



Ruqyah Therapy to Reduce COVID-19 Patients' Anxiety in Indonesia



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Abstract

This research aimed to recognize the effect of *ruqyah* therapy on COVID patients, *Ruqyah* becomes one of the alternatives that can decrease the patients' anxiety when they suffer from COVID-19. Current research was carried out through a quasi-experimental design using *non-equivalent control group design* method. The population involved was 60 respondents chosen through purposive sampling. Furthermore, these samples were divided into two groups of 30 respondents for the experimental group and the other 30 respondents for the control group. Analysis that has been conducted in this research revealed that respondents who experienced light, moderate, and heavy anxiety (pre-test) became not anxious (post-test) with p-value obtained of 0.00, or P Value (0.00) > α (0.05). This indicates that the provision of *ruqyah* therapy on the experimental group was able to reduce the COVID-19 patients' anxiety. In addition, *ruqyah* therapy can prevent COVID-19 complication as well as provides positive impact due to prolonged anxiety so that the patients recovered quickly.

Keywords

anxiety;
COVID-19;
mental health;
Ruqyah Syar'iyah;
therapy;

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1 Introduction

COVID-19 is a new type of disease caused by virus from coronavirus family, which is *SARS-CoV-2* or also commonly called corona virus. COVID-19 can cause respiratory system disorder, starting from mild symptoms such as flu to lung infection such as pneumonia (WHO, 2020). Its first case happened in Wuhan City, China at the end of December 2019. After that, COVID-19 was transmitted between humans rapidly and spread to dozens of countries, including Indonesia only in several months. At the end of 2020, several case reports mentioned that corona virus has mutated into several types of new variant, including delta (Ministry of Health of the Republic of Indonesia, 2020).

According to the data issued by the World Health Organization (WHO) on the third of August 2021, the number of COVID-19 infection case in the world had reached 199,560,514 people, with the number of mortality was due to this disease was 4,248,023 people and the number of patients recovered was 180,030,754 people (WHO, 2021). Meanwhile, in the context of Indonesia, the number of COVID-19 infection case on the third of August 2021 has reached 3,496,800 people with the mortality rate of 98,889 people and the number of patients recovered was 2,873,660 people. Particularly in Bondowoso Regency, the number of people infected with COVID-19 on the third of August 2021 reached 5,356 people, with the number of people died was 586 people and the number of people recovered was 4,231 people (Department of Health of Bondowoso, 2021).

The spread of COVID-19 which is quite wide gives a lot of impacts to the community, especially those who are infected with the COVID-19. The impacts received by those who are infected with COVID-19 are death, psychological pressure, mental health issue, sadness, helplessness, desperation, post-traumatic symptoms, panic, stress, anxiety, depression, freight, anger, stigma, and worries of social economy status (Maulida et al., 2020). Anxiety is a condition of feeling helpless, unsafe, and discomfort as well as inability to face the environmental demand (Jannah et al., 2020).

In the previous research, a lot of death case caused by COVID-19 and isolation action that affects the community mental health (Loades et al., 2020). It was obtained that the high rate of mortality and prolonged isolation in a region triggered depression, anxiety, excessive freight, as well as sleeping pattern changes of the community. In this case, it did not only worsen the mental health condition, but also the physical health condition. When someone who is infected with COVID-19 also feels excessive anxious, his condition will get worsen (Choi et al., 2020).

Anxiety can be overcome through both pharmacological and non-pharmacological methods. Pharmacological method includes the use of medicine that contains side effect and when it is consumed in long-terms, it will cause dependence for its consumer (Bandelow et al., 2012). Meanwhile, the non-pharmacological method includes distraction, relaxation, humor therapy, and spiritual support (Kotsirilos et al., 2011). In this case, the spiritual support can reduce the patients' anxiety in facing his illness so that the patient becomes more relaxed in facing his illness (Gonçalves et al., 2015).

One of spiritual support types is *ruqyah* therapy. Previous research has explained that *ruqyah* therapy was able to decrease inpatients' anxiety (Fadilah, 2015). Another study also proved that *ruqyah* therapy could decrease the depression of Muslim patients (Razali et al., 2018). However, research on *ruqyah* therapy particularly for COVID-19 patients who suffer from anxiety has never been done before. Therefore, current research was carried out aiming to know the effect of *ruqyah* therapy on COVID-19 patients' anxiety.

2 Materials and Methods

This research was carried out through *quasi experimental research design* using *nonequivalent control group design model*. Furthermore, the research population involved was the COVID-19 clients in the COVID-19 isolation ward at General Hospital of dr. H. Koesnadi Bondowoso in August 2021. In this case, research samples were selected through purposive sampling by choosing the samples among the population based on

the researchers' desire and inclusion criteria that has been set. The number of sample chosen was 60 respondents, which were further divided into two groups of 30 respondents for the experimental group and 30 respondents for the control group.

Furthermore, the anxiety instrument utilized was *Hamilton Rating Scale for Anxiety*. Before research was carried out, both experimental and control groups were provided with explanation regarding the research that would be done. Then, the respondents filled out the informed consent provided. In the case of the experimental group, patients filled the anxiety instrument first before receiving the *ruqyah* therapy for 60 minutes. After they received the *ruqyah* therapy for 60 minutes, they filled the anxiety instrument again. On the other hand, the control group conducted their usual activities after filling the anxiety instrument. After 120 minutes, the patients from the control group will fill the anxiety instrument again. This research has received ethical review from the Research Health Ethical Commission from the Faculty of Health of Universitas Nurul Jadid and declared passed the ethical test.

3 Results and Discussions

Table 1
Pretest of Gender of both Experimental Group and Control Group

Gender	Experimental Group		Control Group	
	f	%	f	%
Male	14	46.7	19	63.3
Female	16	53.3	11	36.7
Total	30	100	30	100

Based on the table above, most of the respondents from the experimental group was female by 16 respondents (53.3%), while from the control group was the male respondents by 19 respondents (63.3%).

Table 2
Pretest of anxiety level of both control and experimental groups

Anxiety Level	Control Group		Experimental Group	
	f	%	f	%
Not Anxious	0	0	0	0
Mild Anxious	0	0	1	3.3
Moderate Anxious	16	53,3	9	30.0
Seriously Anxious	14	46,7	13	43.3
Extremely Anxious	0	0	7	23.4
Total	30	100	30	100

Table above shows that based on the pretest that was carried out on the control group, it was obtained that respondents who suffered from moderate anxiety was 16 respondents (53.3%), while those who were suffered from serious anxiety was 14 respondents (46.7%). In the case of the experimental group, the pretest revealed that respondents who suffered from serious anxiety was 13 respondents (43.3%), those who were suffered from moderate anxiety was 9 respondents (30.0%), those who were suffered from extreme anxiety was 7 respondents (23.4%), and those who were suffered from mild anxiety was 1 respondent (3.3%).

Table 3
Posttest of Anxiety Level on both Control and Experimental Groups

Anxiety Level	Control Group		Experimental Group	
	f	%	f	%
Not Anxious	0	0	2	6.7
Mild Anxious	0	0	14	46.7
Moderate Anxious	13	43.3	14	46.7
Seriously Anxious	17	56.7	0	0
Extremely Anxious	0	0	0	0
Total	30	100	30	100

Table 3 presents that after posttest was conducted on the control group, the respondents who suffered from moderate anxiety was 13 respondents (43.3%) and respondents who suffered from serious anxiety was 17 respondents (56.7%). Meanwhile, in the case of experimental group, the posttest obtained that the number of respondents who suffered from mild anxiety was 14 respondents (46.7%), moderate anxiety was 14 respondents (46.7%), and those who did not suffer from anxiety was 2 respondents (6.6%).

Table 4
The Effect of *Ruqyah* Therapy on COVID-19 Sufferers' Anxiety in Control Group

Description	Post Test					Total
	Not Anxious	Mild Anxious	Moderate Anxious	Seriously Anxious	Extremely Anxious	
Not Anxious	0	0	0	0	0	0
Mild Anxious	0	0	0	0	0	0
Pre Test Moderate Anxious	0	0	9	7	0	16
Seriously Anxious	0	0	4	10	0	14
Extremely Anxious	0	0	0	0	0	0
Total	0	0	13	17	0	30

P Value : 0.21

Based on the Table 4 above, control group had 10 respondents who experienced serious anxiety during the pre-test and still had serious anxiety even during the post-test. In addition, there were also 9 respondents who experienced moderate anxiety during the pretest and still experienced such anxiety even during the post-test. In this case, the number of respondents experiencing changes from serious anxiety (pretest) to moderate anxiety (posttest) was 4 respondents. Furthermore, the number of respondents experiencing moderate anxiety (pretest) to serious anxiety (posttest) was 7 respondents. In this case, the p-value obtained was 0.21, or P-Value (0.21) > α (0.05). This shows that there was no effect of therapy on the *ruqyah* COVID-19 clients' anxiety in the control group.

Table 5
Effect of *Ruqyah* Therapy on COVID-19 Clients' Anxiety in Experimental Group

	Post Test					Total
	Not Anxious	Mild Anxious	Moderate Anxious	Seriously Anxious	Extremely Anxious	
Pre Test Not Anxious	0	0	0	0	0	0
Mild Anxious	1	0	0	0	0	1
Moderate Anxious	1	8	0	0	0	9
Seriously Anxious	0	5	8	0	0	13
Extremely Anxious	0	1	6	0	0	7

Total	2	14	14	0	0	30
P Value : 0.00						

Table 4 above shows the condition of the experimental group. There were 8 respondents who experienced changes from serious anxiety (pretest) to moderate anxiety (posttest), 8 respondents who experienced changes from moderate anxiety (pretest) to mild anxiety (posttest), 6 respondents who experienced extreme anxiety (pretest) to moderate anxiety (posttest), 5 respondents who experienced serious anxiety (pretest) to mild anxiety (posttest), 1 respondent who experienced changes from extreme anxiety (pretest) to mild anxiety (posttest), 1 respondent who experienced changes from moderate anxiety (pretest) to be not experienced anxiety (posttest), and 1 respondent who experience changed from mild anxiety (pretest) to be not experienced anxiety (posttest). In this case, the p-value obtained was 0.00, or P Value (0.00) > α (0.05). This shows that there was effect of *ruqyah* therapy on COVID-19 clients' anxiety in experimental group.

Anxiety on COVID-19 Clients before the Implementation of Ruqyah Therapy

The findings of current research indicated that COVID-19 patients were vulnerable to experience psychological disorder in the forms of anxiety (Batara et al., 2022). This was shown by the whole samples involved and chosen for this research that all of them experienced anxiety both in control and experimental groups, starting from mild anxiety to extreme anxiety (Belzung & Griebel, 2001; LaMontagne et al., 2001; Mendlowitz et al., 1999).

The research findings above were in line with previous study conducted by Anis Rosatil jannah who stated that COVID-19 patients were vulnerable of experiencing psychological disorder in the forms of anxiety, and freight (Jannah et al., 2020). Findings from other research explained that COVID-19 patients during their isolation did not experience any respiratory disorder or fever, yet experienced consistent symptoms of anxiety and insomnia (Epstein et al., 2020). Additionally, another study indicated that clients diagnosed by COVID-19 in isolation ward suffered from anxiety, depression, and sleeping disorder (Yang et al., 2020). In addition, other results found that the level of anxiety and depression increased in the initial stage of epidemic (Dorman-Ilan et al., 2020).

The frequently occurred anxiety was caused by a lot of information spread regarding COVID-19 that caused many deaths and absence of medication up to date (Goncharuk et al., 2022). In this case, anxiety increased as one was diagnosed by COVID-19 and even increased more when they were hospitalized in the isolation ward of a hospital. Previous research projects explained that patients diagnosed by COVID-19 had higher anxiety level compared to patients who were not diagnosed with COVID-19 (Gilat & Cole, 2020; Ndwandwe & Wiysonge, 2021). In this case, anxiety would get higher when COVID-19 patients were isolated in the isolation ward (Zhu et al., 2020). This is in line with the definition of anxiety which is a feeling of afraid that something occurs caused by the danger anticipation as a signal for individual to take action in facing threats accompanied by the feeling of uncertainty, unsafety, hopelessness, and isolation (Hoge et al., 2013).

Effect of Ruqyah Therapy on COVID-19 Clients' Anxiety

Research results in experimental group explained that *Ruqyah* Therapy could reduce the COVID-19 patients' anxiety. This is seen in Table 5 that presents that 30 respondents experienced reduced anxiety after receiving *ruqyah* therapy (Nezu, 2004; McFadden et al., 2004).

This result is in line with the previous research that *ruqyah* therapy was able to reduce the anxiety level (Qodariah, 2015). Other research projects indicated that there was decrease in anxiety after receiving *Ruqyah* Therapy (Fadilah, 2015). Another research project explained that a woman with serious anxiety experienced decreased anxiety after receiving *Ruqyah* Therapy (Razali et al., 2018). In addition, other research explained that cancer patients with depression experienced decrease in their depression due to receiving *Ruqyah* Therapy (Satrianegara et al., 2016).

In this case, the implementation of *ruqyah* therapy was carried out by reading or listening to Al-Quran verses as a whole or only certain verses that are correlated with the patients' issues. Patients who received *ruqyah* therapy asked for help from Allah SWT of the disease suffered from the patients. *Ruqyah* therapy

contains *tawassul* element to Allah through the *rububiyah* and his blessing that gives recovery because Allah is the one who gives recovery.

Al-Quran read with comfort and *tartil* would make the patients relax because Al-Quran has psychotherapy aspect, including meditation, communication, spiritual, and autosuggestion aspects. Al-Qur'an read using soft *tartil* and pray will give strong vibration to the mental change (entertaining sad feeling, comforting anxious soul, as well as cleaning and softening hard heart).

Al-Qur'an read with *tartil* was heard by the patients and further lead to harmonization of beautiful sounds and vibrated the ear, so that the hair cell in cochlea vibrated and going towards the brain through cochlear nerve in order to produce the beauty of Al-Quran in both left and right brain. This would further affect the feeling comfort and changes.

In the limbic system (amygdala and hypothalamus), the Al-Qur'an read that reaches the brain will continue to the hippocampus and transmit the signal of Al-Qur'an read to the amygdala. The amygdala is part of the limbic system, the neural network that mediates many emotion and memory aspects (Jacob et al., 2020; Zhai & Du, 2020; Holm-Hadulla & Koutsoukou-Argyaki, 2015). Signals located in the amygdala are further relayed to the hypothalamus which then stimulates the autonomic nervous system in order to produce endorphins produced by the pituitary gland. Endorphin hormones that are produced will flow throughout the body through the nervous system. In this case, the function of endorphins is to improve mood, reduce stress, reduce depression, and reduce anxiety (Colasanti et al., 2011; Suryasa et al., 2022).

4 Conclusion

The implementation of *Ruqyah* Therapy is done using the verses of Al-Qur'an by reading or by listening to it as a whole or only certain verses that have correlation with the patient's problem. *Ruqyah* syar'iyah therapy, in this case, can prevent complications due to covid-19 by reducing anxiety as well as prolonged psychological pressure so that patients recover from COVID-19 disease quickly.

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