



# Religious Practices and Spiritual Well-Being of Schizophrenia: Muslim Perspective [Letter]

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## Dear editor

We have perused a captivating article titled “Religious Practices and Spiritual Well-Being of Schizophrenia: Muslim Perspective”.<sup>1</sup> The study’s findings demonstrated two notable strengths: (1) a positive correlation between spiritual beliefs and the recovery of patients with schizophrenia.<sup>2</sup> (2) *Salat* is a “medication” remedy Allah bestows; its movements contribute to the body’s metabolic processes. (3) Engaging in *dhikr* is advantageous for obtaining absolution, comforting the soul, and fostering positive relationships with Allah, fellow beings, and the surroundings. The practical implication of this study is that health workers should cultivate patients’ self-awareness regarding the importance of *salat* and *dhikr*.

Nevertheless, certain constraints were identified in this study, namely about how researchers conducted interviews with patients with schizophrenia exhibiting poor self-esteem and social isolation. This is because the majority of these patients provided concise and restricted responses. (2) It is essential to take into account that the interview period for patients with schizophrenia often ranges from 45 to 60 minutes. It is more optimal to partition the session into several meetings.<sup>3</sup> This aimed to establish a reliable rapport, mitigate patient ennui, and obtain comprehensive data. (3) Characteristics such as the duration of experience with mental diseases, duration of therapy, and whether the patient has experienced a relapse or a first episode psychosis (FEP) are crucial in determining the viewpoint on *salat* and *dhikr*. (4) In December 2019, research ethics were examined, regardless of whether the research was undertaken during the COVID-19 epidemic. During the COVID-19 pandemic, how was the in-depth interview technique handled while taking into account the patient’s fear and anxiety? (5) The investigation was conducted exclusively at a single hospital in Yogyakarta, Indonesia. Simultaneously, there exist two psychiatric facilities within the vicinity. (6) The total number of participants was six, with five females and one male. Their ages ranged from 40 to 60. The reason for restricting the inclusion criterion to individuals aged between 40 and 60 is being questioned. Does this age signify the level of maturity required to engage in *salat* and *dhikr*? Due to the predominance of the female gender, the findings and recommendations may not be applicable from a male standpoint. In order to tackle this problem, this study suggest enhancing various aspects of the technique, including the criteria for selecting respondents, the duration of interviews with patients with schizophrenia, the number of hospitals involved, and the selection of representative respondents.

## Disclosure

The authors report no conflicts of interest in this communication.

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