



**PSYCHORELIGIOUS THERAPY IN PARANOID SCHIZOPHRENIA WITH COMORBID HYPERTHYROID**

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**ABSTRACT**

Schizophrenia is a chronic mental disorder characterized by delusions, a symptom of which is a disturbance in the patient's thought processes that impacts the patient's behavior. The purpose of this study was to describe a case of a schizophrenic patient with delusions as the primary symptom and comorbid hyperthyroidism who was given psychoreligious therapy. This qualitative case study involved a single patient diagnosed with paranoid schizophrenia and comorbid hyperthyroidism, selected using purposive sampling. Data were collected through interviews, behavioral observations, physical examinations, and laboratory data. Management included pharmacological therapy in the form of antipsychotics and hyperthyroid medications, and non-pharmacological interventions in the form of reality orientation and psychoreligious therapy. The results of the therapy were obtained through daily observations, interviews, and assessment of reality orientation and behavioral responses, and were analyzed descriptively by comparing the patient's condition before and after the intervention. The findings showed a decrease in the intensity of delusions, stabilization of thought patterns, and improvement in the patient's behavioral functioning, including an increased ability to distinguish reality and more regular religious activities. The conclusion of this study is that hyperthyroidism is suspected to trigger symptoms of anxiety and physical complaints such as heart palpitations and abdominal pain due to irregular eating patterns. A holistic approach combining medical and psychosocial therapy was effective in managing schizophrenic symptoms and comorbid conditions, as well as improving the patient's quality of life.

Keywords: delusions; hyperthyroidism; psychoreligious therapy; reality orientation; schizophrenia

**How to cite (in APA style)**

Jayanti, A. R., Pratiwi, A., & Wibowo, S. (2026). Psychoreligious Therapy in Paranoid Schizophrenia with Comorbid Hyperthyroid. *Indonesian Journal of Global Health Research*, 8(3), 1289–1296. <https://doi.org/10.37287/ijghr.v8i3.1341>.

**INTRODUCTION**

Mental disorders affect approximately 300 million people worldwide, including schizophrenia, depression, and bipolar disorder. Of these, 23 million are diagnosed with psychosis (WHO, 2022). Research by the Indonesian Ministry of Health reports that 9.8 percent of the population aged 15 and over, or more than 20 million people, suffer from emotional mental disorders. Furthermore, 6.1 percent, or approximately 12 million people, experience depression, and 450,000 suffer from schizophrenia or psychosis, which are severe mental disorders (Indonesian Ministry of Health, 2018).

Schizophrenia is a mental health disorder that requires immediate attention. People with schizophrenia experience stigma ranging from low to high levels, often in the form of stereotypes, prejudice, and discrimination. Low motivation in schizophrenia is a key issue that must be addressed through various treatments, rehabilitation, and therapy (Pratiwi & Ningrum, 2024). Schizophrenia is a chronic, severe, and debilitating brain disorder characterized by disorganized thinking, delusions, hallucinations, and bizarre or incoherent behavior. The resulting disturbances can affect thinking, perception, emotions, movement, and behavior. Schizophrenia is not a single

disease, but rather a disease process encompassing many types with varying symptoms. Schizophrenia can be defined as a serious and chronic mental disorder characterized by communication difficulties, distortion of reality, abnormal or flat affect, cognitive dysfunction, and difficulty performing daily activities (Akbar & Pratiwi, 2025)

The pathophysiology of schizophrenia can be caused by anatomical abnormalities or neurotransmitter receptors, abnormalities in immune system function, and inflammatory processes, while the symptoms are divided into two categories: positive symptoms include delusions or delusions, hallucinations, chaotic thinking, anxiety, feeling superior, full of suspicion as if there is a threat, and having hostility in oneself. Negative symptoms included a flat or expressionless face, withdrawn and isolated, quiet, passive, apathetic, and avoiding others (Pratiwi & Patiwi, 2024).

Delusional thought process disorder is a positive symptom of schizophrenia and usually people with these symptoms do things according to their type of delusion, namely, they have a great distrust of themselves and others, they feel they have great power, they feel they have extraordinary supernatural powers far from people in general. Delusions themselves are divided into five types, namely delusions of grandeur, delusions of suspicion, religious delusions, somatic delusions, and nihilistic delusions (Kamarina & Rahmawati, 2023)

A delusion is a belief that is not based on reality and is not shared by others in the same culture or religion. This belief is held firmly despite contrary opinion or evidence. Research by Pratiwi et al. (2025), found that magical delusions and mystical experiences are believed in by sufferers from Javanese culture. Therefore, this condition requires careful treatment. Non-pharmacological management for patients with delusional thought disorders can included providing non-pharmacological therapy (Islami et al., 2024).

In this case, the psychiatric nursing intervention for the client with delusions focused on reality orientation and psychoreligious therapy, enabling the client to recognize and differentiate reality accurately. This study aimed to describe the implementation and outcomes of reality orientation and psychoreligious therapy in a patient with paranoid schizophrenia and comorbid hyperthyroidism. The intervention included assessment, observation, consistent provision of realistic stimuli, and fostering a trusting relationship between the client and the healthcare provider.

## **METHOD**

This research design used a qualitative case study approach with direct observation of a 25-year-old man with schizophrenia, whose primary symptoms were delusions of suspicion and comorbid hyperthyroidism, who was treated in a psychiatric ward. Subjects were selected based on clinical criteria and suitability for the research focus. This study aimed to describe in-depth the condition of a patient with paranoid schizophrenia who had comorbid hyperthyroidism, as well as the effectiveness of nursing interventions provided during treatment.

Interventions provided to the client included pharmacological and non-pharmacological therapy. Pharmacological therapy consisted of antipsychotics (risperidone, trihexyphenidyl, and quetiapine) and antithyroid medications (propylthiouracil and propranolol) according to the medical program to control psychotic symptoms and physical complaints due to thyroid disorders.

Non-pharmacological interventions included reality orientation therapy and psychoreligious therapy. Reality orientation therapy helped the client recognize and differentiate between delusions and reality by strengthening orientation to person, time, and place, and consistently correcting reality without supporting or rejecting delusions. This therapy was administered for 45–60 minutes daily for seven days. Psychoreligious therapy included accompanying religious practices such as

prayer, dhikr (remembrance of God), supplication, and listening to Quranic recitation for 10–15 minutes, 2–3 times daily.

The success of the intervention was measured using a reality orientation observation sheet, observation of delusional symptoms and anxiety, and observation of religious activities. Assessments were conducted prior to the intervention and evaluated daily for seven days. Success was determined based on a reduction in delusions and anxiety, an increase in reality orientation, and an increase in religious activities and adaptive behavior.

During the treatment period, a comprehensive assessment of the patient's physical and psychological condition was conducted, including in-depth interviews, observations of daily behavior, and a physical examination. Data were collected systematically through patient interviews to understand the patient's medical history, chief complaints, and psychosocial factors influencing the patient's condition. Additionally, observations of the patient's behavior during hospitalization were conducted, particularly regarding their response to the intervention. Laboratory tests, such as a complete blood count, were also performed.

This study adhered to the ethical principles of nursing research, including confidentiality, beneficence, and non-maleficence. Patient identity was kept confidential, and all procedures were carried out in accordance with the nursing code of ethics and relevant institutional policies.

Patient management was carried out in an integrated manner, including the provision of pharmacological and non-pharmacological therapy. Pharmacological therapy was given in the form of antipsychotic drugs (risperidone 2x2 mg, trihexyphenidyl 2x2 mg, quetiapine 1x200 mg) to treat symptoms of schizophrenia, and drugs for hyperthyroidism (propylthiouracil 100 mg, three times daily and propranolol 10 mg twice daily) to control physical symptoms that arise due to thyroid disorders. Meanwhile, non-pharmacological interventions implemented included reality orientation with an initial assessment of the client's orientation to self, time, and the surrounding environment. During therapy, client were consistently provided with real-life stimulation and gradual education to help client distinguish between delusions and reality without rejecting or supporting the delusions. Client are encouraged to recognize and understand the facts around them repeatedly, and are given support to participate in positive activities that help strengthen their awareness of reality and emotional stability. This therapy was conducted over seven days, with periodic evaluations to assess improvements in orientation and delusion intensity.

Psychoreligious therapy for client was conducted through an approach to religious activities, such as dhikr (remembrance of God), prayer, and accompanying client in religious practices. This therapy included dhikr sessions three times daily for 10-15 minutes, motivating client to perform the five daily prayers, and reading or listening to recitations from the Quran, which can calm the client's thoughts and feelings. This therapy was carried out consistently according to the client's condition and response. Reality orientation aimed to help patients distinguish between unrealistic thoughts or beliefs and actual facts. Psychoreligious therapy involved accompanying patients in religious practices, dhikr (remembrance of God), and prayer to increase inner peace and emotional stability.

Pharmacological therapy for antipsychotics consisted of risperidone 2 mg twice a day, trihexyphenidyl 2 mg twice a day, and quetiapine 200 mg once a day. For hyperthyroidism, the client was given propylthiouracil 100 mg three times a day and propranolol 10 mg twice a day during treatment at the psychiatric hospital. Cognitive therapy, consisting of reality orientation and psychoreligious therapy, was administered for seven consecutive days to help stabilize the client's thought patterns and behavior. Data analysis was conducted using a descriptive qualitative approach by systematically reviewing observational records, interview findings, and reality orientation

assessments to identify changes in delusional intensity, thought patterns, and behavioral responses before and after the intervention.

## **RESULT**

A 25-year-old man was treated at the Dr. Arif Zainudin Mental Hospital, specifically in the Gatotkaca Ward on June 1, 2025. During the interview, the patient appeared cooperative, with sufficient and clear voice intonation. The client was able to answer the questions clearly, there was eye contact, and the client maintained good attention during the interview process. The client identified himself as Mr. A, aged 25, brought to the Dr. Arif Zainudin Mental Hospital by his parents, no family members had a history of mental disorders, and the client knew he was in the hospital. Signs of hyperthyroidism experienced by the client included heart palpitations, frequent sweating, complaints of pain like being pricked by needles, excessive anxiety and worry. However, regarding the signs of schizophrenia, the client with suspicious delusions experienced a distortion of reality in the form of a strong belief in the delusions experienced related to black magic. The client felt that he was affected by black magic by others because of feelings of envy, the client often felt restless and spoke in a disorganized manner. The finding that the client exhibited cooperative behavior, was able to make eye contact, and maintained good attention indicates that the client's basic cognitive functions and awareness were relatively intact. This condition aligns with the characteristics of patients with paranoid schizophrenia, where at certain stages the patient is still able to communicate well despite experiencing distorted thought content in the form of delusions (Akbar & Pratiwi, 2025).

The client's symptoms of hyperthyroidism included palpitations, excessive sweating, body aches, anxiety, and excessive worry, which are classic manifestations of elevated thyroid hormones. According to Anidha et al. (2023), hyperthyroidism causes an increase in metabolism, which triggers cardiovascular symptoms such as palpitations, increased sweat gland activity, and neuropsychiatric disorders such as anxiety and irritability. This condition can exacerbate the client's physical and emotional discomfort. The client lived at home with his parents and two younger cousins, who are cared for by his parents. He reported having been hospitalized four times. The first and second were for the same complaint: suspicion of witchcraft. The third was treated at a general hospital for hyperthyroidism, and this was the client's fourth hospitalization at the Mental Hospital. During the assessment, the client stated that his mother and uncle also had a history of hyperthyroidism.

The client's history of repeated hospitalizations suggests that his paranoid schizophrenia is chronic and relapsing. Repeated relapses, particularly with the same delusional content, namely suspicion and belief in black magic, indicate that the client's thought process disorder has not been optimally addressed. According to Pratiwi and Ningrum (2024), schizophrenia patients with a history of repeated treatment are more likely to experience relapses due to non-compliance with treatment, lack of psychosocial support, and suboptimal rehabilitation interventions. The client's history of hyperthyroidism, which also occurred in his mother and uncle, suggests a genetic contribution to his thyroid disorder. Anidha et al. (2023) explain that genetic factors are the primary determinant of hyperthyroidism, contributing approximately 80%, while environmental factors play a role as a trigger. This condition suggests that the client's hyperthyroidism is not caused by mystical factors, as believed in his delusions, but rather by a biological predisposition.

The client was first admitted to a Mental Hospital for delusions of suspicion related to black magic, which disrupted his thinking and caused anxiety. His previous treatment history revealed that he had been admitted three times for similar complaints, namely suspicion of black magic. The client's first and second admissions were for delusions. The third admission was for hyperthyroidism, which he suffered from. During this fourth admission, the client was re-admitted to the Mental Hospital because the previous treatment was suboptimal and the client's symptoms of black magic

delusions persisted. Therefore, integrated treatment, including a combination of pharmacological and non-pharmacological therapies, was necessary.

The client was admitted to the Mental Hospital due to differing beliefs and feelings of suspicion. Two days prior, he had become restless and disorganized, and then claimed that he had been cursed by a jealous man who had previously rented a room belonging to his parents. During the interview, the client stated, "At first, Mr. B was kind and often reprimanded me, but behind my back he used black magic because he was jealous and unhappy with me." He explained that he had been subjected to black magic several times, until he finally developed hyperthyroidism due to Mr. B's actions. He often felt like he was being stabbed with needles in his stomach, and his eyes and shoulders often felt heavy due to the black magic. The client stated that he claimed to perceive it through inner vision.

The client stated that his parents owned a soto (Indonesian soup) business at home, which was the family's source of income. He helped them sell the soto daily. He then stated that before treatment, his diet was often irregular, he often fasted, ate infrequently, and ate insufficient portions. During the assessment, he also felt anxious because he was worried that he would not be able to make his parents happy and that there would be no one to care for him. The drug therapy the client received during treatment was risperidone 2x2 mg, trihexyphenidyl 2x2 mg, quetiapine 1x200 mg, propylthiouracil 100 mg (three times daily) and propranolol 10 mg twice daily. Three categories of medication were administered antipsychotic, propylthiouracil and propranolol are hyperthyroid drugs to treat symptoms of thyroid gland enlargement and heart palpitations that are often complained of by the client. Laboratory tests were also performed on the client with a complete blood count, overall the test results were normal, but there were several results that were outside the normal category, namely the eosinophil test results with results of 3.3% of the normal value of 0-3%, MPV with results of 8.70 fL of the normal value of 11-14.5 fL, and P-LCR with results of 14.5% of the normal value of 21-34.3%. Regarding the results of blood sugar when the client was still in the normal category, namely 107 mg/dL.

The client's anxiety arose from the fear that his parents would die before he could be happy because he had no one left, so he wanted to get married so that someone would take care of him and was afraid that if he left the Mental Hospital, Mr. B would curse the client again. Other complaints felt by the client were that his heart often felt pounding, his stomach felt like it was being stabbed by a needle due to black magic and he often sweated. The client's suspicious delusions about the complaints that were felt to be related to the effects of black magic were still strong, the pain still often appeared, with the frequency of complaints that the client still often felt. The intervention given was pharmacological therapy accompanied by non-pharmacological techniques, namely reality orientation and psychoreligious therapy.

Gradually, reality orientation and psychoreligious therapy became interventions given for seven days to client with suspicious delusions to help client distinguish between unrealistic thoughts or beliefs and actual facts, so they can accurately recognize people, times, and places. Then, client are helped to feel better by engaging in positive activities such as prayer, dhikr, and supplication to constantly draw closer to God. This method can have an impact on reducing the intensity of delusions, stabilizing thought processes, and improving patient behavior.

Based on the table, it can be concluded that the seven-day intervention process demonstrated a positive impact on the client's condition. The client was able to calm himself through worship activities and draw closer to God, as well as improve his mindset and behavior in dealing with his symptoms. Furthermore, the client gained insight into his health condition and significantly reduced anxiety levels.

Tabel 1.  
Comparison of the Condition of Schizophrenia Client with Comorbid Hyperthyroidism Before and After Intervention

Aspects	Before Therapy	After Therapy
Mental Condition	The client exhibited thought process disturbances in the form of delusions and intense suspicion, difficulty distinguishing between reality and fantasy, and excessive anxiety about his future and that of his family. The patient appeared uncooperative and dependent on the client's delusional perceptions.	There was an improvement in the client's emotional stability and more rational thought processes. The client's ability to distinguish between reality and fantasy improved, and they demonstrated a more cooperative and calm response during the treatment process.
Psychotic Symptoms	There were strong delusions about black magic, needle-like sensations, and visual and physical experiences that are inconsistent with reality. Excessive belief in the client's delusions interfered with his activities and social relationships.	Delusions were significantly reduced, with positive changes in the client's perceptions and beliefs. The client's level of confidence in reality increased, and other relevant psychotic symptoms became more manageable.
Physical Condition	The client complained of stabbing abdominal pain, palpitations, and excessive sweating. he also felt a heaviness in his eyes and shoulders. Laboratory tests revealed eosinophil, MPV, and P-LCR values outside the normal range.	Physical symptoms showed improvement with appropriate pharmacological management. Signs of hyperthyroidism were more manageable and showed no signs of worsening. The patient was able to perform daily activities well.
Therapeutic Response	The client's initial response to pharmacological and non-pharmacological therapy was limited due to the client's intense delusions and excessive anxiety. This included a reliance on delusional perceptions or a belief in the client's feelings of being blackmailed.	There was a positive change in response to therapy, marked by a decrease in the intensity of delusions and anxiety. Increased emotional stability, as well as the client's ability to differentiate reality from fantasy. The client was able to show improvement in social and religious functioning.

## DISCUSSION

Administering psychotic drug therapy to client is also accompanied by reality orientation techniques and psychoreligious therapy, which are efforts to reduce the delusional symptoms experienced by client. Providing psychiatric intervention to patients experiencing delusions focuses on reality orientation, stabilizing thought processes, and maintaining patient safety. Reality orientation can improve the patient's behavioral functioning. For patients with delusions, it is important to direct them to reality by explaining that what they perceive is not based on fact and is not yet acceptable to others, without supporting or rejecting the delusion (Fajariyah & Nabila, 2024).

Reality orientation therapy (TOR) has proven to be a highly effective method for treating thought process disorders such as delusions. With consistent application of TOR, client are gradually able to reduce the intensity of delusional symptoms, recognize the signs of delusions they are experiencing, and explain the type of delusion (Pranandari et al., 2024).

Psychoreligious therapy had a positive impact on the client's condition. He stated that he had begun praying, meditating on God, and believing that God would always protect him. While in the room, the client was seen praying with the other patients. Psychoreligious dhikr therapy is a method that utilizes dhikr as a medium. The goal of this therapy is to provide patients with schizophrenia with the maximum benefit from spiritual experiences, treatment, and a sense of inner peace (Sundari & Gati, 2024).

Data from the assessment revealed that the client's mother and uncle had a history of hyperthyroidism. Therefore, it can be concluded that the client's hyperthyroidism may be influenced by genetic factors. Research by Anidha et al (2023) the largest risk factor for hyperthyroidism is genetics, contributing approximately 80%, while the remaining 20% is influenced by environmental factors and individual levels. The body requires iodine for the synthesis of thyroid hormones, which play a vital role in regulating cellular metabolism. Regarding several complaints experienced by the client, such as palpitations and frequent sweating due to hyperthyroidism excessive anxiety, research on hyperthyroid patients revealed that approximately 41.67% of participants experienced anxiety characterized by symptoms such as insomnia, seizures, feelings of sadness, low self-confidence, and restlessness (Zulaikha & Siregar, 2023).

Hyperthyroid symptoms such as heart palpitations and sweating are classic manifestations of elevated hormone levels. Patients with hyperthyroidism often complain of sudden, unexplained heart palpitations and frequent sweating, even in cool rooms. These symptoms typically come and go, but can worsen over time (Debbyousha et al., 2025). The assessment results showed that the client complained of a stabbing pain in the stomach due to the effects of black magic and an irregular eating pattern. Research by Musyafra et al (2024) explains that an irregular eating pattern, particularly infrequent or low-frequency meals, and an unhealthy diet can make it difficult for the stomach to adapt. If prolonged, stomach acid will accumulate in the stomach and irritate the gastric mucosa, causing a dull, stabbing, burning pain in the individual's upper abdomen and back, leading to nausea and vomiting.

During their productive years, individuals are more susceptible to health problems due to busy schedules, a sedentary lifestyle, and a general tendency to experience symptoms. Gastritis can recur due to poor diet and individual factors. Dietary patterns are the types and amounts of food consumed by an individual or group over a specific period of time, including meal frequency, food types, and portion sizes. It's important to initiate and introduce a balanced diet to help establish healthy eating habits later in life (Maryono & Khairunnisak, 2024).

## **CONCLUSION**

The seven-day reality orientation and psychoreligious therapy intervention demonstrated a positive impact on the client's condition. He was able to calm himself through worship and draw closer to God. He appeared to regularly perform the obligatory prayers, except for the morning prayer, as he reported still feeling sleepy when he woke up in the morning. He also believed that the pain and hyperthyroidism were not due to black magic, but rather to genetic factors related to a family history of hyperthyroidism. After an assessment, the client's abdominal pain was due to an irregular diet, particularly infrequent meals, which could be a trigger for stomach problems, leading to the stabbing pain. Palpitations, sweating, anxiety, and excessive worry may be symptoms of hyperthyroidism. Anxiety can be caused by a health problem, but it can also affect one's own health.

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