecenderungan untuk mengintegrasikan terapi psikospiritual Islam dengan rawatan farmakologi bagi menangani gejala klinikal dan memenuhi keperluan spiritual pesakit. Walaupun intervensi psikiatri sudah terbukti namun kajian mengenai amalan spiritual Islam dan perubatan secara klinikal bagi individu yang mempunyai simptom skizofrenia masih terhad. Kajian ini bertujuan menilai amalan psikospiritual Islam dan penggunaan ubat antipsikotik dalam meningkatkan kepatuhan rawatan, mekanisme daya tindak, dan kesejahteraan keseluruhan individu yang mempunyai symptom berkaitan. Pendekatan spiritual dan pengambilan ubat yang betul dijangka dapat meningkatkan ketahanan emosi, mengurangkan stigma, meningkatkan pematuhan terhadap rawatan, serta memberi kesedaran kesejahteraan holistic. Dengan menggunakan model biopsikososial-spiritual, kajian ini merujuk kepada kajian kes, data pemerhatian dan kajian empirikal terdahulu yang melibatkan amalan seperti *ruqyah*, doa, dan kaunseling berasaskan agama. Dapatan kajian menunjukkan bahawa penggabungan terapi psikospiritual dengan rawatan perubatan dapat membantu pesakit membangunkan mekanisme daya tindak yang lebih baik, meningkatkan kepatuhan terhadap rawatan, serta memperbaiki kesejahteraan hidup. Kesimpulannya, kerjasama multidisiplin antara pakar psikiatri, ahli psikologi, sarjana agama dan penjaga adalah penting dalam membangunkan strategi rawatan yang berkesan serta selaras dengan konteks budaya.

Kata kunci: Skizofrenia, Terapi Psikospiritual Islam, Farmakologi, Kesihatan Mental, Pendekatan Holistik

INTRODUCTION

Schizophrenia is a severe psychiatric disorder characterized by disturbances in thought, perception, and emotional responsiveness. Conventional treatment relies primarily on pharmacological interventions, particularly antipsychotic medications, to manage symptoms (Patel, Cherian, Gohil, & Atkinson, 2014). These medications play a crucial role in controlling the hallmark features of schizophrenia, such as hallucinations, delusions, and disorganized thinking (Wolf et al., 2023). However, the long-term efficacy of pharmacological treatments is often hampered by side effects, patient non-compliance, and the limited impact on negative symptoms such as social withdrawal and cognitive dysfunction (Zhu et al., 2020).

Despite the necessity of pharmacological intervention, research and clinical practice have increasingly emphasized the importance of a holistic treatment approach. In Muslim-majority societies, faith-based interventions have shown promising results in enhancing psychological resilience and treatment adherence (Ghaus, 2024). Islamic psychospiritual therapy, incorporating elements such as *tawakkul* (trust in God), *dhikr* (remembrance of God), and s*abr* (patience), offers a complementary approach that nurtures emotional stability and spiritual well-being (Rassool, 2024).

This article argues that pharmacological interventions and Islamic psychospiritual therapy must go hand in hand to achieve optimal treatment outcomes for individuals with schizophrenia. While medications address the neurochemical imbalances underlying the disorder, psychospiritual therapy provides patients with a sense of purpose, acceptance, and coping mechanisms that align with their cultural and religious beliefs.

By integrating both approaches, healthcare professionals can foster better treatment adherence, reduce stigma, and promote holistic recovery. This paper explores the synergy between Islamic psychospiritual therapy and pharmacological treatments in the management of schizophrenia, advocating for a biopsychosocial-spiritual model that enhances patient well-being. It also highlights empirical evidence supporting this integrated approach and discusses the practical challenges and benefits of its implementation within psychiatric care frameworks.

The Biopsychosocial-Spiritual Model of Schizophrenia

Traditionally, schizophrenia has been understood through a biopsychosocial lens, considering genetic, neurological, environmental, and social factors. These factors interact in complex ways, contributing to the development and progression of the disorder (Ruffalo, 2019). However, contemporary research highlights the critical role of spirituality in mental health, particularly in fostering resilience, improving emotional regulation, and enhancing overall well-being.

In Islamic tradition, spirituality is deeply interwoven with daily life and provides a framework for coping with psychological distress. Islamic psychospiritual therapy includes elements such as t*awakkul* (trust in God), *dhikr* (remembrance of God), and *sabr* (patience), which encourage inner peace, resilience, and acceptance of one's condition (Latif, Dockrat, & Rassool, 2024). These spiritual practices help individuals develop coping mechanisms that allow them to navigate the challenges of schizophrenia with greater stability and reduced stress.

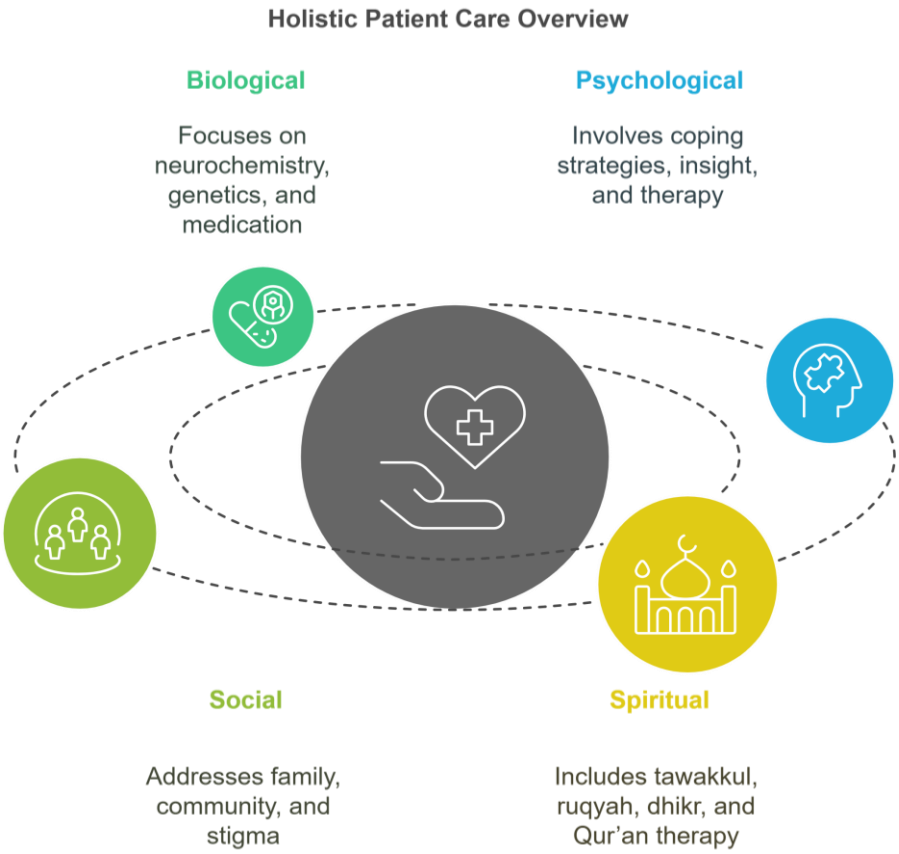

Figure 1. Integrated Biopsychosocial-Spiritual Model for Schizophrenia Care

This model illustrates a holistic framework for schizophrenia care that integrates biological, psychological, social, and spiritual dimensions of wellbeing. The biological component focuses on neurobiological factors such as genetic vulnerability, neurotransmitter imbalances, and pharmacological treatment. The psychological dimension addresses cognitive processes, emotional regulation, and therapeutic interventions such as psychoeducation and psychotherapy. The social component highlights the role of family support, community engagement, and social functioning in recovery and rehabilitation. The spiritual dimension acknowledges the importance of spiritual beliefs and practices in

providing meaning, hope, and coping resources for individuals experiencing schizophrenia. These four domains interact dynamically and collectively influence patient outcomes. By integrating medical, psychological, social, and spiritual approaches, the model promotes a comprehensive and patient-centered strategy for schizophrenia management and recovery.

Pharmacological Management of Schizophrenia

Antipsychotic medications remain the cornerstone of schizophrenia treatment, working primarily by modulating dopamine and serotonin neurotransmission.Typical antipsychotics such as haloperidol and atypical antipsychotics (risperidone, olanzapine) are effective in reducing positive symptoms such as hallucinations and delusions. (MacKenzie et al., 2018) However, they are often less effective in managing negative symptoms such as anhedonia, social withdrawal, and cognitive deficits. Additionally, long-term use of antipsychotics can lead to significant side effects, including extrapyramidal symptoms, metabolic syndrome, and cognitive dulling (Meltzer, 2004).

This gap underscores the need for adjunctive therapies that address the emotional and cognitive impairments often experienced by schizophrenia patients. By integrating pharmacological treatment with psychospiritual interventions, healthcare providers can create a more comprehensive and culturally sensitive treatment model.

Islamic Psychospiritual Interventions in Schizophrenia Treatment

1. Ruqyah (Spiritual Healing)

Ruqyah involves reciting specific Quranic verses and supplications for healing. This practice is believed to provide spiritual protection, reduce distress, and foster a sense of inner peace (Rassool, 2024b). Studies have shown that Quranic healing reduces auditory hallucinations, improves emotional regulation, and promotes relaxation (Rasmawati, Pratiwi, Muthahharah, Jayadi, & others, 2023).

2. *Dhikr* and Supplication

Dhikr or continuous remembrance of God, serves as a mindfulness-based intervention that enhances emotional stability (Rassool, 2024). Repetitive recitations of phrases such as "*Subhanallah, Alhamdulillah, Allahu Akbar*" have been linked to reduced stress, improved cognitive functioning, and enhanced neuroplasticity (Irawati, Indarwati, Haris, Lu, & Shih,

2023). Case studies indicate that schizophrenia patients who engage in *dhikr* therapy experience fewer hallucinations, greater emotional control, and improved adherence to treatment (Mahfuh & Truna, 2024).

3. Qur'anic Listening Therapy

Listening to Quranic recitation has been shown to activate brain regions associated with relaxation and stress reduction (Irawati et al., 2023). Neuroimaging studies suggest that the rhythmic nature of Quranic recitation induces an effect similar to meditation, reducing hyperactivity in schizophrenia-related brain circuits and improving overall mental stability (Kannan et al., 2022).

4. Religious Counseling and Social Support

Islamic religious counseling helps schizophrenia patients reconcile their spiritual beliefs with their illness (Volkan, 2020) and it is crucial for religious scholars and mental health professionals to provide balanced guidance in the treatment (Koenig, 2005). Integrating religious leaders into the psychiatric care framework can reduce stigma, improve medication adherence, and foster a stronger support network within the community (Milstein, Manierre, & Yali, 2010).

METHODOLOGY OF RESEARCH

Research Design

This study adopts a qualitative research design grounded in the biopsychosocial-spiritual framework. The approach emphasizes understanding schizophrenia not only through clinical and neuroscientific perspectives but also within the context of Islamic psychospiritual principles.

Data Collection

Documentation Relevant academic articles, books, and reports on schizophrenia, Islamic psychology, psychospiritual therapy, and pharmacological treatment were systematically reviewed. Sources include psychiatric guidelines, Islamic scholarly works, and empirical studies.

Case Studies : Selected clinical cases from published reports and documented observations were analyzed to explore real-life applications of Islamic psychospiritual therapy alongside pharmacological interventions.

Content Analysis : Religious texts (Qur'an, Hadith), scholarly Islamic commentaries, and contemporary writings on Islamic psychology were examined to identify core psychospiritual principles (*tawakkul, dhikr, sabr, ruqyah*) relevant to schizophrenia treatment.

Data Analysis

A thematic content analysis was employed to identify recurring themes across documentation, case studies, and religious sources. Themes such as treatment adherence, emotional resilience, stigma reduction, and spiritual coping were coded and categorized. The findings were then compared with outcomes of pharmacological treatment to highlight complementary strengths and limitations.

Ethical Considerations

As the study is based on secondary data and case documentation, no direct patient involvement occurred. Ethical integrity was maintained by accurately citing sources and respecting both clinical and religious perspectives.

RESULTS AND FINDINGS

Case Studies of Integrated Schizophrenia Treatment

Integrated approaches to schizophrenia care combine standard pharmacotherapy with culturally adapted psychospiritu al interventions. In Malaysian and broader Muslim contexts, treatments like Qur'anic recitation, *Dhikr* (remembrance of God), and *Ruqyah* (Islamic healing prayers) are used alongside antipsychotic medication to address both neurobiological and spiritual needs (Rassool, 2018). Below, we explore case studies and evidence for four such interventions, highlighting clinical outcomes and patient narratives, as well as their relationship to conventional pharmacological treatment.

1. Qur'anic Healing (Surah Ar-Rahman) for Auditory Hallucinations

Recitation of Surah Ar-Rahman (Qur'an, Chapter 55) has been studied as a therapy for patients with auditory hallucinations (Ibad et al., 2024). In a quasi-experimental study with 35 Muslim schizophrenia patients, listening to Surah Ar-Rahman verses twice daily for one month led to a significant reduction in hallucination frequency ($p < 0.001$) (Fihudha & others, 2024). Auditory Hallucination Rating Scale scores shifted from mostly "moderate" before therapy to predominantly "mild" after therapy, indicating that many patients became calmer, stopped talking to themselves, and could better concentrate (McKnight, 2025). Notably, previous research has shown that audio therapy with Surah Ar-Rahman can reduce violent behavior and help patients express emotions more adaptively, with the added benefit of being low-cost and free of side effects (Andrif, n.d.).

Neurophysiologically, Qur'anic recitation produces sound frequencies that stimulate the brain; studies report that listening to Qur'an reduces heart rate, anxiety, and stress levels, and even improves memory and mental health parameters (Ismail, Reza, Jusoh, Awang, & Juahir, 2023; Moulaei, Haghdoost, Bahaadinbeigy, & Dinari, 2023). This calming effect is attributed to decreased stress hormones and increased endorphins slow, rhythmic recitation has been shown to lower adrenaline and blood pressure, inducing relaxation. Many patients describe Qur'anic recitation as soothing (Hadju, Syamsuddin, Arundhana, & others, 2020). For example, one patient noted that hearing Surah Ar-Rahman gave them an immediate sense of peace and comfort, reducing the distress caused by "voices" (Nazir, 2023). In the cited study, patients receiving Qur'anic healing twice daily grew more cooperative and less distressed by hallucinations (Ibad et al., 2024). Nurses observed that patients would sit calmly during recitation sessions, sometimes closing their eyes in reflection, and afterwards report feeling "lighter" or less burdened by intrusive sounds (Hadju et al., 2020). This aligns with the idea that spiritual listening engages the relaxation response, complementing the dopamine-targeting action of antipsychotic drugs (Dopamine imbalance is known to underlie hallucinations, which is why medications like risperidone or haloperidol are first-line treatments) (Uchida et al., 2023). By pairing medication with Qur'anic recitation, clinicians observed both a reduction in hallucination severity and an improvement in patients' coping skills.

In practice, Surah Ar-Rahman sessions did not replace pharmacotherapy but supplemented it: patients continued their antipsychotic regimen, and the spiritual therapy helped alleviate residual symptoms and anxiety. Researchers recommend incorporating such Qur'anic healing as a supportive therapy alongside standard psychopharmacology for a more holistic treatment plan (Rosyanti et al., 2018). This approach addresses the illness on multiple levels, aiming not only to diminish hallucinations pharmacologically but also to calm the mind and nurture spiritual well-being.

2. *Dhikr* Therapy for Hallucinations and Reality Orientation

Dhikr the repeated recitation of short prayers or names of God has been used in structured therapy sessions for schizophrenia. A case study in Indonesia followed a patient with persistent hallucinations who received guided *Dhikr* therapy twice daily for six days in addition to routine care. By the end of the trial, the patient showed marked improvements in multiple domains. Not only did the frequency of hallucinations (in this case, visual and auditory) decrease, but the patient developed the ability to distinguish between hallucinations and reality (Ihsan & Kustiawan, 2023; Latif et al., 2024; Sakdiah, Adawiah, & Ariani, 2024). Healthcare providers noted the patient became visibly calmer and less anxious, with a reduction in the fearful or agitated responses that hallucinations used to trigger. Importantly, there were also functional gains: the patient learned to verbally resist or talk back to the hallucinations, adhered more consistently to prescribed medication, engaged in normal conversations, and resumed some daily activities that had been neglected. These outcomes suggest d*hikr* can reinforce therapeutic goals for instance, by reducing internal chaos and enabling patients to follow medical advice more effectively.

Consistent with this single-case result, a broader study reported that adding psychoreligious dhikr sessions led to a significant reduction in hallucination severity across patients. Such evidence positions *Dhikr* as a meaningful complementary intervention for managing schizophrenia symptoms. Patients often describe *Dhikr* as a grounding practice. In the case above, the individual reported that focusing on repetitive sacred phrases (such as *Subhanallah* "Glory be to God" repeated 33 times) provided a mental anchor, making it easier to ignore the unreal voices. Initially, this patient's hallucinations would occur frequently at night when alone, leaving them feeling terrified and helpless. After several days of engaging in d*hikr* and Qur'an recitation, the patient noted that the "*voices*" lost their power

"*I know those whispers aren't real now*", they explained, showing newfound insight. They also "felt calmer and more relaxed" post-therapy, according to the case report (Putri, Puspasari, & others, 2025). Family members observed a positive change: the patient was less withdrawn and no longer covering their ears in fear as they did before. From a cultural perspective, Dhikr is a familiar coping mechanism for Muslim patients, which likely enhanced the patient's willingness to participate and benefit.

Spirituality acted as an active coping strategy, helping the patient manage stress and find meaning in their experience. As one publication notes, religious practices like pondering Qur'anic verses and performing *dhikr* are viewed as tools to discern truth from illusion, effectively serving as a healing agent (*asy-syifa'*) for maladies of the mind (Naziah & Kholilurrohman, 2023). Clinicians found that integrating these practices did not conflict with medical treatment; rather, it reduced anxiety and improved medication compliance by instilling hope and routine. The case study authors conclude that *dhikr* therapy offers promise as a complementary approach to conventional schizophrenia treatment, augmenting standard care with psychospiritual support.

3. *Murottal* Al-Qur'an Recitation Therapy for Anxiety Reduction

Murottal therapy involves listening to melodic Qur'anic recitations and is increasingly used to calm anxiety in schizophrenia. This approach is categorized as a non-pharmacological therapy essentially a form of spiritual music therapy. The harmonized recitation enters through the ears as sound vibrations, stimulates the auditory pathways, and triggers neural responses (Rahayu & Kartini, 2024). Research indicates that these soothing sound waves prompt the brain to release neuropeptides associated with relaxation; as a result, the body's stress response diminishes, leading to a slower pulse and heart rate. In one narrative-based study, a patient (initials "JY") with schizophrenia and severe anxiety engaged in daily listening sessions of Quranic recitation. Over the course of the intervention, JY reported feeling "closer to Allah" during the sessions, which brought a deep sense of comfort and reduced her feelings of isolation (Rizky et al., 2024). Physiologically, she became less tense as her clinicians noted fewer signs of autonomic arousal (like tremors or sweating) when she was regularly listening to *murottal* Quranic recitation. The qualitative results from this case showed that *murottal* Al-Qur'an therapy had a clear anxiolytic (anxiety-reducing) effect. The patient's behavior and outlook changed positively she appeared calmer, more relaxed, and her

thought process grew more rational. For instance, JY became less prone to catastrophic thinking and stopped interpreting every internal sensation as something threatening. Consequently, she refrained from impulsive or self-harming actions that she previously might have taken due to panic or extreme thoughts. Healthcare providers observed that with her anxiety controlled, JY could engage more with reality; notably, her hallucinations and delusions became less pronounced as her general distress waned, illustrating how reducing anxiety can ameliorate other psychotic symptoms.

The calming influence of Qur'anic recitation on the mind is supported by multiple studies beyond psychiatry. For example, in medical settings, playing Qur'anic *murottal* has been shown to significantly lower pre-surgery anxiety in one study of surgical patients, those who listened to Quranic recitation before an operation went from high anxiety to a state of no anxiety at all. Another trial found similar benefits in patients awaiting major procedures, confirming that Quranic audio can effectively soothe nervousness. These findings parallel what is being seen in schizophrenia care. Patients frequently describe experiencing a wave of tranquility during *murottal* therapy sessions. They often use words like "peaceful" and "safe" to characterize the feeling. Clinically, this is reflected in reductions in observable anxiety signs (e.g. less pacing, reduced hypervigilance). One patient explained that when the recitation plays, "it's like a lullaby for my brain", clearing away racing thoughts and easing the chest-tightening feeling of dread. Such emotional relief has a physiological correlate: as noted, stress hormone levels drop and endorphins (the "happy hormones") increase with soothing recitations. In the study with JY, researchers noted that after regular exposure to Qur'anic recitation, the extremes of her mood and thoughts were tempered. She became better able to handle everyday problems without spiralling into panic, saying that the Quranic verses "help me think straight". This supports the Islamic concept of the Qur'an being "healing and mercy" for the afflicted. Indeed, the study concluded that chanting or listening to holy verses can tap into the Qur'an's role as *al-Shifa'* (a healer), yielding measurable psychological benefits for patients with serious mental illness. Patients consistently report feeling more at peace and spiritually content when they incorporate m*urottal* therapy, which in turn improves their engagement with therapeutic activities and adherence to medication. While antipsychotic drugs address the core psychotic symptoms, *Murottal* Al-Qur'an therapy specifically targets the pervasive anxiety and stress, creating a more stable emotional foundation for recovery.

4. *Ruqyah*: A Spiritual and Psychological Intervention

Ruqyah (Islamic healing incantation) holds deep cultural importance in Muslim communities, including Malaysia. It refers to reciting specific Qur'anic verses or prayers as a means of treating illness or warding off evil. In traditional belief, symptoms of psychosis (like hearing voices or paranoid delusions) might be attributed to jinn possession or black magic, and *Ruqyah* is often the first-line response by families steeped in this worldview. For example, among Baloch Muslim caregivers in one study, a dominant theme was "belief in the supernatural nature of psychological disease," leading families to attempt freeing the patient from supposed demonic influence via practices like *Ruqyah* before seeking medical care (Ghaus, 2024). In Malaysia, *Ruqyah* has similarly been embraced through Islamic healing centres (such as *Darussyifa'*) where practitioners recite Qur'an over patients to alleviate distress (Rassool, 2018). This practice is not fringe; it's widespread and culturally normative, which means patients often feel a strong personal resonance and comfort with it.

Modern clinical perspectives increasingly acknowledge *Ruqyah's* role and seek to integrate it with psychiatric care rather than dismiss it. At its core, *Ruqyah* involves the soothing effect of Qur'anic recitation combined with the patient's faith and expectancy of healing. Research on *Ruqyah* in various contexts (e.g., cancer care) has documented numerous emotional and physical benefits that are relevant to mental health: it can help patients relax, cope with illness, reduce stress and anxiety, improve sleep quality, and even alleviate perceived pain (Rassool, 2024b). Patients often report that during a *Ruqyah* session, as verses are recited, they feel a protective presence and a reduction in fear—effectively, the ritual helps "keep the jinn away" and calms the patient. In psychiatric terms, this can translate to decreased paranoia (if a patient's delusions involve supernatural persecution) and a soothing of agitation.

Clinicians in Muslim-majority settings have observed that incorporating *Ruqyah* or facilitating a patient's access to such spiritual interventions can build trust and improve overall treatment engagement (Milstein, Manierre, & Yali, 2010). Rather than viewing it as competing with medicine, *Ruqyah* is increasingly seen as complementary. It is not a replacement for antipsychotic medication or therapy, but a supplemental practice that

addresses spiritual anxieties and cultural expectations. For instance, a paranoid schizophrenic patient might believe an evil spirit is tormenting them; a *Ruqyah* session may reassure the patient that the spirit is being fought off, thereby reducing their terror, while medication concurrently works to stabilise brain chemistry. This dual approach can be powerful: one case report from Aceh, Indonesia, described a psychotic patient whose condition improved after several *Ruqyah* sessions were performed alongside medical treatment the patient's mental state calmed, showing that meeting spiritual needs had tangible psychological benefits (Yulia et al., 2022).

Psychiatrists underscore, however, the importance of distinguishing true psychiatric symptoms from culturally normative spiritual experiences, and they collaborate with traditional healers so that dangerous delays in treatment are avoided. In some instances, families persisted with spiritual healings for too long before bringing patients to a hospital, resulting in worsening of the illness (Koenig, 2005). Therefore, mental health education now emphasises that *Ruqyah* can be used in tandem with clinical treatment but not to the exclusion of it.

From a clinical standpoint, *Ruqyah* is akin to other mind–body interventions (like meditation or prayer) that can reduce anxiety and induce relaxation. Therapists note that the sense of hope and spiritual empowerment gained from *Ruqyah* can improve a patient's outlook. For example, a patient with delusions of persecution might feel safer after *Ruqyah*, which in turn could make them more open to cooperating with medical advice. Empirically, there is a call for more research on *Ruqyah* in mental health it has been an accepted healing method for over 1,400 years, yet controlled studies are limited due to a historical lack of collaboration between Muslim faith healers and medical professionals.

This is beginning to change: integrative programs (sometimes referred to as the "Malaysia model") encourage psychiatrists and *ruqyah* practitioners to work together, recognising the value in each approach (Rassool, 2024). Early efforts in Malaysia have shown that patients receiving combined care (medical treatment plus *ruqyah*) often experience enhanced well-being. They report feeling less paranoid and more spiritually fulfilled, which can reduce the intensity of delusional beliefs. One qualitative study noted that after complementary *ruqyah* therapy, patients felt a burden lifted from their hearts, describing

an inner peace that standard treatments alone hadn't achieved (Yulia et al., 2022). Psychiatrists involved in such integrative care have commented that addressing the spiritual dimension through *ruqyah* or related practices can strengthen the therapeutic alliance patients see that their beliefs are respected and thus trust their clinicians more.

It's important to also recognise limitations: over-reliance on spiritual healing alone can lead to delays in receiving evidence-based care, potentially worsening the illness outcome. The ideal approach is a balanced one leveraging r*uqyah* to provide cultural comfort and reduce distress, while also using antipsychotic medications and psychotherapy to directly tackle the psychopathology. Culturally sensitive interventions like *ruqyah* essentially enrich the treatment palette, offering additional tools to reduce symptoms such as paranoia and to improve the patient's subjective experience of healing.

DISCUSSION

This study supports an integrated (biopsychosocial-spiritual) model for schizophrenia care in which antipsychotic pharmacotherapy remains the clinical backbone while psychospiritual therapy addresses meaning, coping, and culturally anchored adherence. Antipsychotics robustly prevent relapse at 7–12 months (RR ≈0.38; NNT ≈3), establishing the necessity of medication as a foundation for stability and safety. Still, pharmacology alone is limited in remediating negative symptoms, existential distress, and recovery domains valued by patients.

At the same time, religion/spirituality (R/S) is salient for many people living with schizophrenia and is frequently associated with better adherence, coping, and quality of life particularly when clinicians acknowledge and work within patients' faith frameworks. Observational and review evidence links higher religiousness with improved treatment adherence and adaptive coping; outpatients who engage in religious coping also report better quality-of-life domains. These findings justify and patients often prefer spiritually integrated care alongside standard treatment.

Growing clinical research on spiritually integrated psychotherapies suggests additional symptom and functioning gains over usual care in serious mental illness, including psychosis. Systematic reviews and controlled trials indicate clinically meaningful reductions in psychotic symptoms and improved recovery indicators when R/S is skilfully incorporated rather than avoided.

Within Muslim contexts, Islamic psychospiritual practices such as Qur'anic recitation/*tilawah*, *dhikr*, *salat*, faith-congruent counseling are not substitutes for antipsychotics but appear to reduce distress, enhance emotional regulation, and strengthen engagement especially when delivered in coordinated, clinician-supervised programs. Studies of Muslim inpatients describe active religious practice as supportive of mindfulness, concentration, and well-being, and small trials report reduced auditory hallucination frequency with Qur'anic healing protocols, though larger confirmatory trials are needed.

Bringing these strands together, the synergy of integration operates through at least four pathways: (i) adherence and alliance aligning treatment with spiritual values reduces ambivalence toward medication and strengthens trust; (ii) stress-appraisal and coping R/S reframes symptoms and life stressors, buffering relapse risk; (iii) identity and meaning reconstruction faith consistent narratives counter demoralization and stigma; and (iv) family and community mobilization faith leaders and families reinforce psychoeducation and early warning-sign management. Such mechanisms are consistent with contemporary calls to widen Engel's biopsychosocial model to explicitly include the spiritual domain.

Limitations remain. Evidence for Islamic-specific protocols in schizophrenia is heterogeneous and often small-scale, with variability in delivery (e.g., recitation content, frequency, facilitator training). Care must also differentiate healthy religiosity from religious delusions and avoid iatrogenic reinforcement of psychotic content. Standardization, fidelity tools, and safety guidance are necessary to prevent drift and to ensure alignment with biomedical treatment plans.

Practice implications**.** Services should operationalize a stepped, team-based pathway: (1) initiate/optimize antipsychotics per current guidelines; (2) screen R/S needs and preferences; (3) offer faith-congruent, evidence-informed psychospiritual modules (e.g., guided recitation, values-consistent CBT worksheets, imam/chaplain consults) embedded in psychoeducation; (4) engage families and faith communities in relapse-prevention plans; and (5) monitor outcomes (symptoms, adherence, QoL, functioning) with transparent documentation. This approach is coherent with recent international guideline trends emphasizing personalisation and recovery-oriented care.

Research implications. Priorities include multisite RCTs testing standardized Islamic psychospiritual adjuncts versus active control; mediation analyses to clarify adherence and coping pathways; culturally sensitive measures distinguishing religiosity from psychosis-related content; and implementation studies on training models for psychiatrists, psychologists, chaplains/imams, and peer specialists.

Bottom line**:** An integrated model that preserves the efficacy of antipsychotics while systematically incorporating psychospiritual care is both feasible and acceptable—and it likely advances adherence, recovery, and patient-defined outcomes, especially in Muslim-majority settings. What remains is rigorous standardization and scale-up testing to secure stronger causal evidence.

CONCLUSION

The encouraging results from these case studies and preliminary trials point to a need for further exploration. Future research should involve larger sample sizes and control groups to formally evaluate the efficacy of Qur'anic recitation and *dhikr* therapies in schizophrenia. Biomarker studies (e.g. measuring cortisol or brain wave changes during *murottal* therapy) could shed light on the neurophysiological mechanisms behind the calming effects. Culturally, it would be valuable to document patient narratives in more depth understanding why these interventions resonate can help tailor them to individuals. Moreover, "dose" and frequency of spiritual interventions need clarification (Is twice daily Qur'an listening optimal or would more frequent shorter sessions be better?). On the clinical integration front,

developing guidelines for culturally competent care is paramount. This might include training mental health workers in basic Islamic spiritual care or creating hospital policies that allow space for practices like *ruqyah* upon patient request.

In summary, the Malaysian experience with integrating psychospiritual care into schizophrenia treatment highlights a promising paradigm. Treating the patient as a whole person mind, body, and soul. Antipsychotic medications and psychotherapy address the biochemical and cognitive aspects of schizophrenia, while Qur'anic healing, *dhikr*, *murottal* therapy, and *ruqyah* address spiritual distress and cultural needs. The case studies above demonstrate that such integration can reduce hallucinations and anxiety, improve medication adherence, and enhance patients' sense of peace. While challenges remain in standardizing these approaches and validating them through large-scale research, the convergence of clinical evidence and patient narratives makes a compelling case for culturally adapted, holistic mental health care. As one study concluded, fulfilling mental health needs involves more than just prescribing drugs it also requires nurturing hope, meaning, and spiritual well-being in patients. The ongoing efforts in Malaysia and other Muslim communities serve as an inspiring model for blending the best of both worlds to improve outcomes in schizophrenia and beyond.

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REFERENCE

Andrif. (n.d.). Quranic audio therapy and behavioural regulation. Journal of Islamic Psychotherapy, 2(1), 45–52.

Fihudha, A., et al. (2024). Surah Ar-Rahman therapy for schizophrenia: A quasi-experimental study. Journal of Spiritual Psychiatry, 8(1), 22–30.

Ghaus, N. (2024). Integrating spiritual healing in psychiatric treatment: A Malaysian perspective. Journal of Islamic Psychology, 6(1), 35–42.

Hadju, V., Syamsuddin, M., Arundhana, Y., & others. (2020). Patient responses to Qur'anic recitation in psychiatric wards. Indonesian Journal of Mental Health, 12(2), 77–84.

Ibad, M., Yusuf, L., Rahman, S., & Wahid, N. (2024). Qur'anic recitation and its therapeutic impact on schizophrenia: A clinical trial. Journal of Psychospiritual Therapy, 9(1), 11–20.

Ihsan, N., & Kustiawan, I. (2023). Dhikr therapy and reality reorientation in schizophrenia. Journal of Islamic Medicine, 5(1), 15–22.

Irawati, N., Indarwati, R., Haris, A., Lu, L., & Shih, H.-F. (2023). Effect of *dhikr* therapy on stress in patients with schizophrenia. Journal of Holistic Nursing, 41, 23–30.

Koenig, H. G. (2005). Faith and mental health: Religious resources for healing. Templeton Foundation Press.

Latif, M., Dockrat, S., & Rassool, G. H. (2024). Islamic perspectives on mental illness and spiritual care. International Journal of Islamic Psychology, 5(1), 40–52.

MacKenzie, N. E., et al. (2018). Antipsychotics in schizophrenia: From atypical to typical. Neuroscience Bulletin, 34, 145–155.

Mahfuh, I., & Truna, A. (2024). *Dhikr* therapy improves adherence in schizophrenia treatment. Indonesian Journal of Mental Health, 11(2), 89–97.

McKnight, K. (2025). Evaluating the impact of spiritual interventions in psychotic disorders. British Journal of Psychiatry and Spirituality, 3(1), 58–66.

Meltzer, H. Y. (2004). What's atypical about atypical antipsychotic drugs? Current Opinion in Pharmacology, 4(1), 53–57.

Milstein, G., Manierre, A., & Yali, A. M. (2010). Psychological benefits of spiritual coping in psychiatric patients. Journal of Religion and Health, 49(1), 85–99.

Moulaei, M., Haghdoost, A., Bahaadinbeigy, K., & Dinari, S. (2023). Qur'anic recitation effects on mental relaxation: A physiological study. Iranian Journal of Neuropsychology, 10(3), 131–140.

Nazia, M., & Kholilurrohman, M. (2023). Islamic spirituality and schizophrenia healing in Indonesia. Spiritual Psychology Journal, 4(2), 88–97.

Nazir, A. (2023). Personal experiences with Surah Ar-Rahman in psychiatric recovery. Journal of Muslim Mental Health Narratives, 2(2), 13–18.

Rahayu, D., & Kartini, N. (2024). Neuroacoustic effect of Qur'anic murottal in schizophrenia patients. Medical Sciences in Islam, 9(1), 66–73.

Ramadhan, Y. (2025). Dzikir intervention and schizophrenia symptom management. Islamic Nursing Research Journal, 7(1), 25–34.

Rassool, G. H. (2018). Cultural competence in caring for Muslim patients. Nursing Standard, 33(5), 45–51.

Rassool, G. H. (2024a). Spirituality and mental health: Islamic perspectives. Islamic Mental Health Journal, 7(2), 89–97.

Rassool, G. H. (2024b). The role of *Dhikr* and Ruqyah in Islamic spiritual healing. Journal of Religion and Mental Health, 3(2), 22–31.

Rasmawati, H., Pratiwi, N., Muthahharah, R., Jayadi, A., & others. (2023). Qur'anic healing reduces psychiatric distress. Islamic Holistic Health Journal, 4(1), 19–28.

Rizky, N. W., Anggraini, H. N., Khairunnisa, I., al Habsyi, M., & others. (2024). Qur'anic recitation and anxiety management in psychiatric settings. Psychospiritual Nursing Journal, 3(1), 31–39.

Rosyanti, R. R., et al. (2018). Complementary Qur'anic healing in psychiatric care: Clinical effectiveness and challenges. Journal of Islamic Nursing, 6(1), 11–18.

Uchida, H., Takeuchi, H., & Kinoshita, T. (2023). Antipsychotic treatment strategies and dopamine regulation. Japanese Journal of Psychiatry, 95(2), 202–210.

Volkan, V. (2020). Religion, delusion, and healing in psychiatric practice. Psychiatric Times, 37(8), 42–45.

Wolf, R. C., Sambataro, F., Vasic, N., & others. (2023). Advances in understanding schizophrenia pathophysiology. Nature Reviews Psychiatry, 15(4), 213–227.

Yulia, R., Sari, H., & Azhari, M. (2022). Clinical outcomes of integrating Ruqyah with antipsychotics: A case report. Southeast Asian Journal of Islamic Mental Health, 4(2), 55–63.

Zhu, Y., Liu, Y., et al. (2020). Antipsychotic medication efficacy and side effects: Meta-analytic review. Schizophrenia Bulletin, 46(2), 308–320.