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The Effectiveness of Spiritual Qur'anic Emotional Freedom Technique (SQEFT) Intervenence Against the Change of Brief Psychiatric Rating Scale (BPRS) on Patient with Schizophrenia

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ABSTRACT

Dimension of spiritual nursing demands the role of nurse in order to give holistic treatment, combine physical, psychological, social, and spiritual dimension. The psychospiritual intervention: SQEFT is intervention of psychospiritual combination that combines between spiritual Qur'anic therapy and psychological therapy of EFT, as additional spiritual intervention for patient with schizophrenia by not reducing any medical treatment program that the patient does. The objective of this research, in order to examine the influence of SQEFT Intervenence Against The Change of BPRS on Patient with Schizophrenia. There were 7 mental patients skizoprenia participate of this research, who were diagnosed schizophrenia with psychiatry of DSM-IV-TR by psychiatric doctor with preliminary BPRS value scale in less than 60. The result test of Bonferroni showed that three groups had significant difference. There was a significant difference between non SQFET and SQEFT1, SQEFT2 with p-value of 0.000. This difference showed that BPRS value moved lower significantly before being given SQEFT intervention, after being given SQEFT in stage 1 and SQEFT in stage 2. BPRS value that was lower showed psychological condition, schizophrenia patient's cognitive condition which were better.

Keywords: Psychospiritual intervention, SQEFT, BPRS, Nursing Holistic, Schizophrenia

INTRODUCTION

In Indonesia, several biological factors, psychological factors, and social factors with population diversity makes the total of mental disorder cases increases more and more and it impacts to the state burden and long-term decline in human productivity. *Riskedas* or basic health research 2013 showed that the prevalence of emotional mental disorder with the symptoms of depression and anxiety in the age of 15 years and more were about 14 millions of people or 6% from the population total in Indonesia. Meanwhile, the prevalence of hard mental disorder, schizophrenia was about 400.000 people or 1.7 per 1.000 population⁽¹⁾. Schizophrenia is hard cronic mental disorder that influences 1% of world population and impacts to perception, cognition, and social function⁽²⁾. Cognitive damage becomes main characteristic of schizophrenia, including depression that causes the decrease of social function and inability to integrate self into the family and work place. The experimental research, pre-clinical research, and clinical test do not reach appropriate result that is expected. Moreover, there is disorder in memory function that becomes main component of cognitive deficit. Therefore, intervention with memory mediator becomes main approach to develop effective therapy to the patient with schizophrenia⁽³⁻⁵⁾.

One of several therapy approaches for the patient with schizophrenia is psychoreligious or psychospiritual therapy. Psychospiritual therapy will arouse self-confidence and sense of optimism which are important for healing a disease and for improving cognitive function⁽⁶⁾. However, the use of spiritual psychotherapy does not mean to ignore medical therapy. Conducted research by Snyderman, stated that "If only medical therapy without any prayer and dhikr, it is incomplete; conversely, if only prayer and dhikr without any medical therapy, it is ineffective". A line with Christy's opinion who stated that: "prayer and dhikr as medicine"⁽⁷⁾. Furthermore,

spiritual treatment is a part of main component of professional nursing. The health workers should implement the spirituality research in medical treating and caring the patient⁽⁸⁾. The main priorities are patient’s health, patient’s welfare, and patient’s satisfaction against health workers as health care facilitators who give medical treating and caring holistically, bio, psycho, socially and spiritually⁽⁹⁾.

According to Ibnu Qoyyim Al-Jauziyah & Hamdani Bakran, Qur’anic therapy is a therapy for healing disease of either mental disorder or physical disorder⁽¹⁰⁾. Holy verses in Al Qur’an, dhikr, or prayer of the prophets can be recited for either himself / herself or other people with a wish of cure⁽¹¹⁾. Qur’anic therapy is conducted in condition of muscle relaxation and mind, then, the holy verses of Al-Qur’an are listened. The feeling of stress and anxiety can change to be calm because through dhikr, listening and reciting Al- Qur’an which remember Allah, can give calm effect, peacefulness, relieve anxiety, stress or depression⁽¹¹⁾. Alan Goldstein found the natural morphine substances in human brain was known as endogenous morphine or endorphin that had pleasure principle. The substance could be stimulated and hasten the body to produce endorphin by muscle and mind relaxation that emitted alpha waves which correlated with calm and relax condition when recited or listened to holy verses of Al- Qur’an⁽¹²⁻¹⁴⁾.

EFT is a psychology version from acupuncture therapy that does not use needle but synchronizes the system of body energy in the body meridian points by tapping. That meridian points would stimulate the body to release endorphin and manoamine that had function to control pain and stimulate relaxation. Tapping sent kinetic energy, energy system, and released the barrier that covered energy flow. There was affirmation sentence that was stated made the individual gave up, accepted, and felt grateful with the condition that was undergoing. Furthermore, Qur’anic therapy would increase the perfection of this therapy by there was a therapy for calming emotional part and soul, then, praying for healing, reciting dhikr in accordance with Al-Qur’an and Sunnah, and listening to holy verses of Al-Qur’an that became a spiritual intervention which could be implemented in psychiatric service, particularly for schizophrenia patient⁽¹⁵⁻¹⁷⁾. SQEFT is an intervention of combination spiritual therapy that combines between Qur’anic therapy and EFT. This intervention of combination is expected to be able to become intervention for mental health practitioner (doctor, nurse, psychologist), patient’s family, and society^{(15),(17)}. Therefore, clinical test of SQEFT intervention aimed at investigating the effectiveness of SQEFT as the choice of new additional therapy for patient with schizophrenia.

METHODS

Research of instrument test of SQEFT intervention was conducted for 1 month from January 2018 until February 2018. In the beginning, there were 10 mental patients who participated, then, 3 patients were drop out. Thus, there were 7 mental patients who could participate until the end procedure of this research. The participants were patients who were diagnosed schizophrenia with psychiatry of DSM-IV-TR by psychiatric doctor with preliminary BPRS value scale in less than 60. Meanwhile, the supporting criteria were the mental patients who could be encouraged to communicate, calm, cooperative, and who had willing to be respondent of this research by signing the approval form of this research. Patient with schizophrenia was formed in one treatment group of SQEFT intervention (n=7). Moreover, there were three measurements of BPRS value in order to observe the change that was occurred in preliminary BPRS value (pre- test), (posttest-1), and (posttest-2).

Table 1. Protocol of SQEFT intervention

Week	Content of the Program
Beginning	<ul style="list-style-type: none"> - Introducing, explaining the action, assessing BPRS scale, signing the agreement, determining the time of intervention. - Education regarding Qur’anic therapy (self cleaning from all the diseases of shirk, heart/ spiritual matter, and only wishing for healing to Allah azza wa jalla). - Basic introducing regarding the intervention of SQEFT. - The example of SQEFT intervention.
First Week (60 minutes)	<ul style="list-style-type: none"> - Reviewing the explanation of SQEFT therapy (intervention was guided by researchers and nurses). - Giving advice and religious counseling. - Doing ablution. - Praying in two rakats. - Intention for healing. - Setting for relaxed position. - Praying to ask for healing to Allah. - Deep breathing while dhikr (subhannallah, alhamdulillah, allahu akbar) - Starting for Qur’anic therapy by reciting surah Al-Fatihah, the Throne Verse (<i>Ayat Kursi</i>), Al-Iklash, Al-Falaq, and An-Nas : every surah that was recited was blowed to the hand and touched to all over the body from head to toe while being intended to Allah azza wajalla who gave healing. - Starting EFT procedures. - Listening to Surah Ar-Rahman. - Starting EFT procedures: The Set Up, The Tun In, and The tapping. - Deep breathing technique while dhikr.

Week	Content of the Program
	<ul style="list-style-type: none"> - Stating Hamdallah. - prostrating the gratitude. - Evaluation. - Distributing SQEFT procedure sheet to be learned.
Second Week (60 minutes)	<ul style="list-style-type: none"> - Observing program in first week (Intervention was guided by researchers and nurses). - Similar intervention with first week. - Sharing what experiences which were felt after having therapy.
Third Week (80 minutes)	<ul style="list-style-type: none"> - Observing program in first – second week. - Similar intervention with second week. - (Addition in 30 minutes) patient in pair and doing SQEFT therapy independently and they were accompanied by researchers and nurses. - Evaluation.
Fourth Week (80 minutes)	<ul style="list-style-type: none"> - Observing the program in first – third week. - Similar intervention with third week. - (Addition in 30 minutes) patient in pair and doing SQEFT therapy independently and they were accompanied by researchers and nurses. - Evaluation.

Table 1 was a protocol description of SQEFT therapy that was given for 60 minutes in first and second week (therapy was guided by researchers and nurses), then, 80 minutes in third and fourth week (additional 20 minutes session, therapy was conducted independently in pair among mental patients). Before having therapy, the patient was given advice and guidance for therapy of Al- Qur’an, tawheed, spirituality, then, doing ablution and praying in two rakats. The preliminary therapy was began by praying to ask healing to Allah azza wajalla; doing deep breathing technique while dhikr (subhannallah, alhamdulillah, allahu akbar); then, doing Qur’anic therapy by reciting Surah Al-Fatiha, the Throne Verse (*ayat kursi*), Al-Iklash, Al-Falaq, and An-Nas : Every surah that was recited was blowed to the hand and touched to all over the body from head to toe while being intended to Allah Azza Wajalla who gave healing for all; afterwards, while listening to Surah Ar-Rahman, it was began the EFT procedures (tapping to the body meridian points while stating affirmation sentence, requesting sentence to be given healing by Allah; the request was depended to the symptoms which were felt by patients).

In order to assess the condition of schizophrenia patient who had been given SQEFT intervention, it was used BPRS (Bech, Austin, Timmerby, Ban, & Moller, 2018), BPRS which was often used was a Likert scale (categorized scale) with 18 numbers (items) and every numbers was divided into 7 categories (nothing, very low, low, medium, medium-hard, hard, and very hard) with range of whole value in 18-126. BPRS was not a diagnostic scale, but a scale for assessing actual clinical illustration from the patient (seriousness of psychopathology) during treatment. Furthermore, ⁽¹⁸⁾ showed when a treatment was needed and when a treatment was stopped and ⁽¹⁹⁾ who stated that this scale was basically developed for assessing schizophrenic condition.

RESULTS

Description of the Characteristic of BPRS Before and After SQEFT Intervention

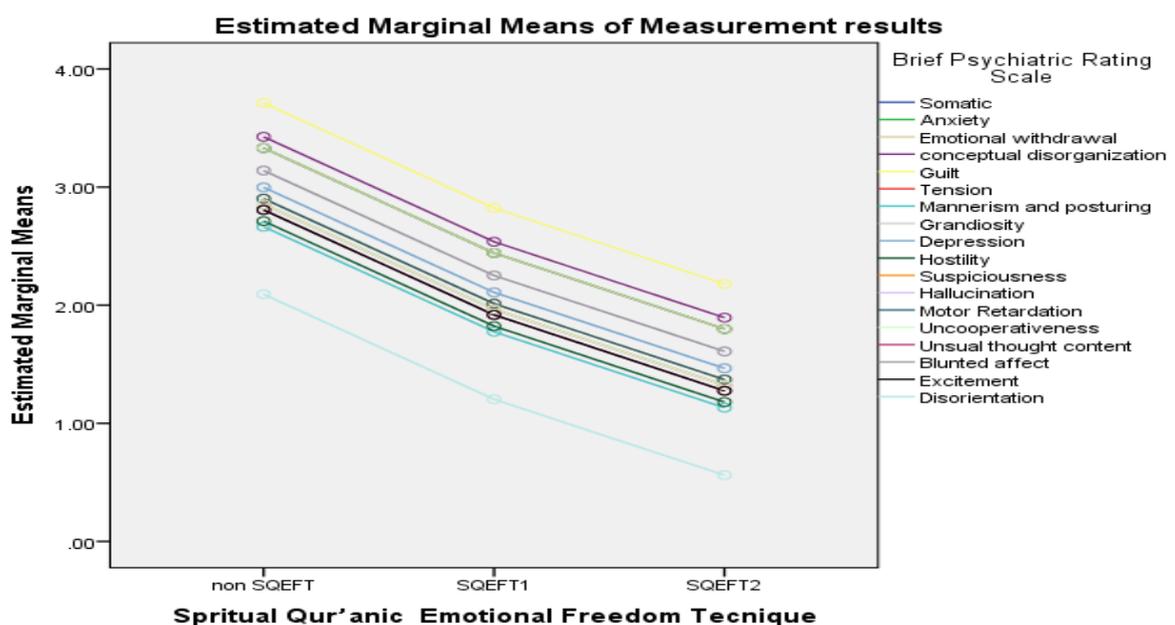


Figure 1. Profile plot Item of BPRS in every treatment categories

In Figure 1, all BPRS value decreased from Pre intervention of SQEFT (Non SQEFT), after intervention of SQEFT-1, and intervention of SQEFT-2. Value of BPRS items from 3 decreased to be 2 and to be 1. Moreover, the significant decrease was from all aspects of BPRS item in 1-18.

Analysis of SQEFT Intervention

Test result of one way annova of analysis in the change of BPRS value before SQEFT Intervention (non SQEFT), intervention in Stage 1 (SQEFT1), and Intervention in Stage 2 (SQEFT2) could be seen in Table 2.

Table 2. Test result of one way annova of analysis in the change of BPRS value before SQEFT Intervention (non SQEFT), intervention in Stage 1 (SQEFT1), and Intervention in Stage 2 (SQEFT2)

variable		BPRS Value	
		Mean Difference	P-value
Non SQEFT	SQEFT1	0.88	0.000*
	SQEFT2	1.53	0.000*
SQEFT1	non SQEFT	-.88	0.000*
	SQEFT2	0.64	0.000*
SQEFT2	non SQEFT	-1.53	0.000*
	SQEFT1	-.64	0.000*

*p<0.01 (Bonferroni). BPRS: Brief Psychiatric Rating Scale

In Table 2, the result test of bonferroni showed that three groups had significant difference. There was a significant difference between non SQEFT and SQEFT1, SQEFT2 with p-value of 0.000. This difference showed that BPRS value moved lower significantly before being given SQEFT intervention, after being given SQEFT in stage 1 and SQEFT in stage 2. BPRS value that was lower showed psychological condition, schizophrenia patient’s cognitive condition which were better. Moreover, BPRS value was lower significantly. If it was lower, the clinical symptoms correlated with emotion/ feeling (anxiety, guilt, depression, somatic); Positive symptoms (mind content, conceptual disorganization, hallucination behavior, greatness); Negative symptoms (blunted affect, emotional isolation, motoric retardation); Defense (hostility, uncooperative, suspicion); and Activation (happiness, stress, mannerism-posturing). However, all of the items underwent a decrease.

DISCUSSION

Schizophrenia is mental disorder that had great impact for the patient and his/ her environment⁽²⁰⁾, because it is disorder in thought, emotion, and behavior. Clinical presentation of schizophrenia is indicated by hallucination and delusion, negative symptoms (such as anhedonia, avolition, and alogia), and cognitive disorder⁽²¹⁾. Comprehensive treatment and evidence-based of schizophrenic patients in reality, not all patients had the advantages from the standard treatment such as medicating, therapy of cognitive and psychopathologic behavior^{(22),(23)}. Furthermore, the education itself did not overcome all of the symptoms which correlated with spectrum disorder of schizophrenia. Meanwhile, anti-psychotic medicine was effective for medicating psychotic symptoms but it was less effective for medicating negative symptoms, thus, it would be occurred cognitive deficit^{(24),(25)} which could cause disability. Therefore, it was important for additional intervention or complement which were appropriate in helping to cure and improve the symptoms of schizophrenia.

SQEFT was a combination spiritual intervention that combined between Qur’anic therapy and EFT and this combination intervention was expected to be intervention for mental health practitioner (doctor, nurse, and psychologist), patient’s family and society. SQEFT emphasized to the self cleaning, spirituality from all of the diseases and polytheism, then, praying and dhikr, listening to the holy verses of Al- Qur’an while being conducted EFT, and releasing negative emotion by stating affirmation sentence for increasing sincerity and resignation only to Allah azza wajalla. SQEFT intervention aimed as the choice of new additional therapy for schizophrenia patient. Spiritual intervention for Muslim patient had positive result in promoting health status and minimizing the symptoms of disease⁽²⁶⁾. The spiritual dimension in the context of nursing care significantly had obtained more attention during last decade. The nurse was more demanded to give holistic treatment; combine physical, psychological, social, and spiritual dimension from the individual^{(27),(28)}.

Intervention of SQEFT was significantly significant with the result of statistic test of 0.000, which meant that BPRS value was lower significantly. If it was lower, the clinical symptoms which correlated with emotion/ feeling (anxiety, guilt, depression, somatic); Positive symptoms (mind content, conceptual disorganization, hallucination behavior, greatness); Negative symptoms (blunted affect, emotional isolation, motoric retardation); Defense (hostility, uncooperative, suspicion); and Activation (happiness, stress, mannerism-posturing)⁽²⁹⁾. Underwent a decrease and it showed the program of SQEFT intervention was very effective for schizophrenia patient. However, mean value in analysis test above, whole average was occurred decrease of BPRS value after SQEFT intervention and it showed if it was more often and regularly conducted SQEFT intervention, it would more improve the symptoms of schizophrenia patients.

Qur'anic therapy could overcome mental disorder⁽³⁰⁾, could overcome eye disease of bad behavior and magic⁽³¹⁾, could decrease depression symptoms and medical treatment for depression^{(12),(32)}. Al-Qur'an had significant influence in healing psychological disorder. Moreover, several patients who regularly tended Qur'anic therapy session had succeed to be healed, 81.8%, Qur'anic therapy supported mental health needs and the sound of Al-Qur'an became effective medical treatment for them who underwent psychological problem⁽¹⁶⁾. Regarding the combination of Qur'anic therapy and EFT therapy, these several clinical tests recently had researched the effect of EFT to the symptom of anxiety disorder, including phobia, tensional headache, depression, anxiety, and insomnia⁽³³⁻³⁶⁾, and a review reported that this technique was effective against emotional trauma, such as PTSD and⁽³⁷⁾, considered the success of this therapeutic. However, Qur'anic therapy that was combined with EFT therapy was expected to be effective in controlling psychological problem and increasing cognitive thing to the patient with schizophrenia.

The assessment of BPRS was not a diagnostic assessment scale but a scale for assessing actual clinical description from the patient (the seriousness of psychopathology) during the medical treatment and⁽¹⁸⁾ showed when a medical treatment was needed and when the medical treatment could be stopped⁽¹⁹⁾, stated that due to the assessment, including observation and the report of patient's symptom, BPRS could be used to assess patient with serious symptom. Although BPRS also included depressive symptoms (number 1, 2, 5, 6, 9, and 13), this scale was basically developed in order to assess schizophrenic condition.

Besides, the effectiveness from the program of SQEFT intervention therapy was continuously occurred during training process from first week until fourth week. All of the patients who had therapy showed the change of cognitive improvement that increased more and more, psychological improvement, enthusiasm, motivation, and better and cooperative communication skill, which all of them were described in BPRS. In addition, it increased patient's religious level. They were more regularly doing *shalat* and praying. In third week, the patient could do therapy independently in pair, thus, SQEFT therapy was very suitable for being done by the patient independently. Hopefully, it could increase patient's quality life and could do better life.

CONCLUSION

Intervention of SQEFT in four weeks showed greater effect for decreasing the scale of psychological symptom and improvement in 18 variables of BPRS assessment. The group of SQEFT showed the increase and improvement in aspect of sincerity, patience, acceptance of the disease, motivation, enthusiasm, and cooperative ability with health workers and the environment of ability in self control during training program. SQEFT intervention was proved effective to help in curing schizophrenia patient, consistent with the result of conventional study which showed that Qur'anic therapy and EFT therapy were effective in healing psychological disorder.

In addition, SQEFT intervention was very effective as a complementary therapy for schizophrenia patient which could be applied by all medical personnels, health workers, family, and society generally. There was a significant change in several scales of BPRS in fourth week rather than in first week which showed that the more often doing this intervention, the more showing the best effect, thus, this SQEFT intervention was expected to become a spiritual-psychological intervention as a procedure of complementary medical treatment that had been done by the patient which would be always implemented in units of mental care, hospital, family, and society.

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