

The Influence of Psychoreligious Therapy to Decrease the Depression Level of Narcotics Prisoners: Living Qur'anic Study in East Kalimantan

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Abstract:

The aimed of this study was to determine the therapy applied. Therapy is a psychological treatment by reading a holy Qur'an as a strength way. This research was a quantitative by using quasi experiment with an unequal control group design. This study compared the results of the experimental group pretest and posttest after being treated with an untreated control group. Depression Level Measurement was applied Beck Depression Inventory (BDI). The population in this study was Narcotics Prisoners Class III Samarinda. The sample size was 42 people which divided into two groups, namely control group and experimental group. The data in this study were analyzed by Wilcoxon signed-rank test with SPSS assistance program. The results showed that the level of weight loss in the experimental group was from 23.8% to 0%. Weight loss to moderate depression was 2 people, 1 person was in moderate to mild depression 2 people was in mild to normal depression. The result of normality test showed a significant level of

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value as well with $p = 0.00$ (significance of $p < 0.05$) it was meant that psycho-religious therapy could be used as an alternative measured to reduce the level of depression of inmates.

Keywords: *Depression, psycho-religious therapy, drug convict, living Qur'an*

A. Introduction

Drug abuse in Indonesia has reached a very alarming level. Facts on the ground show that 50% of prisoners are caused by drug cases. News of the crimes in mass media, print and electronic is filled with news about drug abuse.¹ Even in 2017, National Narcotics Agency (BNN) noted the number of drug abuse in the country reached 3.5 million people, almost 1 million of whom had even become addicts.²

In Indonesia, punishment for drug abusers is quite heavy. If the perpetrators of drug abuse are proven legally and convincingly commit a drug offense, the verdict can be punished within a certain period of time, a life penalty, or a death penalty. After that, drug offenders will be taken to a correctional facility (Lapas) or to a state detention center (Rutan) to serve their penalty.

Recently, Lapas or Detention Center is the most appropriate place to deter narcotics prisoners and make them truly on the right way, free from drug use as well. Though, in this process many of the narcotics inmates serving penalty in Penitentiary experience depression since the impact of negative drug used does not merely affect the physical, it also give impact of the mental and psychological users. Furthermore some factors that can be a cause of this problem such as prison settings for instance overcrowding, lack of privacy, violence, social isolation, inadequate mental health facilities, and the impact of the prison sentence may lead to mental disorders among prisoners during imprisonment.

Sitorus (2013) conducted a study on drug users' comorbidity stated that the highest type of comorbidity was 2.7% of hepatitis C; Pulmonary TB, HIV / AIDS, DHF, and depression, respectively 0.4%; acute psychotic 6.7%;

¹ Fransiska Novita Eleanora, "Bahaya Penyalahgunaan Narkoba Serta Usaha Pencegahan dan Penanggulangannya," *Jurnal Hukum XXV*, no. 1 (2011): 14.

² Muhammad Radityo Priyasmoro 26 Jun 2018 and 14:15 Wib, "BNN: Pemakai Narkoba Di Indonesia Capai 3,5 Juta Orang Pada 2017," *liputan6.com*, accessed December 16, 2018, <https://www.liputan6.com/news/read/3570000/bnn-pemakai-narkoba-di-indonesia-capai-35-juta-orang-pada-2017>.

schizophrenia 9%; and 0.9% bipolar disorder.³ This study shows the influence of drugs on the mental or psychological health of the wearer is very significant. Research conducted by Dolamanta, et al. found that 25% of inmates showed moderate depression and 22% showed severe depression. Another study by Ryan, et al. (2004) in 1,829 inmates in Cook County, Illinois, aged 10 to 18 years found that there was a major depressive episode of 13%. Adhayani Lubis, in 2008, conducted a study of depression in prisoners in Medan Children's Prison, with a sample of 274 people and the results showed 54 people (19.7 percent) inmate children experienced depression.⁴

Furthermore, Jennifer (2014) stated that About 26% of the inmates were detected with a mental health situation at some point during their lifetime, and a very small proportion (18%) were taking medication for their condition(s) on admission to prison. In prison, more than 50% of those who were medicated for mental health conditions at admission did not receive pharmacotherapy in prison. Inmates with schizophrenia were most likely to receive pharmacotherapy compared with those presenting with less overt situations (e.g., depression).⁵ This lack of treatment continuity is partially attributable to screening procedures that do not result in treatment by a medical professional in prison.

Among several causes of narcotics inmates experiencing depression are adaptations of inmates from home to prison, the distance of prisoners from families, and the foreign and hostile situations felt in prison. Changes in life experienced by prisoners are getting worse because the amount capacity of state prisoners exceeds the available capacity.

According to Sundari (2005) there was an actually close relationship between mental and physical. However, how far the relationship wasn't be able to be known certainty. Physics suffer from illness, mentally in face of different problems with their physical health. Similarly, in illness physical, his mental

³ Rico Januar Sitorus, "Komorbiditas Pecandu Narkotika," *Kesmas: National Public Health Journal* 0, no. 0 (February 1, 2014): 301–5, <https://doi.org/10.21109/kesmas.v0i0.369>.

⁴ Rhapsody Karnovinanda and Tri Suciati, "Prevalensi Depresi Pada Narapidana Di Lembaga Permasalahankatan Anak," *Majalah Kedokteran Sriwijaya* 46, no. 4 (October 1, 2014): 243–49.

⁵ Jennifer M. Reingle Gonzalez and Nadine M. Connell, "Mental Health of Prisoners: Identifying Barriers to Mental Health Treatment and Medication Continuity," *American Journal of Public Health* 104, no. 12 (December 2014): 2328–33, <https://doi.org/10.2105/AJPH.2014.302043>.

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attitude is always being optimistic with full hope of recovery. In this case, the pain will be lighter and heal faster. For people who are pessimistic, it is harder or longer to be healed. It is appropriate for the patient to be given an explanation of the disease and the danger that the patient becomes optimistic by giving spiritual or spiritual guidance, namely the belief in the Almighty God. Another researcher found that the close relationship between the religious orientation and anxiety and depression of university students. Reinforcement and assimilation of religious values in students can lead them toward increased mental health.⁶

Another perception related to the psycho-religious according to Adeeb NA, Bahari R (2017) Psycho-spiritual therapy (PST) is an approach that incorporates religion and spirituality in psychotherapy. For centuries, this has been done in many settings, and across different religions.⁷ Bhagavad- Gita's concept of a mentally healthy person focuses itself on certain outstanding characteristics in the personality development of an average Indian which is the key to its psychotherapeutic context. Apart from that, Islamic Psychospiritual Therapy have roots well embedded in the spiritual foundation of the Qur'an and the Sunnah of the Prophet Muhammad [S.A.W], in which it is a healing strategy where the individual is transported from the domain of ill health to the domain of wellbeing in a manner that is Godly. All religions view morality as sets of objective truth. When religious people dedicates to a certain moral regulations and standard, it will bring about a positive habits including in periods of health.⁸

The healing power of the Quran deals with mental and physical health. As, Mohammad prophet introduced Quran as God's words and Islam miracle. Psychologists of Egbal Lahoori University of Pakistan presented that treating depression through praying to God and reading Quran versus in 78 percent of treatment group was effective and the Comparison group which stay late at high to pray to God shows only 15 percent improvements of depression.⁹

⁶ Prakash B. Behere et al., "Religion and Mental Health," *Indian Journal of Psychiatry* 55, no. 6 (January 1, 2013): 187, <https://doi.org/10.4103/0019-5545.105526>.

⁷ Nazrin Asyraf Adeeb M and Rafidah Bahari, "The Effectiveness of Psycho-Spiritual Therapy among Mentally Ill Patients," *Journal of Depression and Anxiety* 06 (January 1, 2017), <https://doi.org/10.4172/2167-1044.1000267>.

⁸ Azim F Shariff, "Does Religion Increase Moral Behavior?," *Current Opinion in Psychology, Morality and ethics*, 6 (December 1, 2015): 108–13, <https://doi.org/10.1016/j.copsyc.2015.07.009>.

⁹ Monireh Mahjoob et al., "The Effect of Holy Quran Voice on Mental Health," *Journal of Religion and Health* 55, no. 1 (February 2016): 38–42, <https://doi.org/10.1007/s10943-014-9821-7>.

Furthermore, in the research with the name of Quran and the ways of preventing mental pressures came to the conclusion that Quran introduces some habits to avoid mental pressures. Those ways are praying to God, patience, repent, talking to God, thinking about those things which are ever ending and getting away from permanent things.

Based on those facts, psychotherapy is very relevant to use in this study as an effort to find solutions to depression problems that haunt narcotics inmates. This therapy makes remembrance and recitation of the Qur'an as a source of strength to cure depression instead of drugs since Qur'an is believed and functioned as *al-syifa* (medicine/antidote) for bodily and spiritual diseases as well as the word of Allah in Qur'an:

وَنُنزِّلُ مِنَ الْقُرْآنِ مَا هُوَ شِفَاءٌ وَرَحْمَةٌ لِّلْمُؤْمِنِينَ وَلَا يَزِيدُ الظَّالِمِينَ إِلَّا خَسَارًا (الإسراء: ٨٢)

Translation:

"And we send down of the Qur'an that which is healing and mercy for the believers, but it does not increase the wrongdoers except in loss."

(Q.S.17: 82)

The phenomenon of treating Qur'an as medicine or amulet in contemporary Islamic studies - especially the study of interpretations - termed living Qur'an, or the Qur'an in everyday life.¹⁰ Qur'an for certain Muslim communities is not functioned in its textual conditions, but it is functioned in a practical life. The practice of interpreting the Koran is not merely limited to understand textual messages, as it is often done by commentators based on the belief in benefits of reading Qur'an verses practical purposes of daily life, such as to cure illness.

In trajectory of Islamic history in earlier period, the practice of treating Qur'an or treating certain units of Qur'an in the practical life of people has basically taken place meaningful. When Prophet Muhammad SAW alive, it was the best time for Islam. It was a time when overall behavior of people was guided by revelation through the Prophet directly. This kind of practice was stated to have been carried out by the Prophet. According to the history report, the Prophet had healed the disease by *ruqyah* through the *surah al-fatihah*, or using *al-mua'wwizatain* instead of using magic.¹¹

¹⁰ Abdul Mustaqim, *Metodologi Penelitian Al-Qur'an Dan Tafsir*, II (Yogyakarta: Idea Press, 2015).

¹¹ M. Mansyur, ed., *Metodologi Penelitian Living Qur'an & Hadis*, I (Yogyakarta: TH-Press, 2007).

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According to scientific studies, reciting or listening Quranic verses have many benefits and it is essential for psychological health and underneath certain situation exchanges listening to classical music. Previous studies under Zulkurnaini claimed that, listening to Al-Quran is able to provide more relaxation influence as compared to listening classical music.¹² Moreover, he proved that 12.67% improvement in alpha band before and after listening to the Quran. Otherwise it is merely 9.96% improvement for classical music. Another study argued that by listening, reading, as well as watching the Quran's text is able to reduce stress and tension related to the life problem and can achieved mental, spiritual and physical relaxation as well. Furthermore, a research by Siti Awa Abu Bakar reported that 30 minutes of Quran recitation for mechanically ventilated patients in ICU promotes the psycho-spiritual relieve and it is able to decrease the patients' heart rate.¹³ Zulkurnaini also stated that if the human brain is exposed to one of the verses in Quran resulted in the enhancing alpha band than listening to classical music. Therefore, it expands the relaxation and alerts the condition. These are among the scientific studies have done to present that listening and reciting Quran has capability and provide benefits to every human being both muslim or non-muslim as well.

Therefore, this study aimed to observe further how much the influence of psycho-religious therapy in form of Qur'an reading therapy is able to reduce the level of depression for drug inmates. In this case, narcotics inmates were in Class III Narcotics Penitentiary Samarinda. Narcotics Correctional Institution Class III Samarinda is merely institution which accommodates drug users in East Kalimantan. In 2018, it accommodated 1397 inmates consisting of 1235 male prisoners and 162 female prisoners. Based on the preliminary study conducted by the researchers, there have been many efforts made by Narcotics Prison of Class III Samarinda in assisting the healing process and restoring narcotics prisoners from dependence on illegal drugs. However, the complex situation and conditions of prison have caused other problem such as depression.

¹² Noor Ashikin Zulkurnaini et al., "The Comparison Between Listening to Al-Quran and Listening to Classical Music on the Brainwave Signal for the Alpha Band," in *Proceedings of the 2012 Third International Conference on Intelligent Systems Modelling and Simulation*, ISMS '12 (Washington, DC, USA: IEEE Computer Society, 2012), 181–186, <https://doi.org/10.1109/ISMS.2012.60>.

¹³ S. Awa, "Effects of Holy Quran Listening on Physiological Stress Response Among Muslim Patients in Intensive Care Unit," in *E-Proceedings of the Conference on Management and Muamalah (CoMM 2014)*, 2014, 26–27.

B. Research Methodology

This type of research was quasi-experimental (experimental design) by using non equivalent control group design. This research design is approximately the same as the pretest posttest control group design. Quasi experimental design does not have strict restrictions on randomization and at the same time can control the threat of validity.

The design of this study compared the results of experimental group pretest and posttest after being treated in form of psycho-religious therapy with control group which did not receive questionnaire Beck Depression Inventory (BDI) treatment. This test is used to help revealing a person's level of depression. The Beck Depression Inventory Test (BDI) consists of 21 groups of statements that describe 21 categories of attitudes and symptoms of depression, namely; sad, pessimistic, feeling failed, feeling dissatisfied, feeling guilty, feeling punished, feeling of self-hatred, self-blame, suicidal tendencies, crying, irritability, withdrawing from social relationships, not being able to make decisions, feeling himself not physically attractive, unable to carry out activities, sleep disturbances, feeling tired, loss of appetite, weight loss, somatic preoccupation and loss of sex libido.¹⁴ Each group consists of 4-6 statements that describe the absence of symptoms until the most severe symptoms.

Broadly, the design of this study is:

Pretest Treatment of Posttest

O1 X O2
O3 O4

Image: Research Design

Information:

X: Treatment in the form of religious therapy

O1 and O3: Pretest the level of depression of drug convicts before treatment

O2: Posttest level of depression of drug convicts after treatment

O4: Posttest level of depression of drug convicts without treatment¹⁵

The independent/free variable in this study was religious therapy while the dependent variable/dependent was the level of depression. The research

¹⁴ Aaron T. Beck et al., "An Inventory for Measuring Depression," *Archives of General Psychiatry* 4, no. 6 (1961): 561–571.

¹⁵ Suharsimi Arikunto, *Prosedur Penelitian: Suatu Pendekatan Praktik* (Rineka Cipta, 1992).

problem in this study was categorical comparative analytic 2 (two) pairs groups, the problem was the categorical ratio variable data measurement scale, thus to analyze the data carried out two. The first analysis was to examine the initial ability difference between experimental group and control group using a t-test. The second analysis with the related t-test tested was the difference between 02 and 04 of the Wilcoxon hypothesis test in case the data distribution was not normal from the Saphyrowilk test results. This study aimed to determine the effect of psycho-religious therapy in reducing the level of depression in drug convicts in Narcotics Prison Class III Samarinda.

C. Result and Discussion

This study using two types of analysis, namely Univariate analysis and Bivariate analysis. Univariate analysis is an analysis carried out for one variable or per variable. This analysis is used to analyze data on the characteristics of respondents and the level of depression of drug convicts prior and after the intervention.

1. Characteristics of Respondents

Sampling in this study used a minimum range of samples for experimental research that is between 10-20 respondents. Due to this study took 8 meetings, the researcher overestimated the number of respondents by 25 people for control group and 25 people for experimental group.

Finally, the number of respondents who underwent intervention until the completion was 21 people. This amount could be used in experimental research. The entire respondents in this study were male but had different characteristics in age.

Table 1: Distribution of Respondents by Age at Experimental Groups

Age Category	N	%
Early adulthood (26- 35 years)	5	23,8
Late adulthood (36- 45 years)	11	52,4
Late elderly period (46 – 55 years)	5	23,8
Total	21	100

The table above showed the majority of respondents were in their late adulthood. They were 11 people (52.4%), while the early adulthood and late elderly were 5 people (23.8%) respectively.

Table 2 Distribution of Respondents by Age at Control Group

Age Category	N	%
Early adulthood (26- 35 years)	9	42,9
Late adulthood (36- 45 years)	9	42,9
Late elderly period (46 – 55 years)	3	14,3
Total	21	100

The table above showed that the majority of respondents were in the early adulthood and late adulthood, namely 9 people (42.9%) and the final elderly were 3 people (14.3%).

2. Depression Level of Narcotics Prisoners within prior and post Intervention

Table 3: Distribution of Depression Rate of Narcotics Prisoners prior and post Intervention in Narcotics Correctional Institution Class III in 2018

Depression Level	Pre Test		Post Test	
	N	%	N	%
Normal	5	23,8	7	33,3
Mild Depression	4	19,0	5	23,8
Moderate Depression	7	33,3	9	42,9
Severe Depression	5	23,8	0	0
Total	21	100	21	100

The table above showed the level of depression in minimum/normal category which is experimental group were 5 people (23.8%) and for control group were 7 people (33.3%). There were 4 levels of depression with mild depression category in experimental group (19.0%) and for control group were 5 people (23.8%). The moderate depression level category in experimental group were 7 people (33.3%) and for control group were 9 people (42.9%). The severe depression level category in experimental group was 5 people (23.8%) while in control group were none (0).

3. Bivariate analysis

Bivariate analysis in this study compared the level drug depression convicts prior psycho-religious intervention with depression level of respondents after intervention. In this analysis normality test was used which is useful to determine the data that has been collected normally distributed or taken from the normal population using shapiro-wilk test techniques on the depression scale. After the counting, the results in experimental group, namely pretest were 0.330 and for posttest were 0.170. While in control group, it was

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obtained 0.145 for pretest and 0.194 for posttest. Therefore, the result showed that overall data was normally distributed.

Based on normality test result, the paired t-test samples were tested both in experimental group as well as between experimental group and control group with a significance level of <0.05 , as follows:

- a. The results of the pretest analysis of drug level convict depression prior the treatment showed that the p value = 0.499, it define that there was no difference in drug depression level convicts in experimental group and control group.
- b. The results of pretest and posttest analysis of drug depression level convicts in experimental group showed that the value of p was 0.00 ($p=0.00$) it means that psycho-religious therapy has an effect on reducing the level of depression in drug convicts.
- c. The posttest results analysis of drug level depression convicts after treatment with posttest in drug depression level convicts without treatment showed that the p value = 0.00 means that psycho-religious therapy has an effect on reducing the level of depression in drug convicts.

Table 4: Summary of sample t-test paired test result

Group	Pair test	T	P	Keterangan
Experimentand control	Pretestbefore treatment	0,869	0,499	Tidak Signifikan
Experiment	Pretest andposttest	4,870	0,00	Significant
Experimentand control	posttestafter treatment and without treatment	-5,721	0,00	Significant

Based on these results, it showing that the hypothesis proposed in this study was accepted, namely psycho-religious therapy can reduce the level of inmate depression. Where it was seen that after the intervention in experimental group, inmates (research respondents) who on the pretest results showed that there were 5 inmates experiencing severe depression, however when intervention was done, in this case psycho-religious therapy number of inmates who were severely was depressed. According to the analysis of the researcher, these results were inseparable from several factors in the study such as research implementation, research subjects, and also the Correctional Institution.

The implementation of this research was related in several aspects such as therapeutic material, intensity and schedule of therapy, therapeutic methods, selection of facilitators and also group therapy dynamics. The material in this training was prepared based on a theoretical approach to anticipate and provide a new mindset for the subject in the face of depression by approaching the determinants, namely personal resources, social resources and problem-solving strategies. Personal resources in this therapy were developed with self-analysis material. The social resources in this study were developed with the formation of solid therapeutic group dynamics. The coping strategy in this study was also developed flexibly and creatively in every material, especially the material of *muhasabah* and the material of the combination of Qur'anic and *Hadith* awareness as a form of the application of the Qur'anic texts within daily life. In addition to core therapeutic material, the subject of this study was also given additional material in the form of ice breaking and Spiritual Emotional Freedom Technique (SEFT) material. This material is intended to encourage research subjects to be able to follow therapeutic procedures with a feeling of comfort and relaxation, thus the subjects are able to be fully involved in following the therapy course. Relaxed conditions that were created were seriously can help therapy participants to remain in optimal condition, so that the participants 'therapy can use their thinking skills to an optimal level.

D. Conclusion

Based on the results of the study, it can be concluded that psycho-religious therapy is able to significantly reduce the level of depression in the study subjects. This is evidenced by the results of the analysis of Posttest in drug depression level convicts after treatment with posttest drug depression level convicts without treatment showed that the value of $p = 0.00$. This study, therefore provide evidence that religious inclination (at least in a Moslem community) can have a net positive effect on reducing the level of depression and anxiety among students. The presented data is significant and cannot be ignored. Believing in God as a source of power and hope can be the main reason for the low level of depression and anxiety among more religious people especially the prisoners.

As a development of a new therapeutic model (intervention), this therapy type combined the spiritual emotional freedom technique (SEFT) therapy with recitation of Qur'an and *Dzikir-dzikir* selection as a relaxation therapy for drug convicts. However, this therapy is still dynamic to be developed and modified in the future. Although many other elements are likely influencing

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the psycho-religious therapy process, researchers have anticipated this situation by using an experimental model thus it is expected to be able to limit the psychotherapy process.

This study, therefore provide evidence that religious inclination (at least in a Moslem community) can have a net positive influence on reducing the degree of depression and anxiety among prisoners. The presented data is significant and cannot be ignored. Believing in God as a source of power and hope can be the main cause for the low level of depression and anxiety among more religious depression prisoners. Considering that depression and anxiety is an outstanding psychological disorder among the prisoners world-wide (as discussed in the introduction), it is recommended to include religious therapy in the institution activity. In another that the prisoners come from the society and will come back to the society. Therefore, the prevention and rehabilitation of mental disorders should not be neglected in prison settings. Assessing and addressing the mental health needs of prisoners will help in the enhancement of suitable policy and health services to enhance the health of prisoners. These measures will assist to reintegrate inmates into social life This study suggests that the correctional institution (Lapas) need to prepare proper psychiatric service to diagnose and treat prisoners with depression. The institution need to facilitate income generating activities inside prison, so as to relief negative feelings. It will be better if researchers conduct interventional research in order to show the way to reduce the prevalence of depression through interventional strategies. This study has nevertheless many shortcomings and limitations. Larger study samples from different populations are needed to confirm the findings of this study in a more general way. Also longitudinal studies are needed to cast light on the influence of other time-varying parameters.

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