The Effect of Ruqyah Syar'iyyah Therapy on Anxiety, Stress and Depression Among Health Science Students

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ABSTRACT

Backgroud: University student is one of the community groups that are vulnerable to mental health problems. Loads of course are likely to be high, demanding students must meet the target that has been charged by the university. Especially, the faculty or department does require the seriousness and the achievement of learning objectives in a timely manner, for example the faculty of medicine, nursing, midwifery and others. Therefore, students have a high propensity to suffer anxiety disorder, stress and depression. Many ways have been made to reduce these anxiety, stress and depression. Among of them are ruqyah syar'iyyah (incantation) is alternatively offered as the Islamic treatment. The initial phase of this therapy is problems diagnose (or counselling as known in psychology). The second phase is tauziyah (advice) with materials that are relevant to the problem (or problem solving if termed in psychology). The third phase is listening to the verses of Al-Qur'an and or be coincided with taking prophet medicines such as honey, black seed oil, zam - zam water, olive oil, and sidr leaves.

Purpose: The purpose of this study was to determine whether the therapy of ruqyah syar'iyyah effects in reducing the levels of anxiety disorders, stress and depression among health science students.

Method: The research method used is a *quasi-experimental pre-post test* design with a total sample of 54 respondents that refer to the scale DASS 42 (Depression Anxiety and Stress Scale). Sampling was done with a purposive sampling. Each of the mentioned disorders was 18 samples (9 treated samples and 9 untreated samples).

Results: Based on the statistical test method of Wilcoxon Signed Ranks Test with its significance level α (0.05), it can be concluded that there is a significant effect of ruqyah syar'iyyah treatment in decreasing the levels of anxiety, stress and depression among health students.

Conclussion: For further research, it is high recommended to examine respondents with controlled disorders as in a mental hospital, or rehabilitation places that service for anxiety disorders, stress and depression.

Keywords: *Anxiety; health students; depression; ruqyah therapy*; *stress*.

INTRODUCTION

University student is one of the community groups that are vulnerable to mental health problems (Al-Qaisy, 2011). Some studies have shown high rates of psychological morbidity among students around the world, especially related to anxiety, stress and depression. This is supported by findings that showed that among all students who seek counseling services, the main problem most frequently brought by students is anxiety, then followed by problems related to academic and work (Tartakovsky, 2008).

Loads of course are likely to be high, demanding students must meet the target that has been charged by the college. Especially, the faculty or department does require the seriousness and the achievement of learning objectives in a timely manner, for example the faculty of medicine, nursing, midwifery and others. The learning burden can cause high anxiety on students, and not uncommon in most students being stress and depression even drop out. In addition the level of anxiety will affect the achievement, according to the results of research by Hendriani Setiawan, Hermaningsih, and Kusmiati (2006) that the level of anxiety has close links with academic achievement, in other words, students who have experienced high anxiety will cause a decrease in achievement which demonstrated in achievement index (IP). Similarly with stress and depression, as well as the results of research conducted by Stephani in the year 2006 brought the prevalence of the occurrence of stress among medical students at the University of California about 51%. Even according to the results of research conducted by Amr Mustafa there is 94.5% medical students of Mansoura University experienced stress in Saudi Arabia (Mustafa, 2008). Similarly, research conducted by Aulia illustrated that the level of the college student depression was moderate (21.9%) and on age 19-23 years old (Aulia, 2012).

Some research results above indicate that psychology disorders like anxiety, stress and depression will affect the results of the study achievement achieved by students. It can be inferred that the anxiety, stress and depression lead students experiencing learning difficulties, resulted in declining academic achievement. One of the things related to students who experience psychological problems was its influence on academic achievement (learning performance) of the student. In other words, those who experience psychological problems like anxiety may face problems in managing their academic achievements and it can be observed through the results of the test (Al Qaisy, 2011). There are many of the ways that people have done to ward off anxiety, stress and depression. There are the result of research done by Sri Wahyuni and Anjar Mahanani stating that music therapy can be useful against anxiety and stress. Likewise, music therapy can also give an impact on levels of learning difficulties (Mahanani, 2013).

The organ which acts while reading the Qur'an, are the ears. According to Mustamir, listen to the Qur'an will affect positively on emotional reaction caused by amygdala. The amygdala will then send the signals to the hypothalamus which plays role mostly in regulating hormones that affect one's body resistance. Likewise, the process of ear organs when hearing taujih and advice about things pertaining to the heart (*tazkiyatun nafs*) or about tawheed (*the oneness of Allah*) (Mustamir, 2007).

In addition, in the process of *ruqyah syar'iyyah* also there is a step of giving mineral water which has been read the verses of the Qur'an or zam-zam water, the leaves of *Ziziphus mauritiana* (sidr), oil *habattus saudah* (black cumin) and honey. Scientifically based on research by Masaru Emoto, a scientist in Japan, proving his experiments to the water; He found that electromagnetic fields on water molecules are very influenced by the sound, and there are particular tones that affect these molecules and make it a more regular. 70 percent of human body component is water, then a sound that humans hear influence the regularity of water molecules in cells and in this way the molecules vibrates. If we read out the verses of Quran on water, its properties will change and will bring the influence of the verses of the Quran to every cell in the body, causes it can be a healing.

Therefore, researchers want to apply therapeutic *ruqyah syar'iyyah* in education, especially in coping with anxiety disorders, stress and depression, particularly among health science students of STIKES Banyuwangi. This research expects that there will be maximum results in improving the rate of anxiety disorders, stress and depression among health science students. The purpose of this research is to identify the influence of *ruqyah syar'iyyah* therapy in treating anxiety disorders, stress and depression among health science students of STIKES Banyuwangi.

METHODS
This research used *Quasi Experiment* so that this research using quantitative research methods design with pre test post test control group design. The population of this research was the entire students of STIKES Banyuwangi 2013 approximately 147 students. Retrieval of sample used purposive sampling technique. The number of samples on anxiety, stress and depression group respectively 18 students (divided into 9 students for treatment group and 9 students as control group). Total sample are approximately 54 students. The data was analyzed using normality test and the Wilcoxon Signed Rank. The test of normality was conducted to find out the normality of the data. Whereas, the Wilcoxon Signed Rank test was conducted to find out the influence of *ruqyah syar'iyah* therapy on decreasing the levels of anxiety, stress and depression among health science students of STIKES Banyuwangi.

RESULTS

Respondent Characteristic

The number of population is 147 respondents with 22 male respondents (23.4%) and 72 female respondents (76.6%). The average age of the respondents is 18.87 years old. While the number of samples obtained from 54 respondents most are 37 female respondents (68.5%) and the rest are male respondents (31.5%). In general the average age of 54 respondents is 19 years old (61.1%), the remaining 18 years old (29.6%), age of 20 years (7.4%) and 24 years (1.9%).

Table 1. The comparison of Anxiety Levels of the Respondent before and after the Ruqyah Syar'iyah Therapy and Without Treatment (Control)

Treatment	Code	Value		Value		Difference
		Pretest (before therapy)	Anxiety level	Postest (after therapy)	anxiety level	
Ruqyah Syar'iyyah	A-1	11	Moderate	4	Normal	7
	A-2	17	Severe	7	Normal	10
	A-3	15	Moderate	3	Normal	12
	A-4	16	Moderate	4	Normal	12
	A-5	18	Severe	9	Mild	9
	A-6	17	Severe	6	Normal	11

Treatment	Code	Value		Value		Difference
		Pretest (before therapy)	Anxiety level	Postest (after therapy)	anxiety level	
Ruqyah Syar'iyyah	A-7	19	Severe	5	Normal	14
	A-8	26	Very Severe	9	Mild	17
	A-9	24	Very severe	9	Mild	15
Without treatment (Control)	B-1	11	Moderate	12	Moderate	1
	B-2	16	Severe	16	Severe	0
	B-3	11	Moderate	11	Moderate	0
	B-4	15	Severe	16	Severe	1
	B-5	16	Severe	17	Severe	1
	B-6	26	Very severe	27	Very severe	1
	B-7	12	Moderate	12	Moderate	0
	B-8	20	Very severe	19	Severe	1
	B-9	19	Severe	21	Very severe	2

Based on the above table, it illustrates the amount of decline in the level of anxiety before the process of *ruqyah syar'iyyah* therapy and after *ruqyah syar'iyyah* therapy with significant differences. The value of the lowest decrease is 7 and 17 as the highest value, with level of anxious value also decreased. There is a significant difference between treatment group and control group. So far, it appears that *ruqyah syar'iyyah* therapy influences the significant decrease in the level of anxiety.

Table 2. The comparison of Stress Levels of the Respondent before and after the Ruqyah Syar'iyah Therapy and Without Treatment (Control)

Treatment	Code	Value		Value		Difference
		Pretest (before therapy)	Stress level	Postest (after therapy)	Stress level	
Ruqyah Syar'iyyah	C-1	20	Moderate	6	Normal	14
	C-2	22	Sedang	5	Normal	17
	C-3	21	Moderate	2	Normal	19
	C-4	28	Severe	8	Normal	20
	C-5	36	Very Severe	11	Normal	25
	C-6	21	Moderate	11	Normal	10
	C-7	26	Severe	14	Normal	12
	C-8	27	Severe	10	Normal	17
	C-9	27	Severe	11	normal	16

Treatment	Code	Value		Value		Difference
		Pretest (before therapy)	Stress level	Postest (after therapy)	Stress level	
Without Treatment (Control)	D-1	19	Moderate	20	Moderate	1
	D-2	21	Moderate	22	Moderate	1
	D-3	16	Mild	18	Mild	2
	D-4	27	Severe	27	Severe	0
	D-5	26	Severe	27	Severe	1
	D-6	21	Moderate	23	Moderate	2
	D-7	16	Mild	17	Mild	1
	D-8	19	Moderate	19	Moderate	0
	D-9	27	Severe	26	Moderate	1

Based on the above table, it illustrates the amount of decline in the value before and after *ruqyah syar'iyyah* therapy through the results of DASS (Depression Anxiety and Stress Scale) - 42 questionnaire, and it can be concluded that there is a significant decline value compared with no treatment (control) group.

Table 3. The comparison of depression Levels of the Respondent before and after the Ruqyah Syar'iyah Therapy and Without Treatment (Control)

Treatment	Code	Value		Value		Difference
		Pretest (before therapy)	Depression level	Postest (after therapy)	Depression level	
Ruqyah Syar'iyyah	E-1	22	Severe	7	Normal	15
	E-2	14	Moderate	6	Normal	8
	E-3	15	Moderate	5	Normal	10
	E-4	22	Severe	8	Normal	14
	E-5	14	Moderate	6	Normal	8

	E-6	21	Severe	8	Normal	13
	E-7	23	Severe	9	Normal	14
	E-8	30	Very Severe	10	Mild	20
	E-9	28	Very Severe	12	Mild	16
Without Treatment (Control)	F-1	15	Moderate	16	Moderate	3
	F-2	16	Moderate	17	Moderate	2
	F-3	21	Severe	22	Severe	1
	F-4	14	Moderate	15	Moderate	1
	F-5	11	Mild	13	Mild	2
	F-6	17	Moderate	17	Moderate	2
	F-7	22	Severe	24	Severe	1
	F-8	25	Severe	24	Severe	2
	F-9	22	Severe	21	Severe	1

Based on the above table, it illustrates the amount of decline in the level of depression before the process of *ruqyah syar'iyyah* therapy and after *ruqyah syar'iyyah* therapy with quite significant differences. The value of the lowest decrease is 8 and 20 as the highest value, with level of depression value also decreased. There is a significant difference between treatment group and control group. So far, it appears that *ruqyah syar'iyyah* therapy influences the significant decrease in the level of depression.

Saphiro Wilk Normality Test Result

Table 4. *Normality test of anxiety, stress and depression levels either with or without the treatment.*

Treatment/control	Group	Shapiro Wilk Coefficient	Significance	Explanation
Anxiety (Treatment)	Pretest	0,938	0,564	Not spreading normally
	Posttest	0,881	0,160	
Anxiety (Control)	Pretest	0,907	0,298	Not spreading normally
	Posttest	0,920	0,396	
Stress (Treatment)	Pretest	0,874	0,136	Not spreading normally
	Posttest	0,945	0,631	
Stress (Control)	Pretest	0,877	0,145	Not spreading normally
	Posttest	0,908	0,303	
Depression (Treatment)	Pretest	0,906	0,288	Not spreading normally
	Posttest	0,959	0,789	
Depression (Control)	Pretest	0,955	0,742	Not spreading normally
	Posttest	0,914	0,342	

If the Saphiro Wilk count value (significance) is greater than the Saphiro Wilk table value it can be said that the data have a normal distribution. Whereas the results of the above calculation, all of the Saphiro Wilk count value (significance) is smaller than the Saphiro Wilk table value (0.829), it means that the data has spread not normal.

Wilcoxson Test Result

The Wilcoxon test conducted in this research is used in all types of the disorder level, anxiety in treatment and control group, stress in treatment and control group and depression in treatment and control group. To simplify the statistics calculation process, this study used the SPSS 16.0 program for windows. Wilcoxon test results can be seen in table

Table 5. Wilcoxon Test Result in all Treatment

Treatment	Z Count Coefficient	Significance
Anxiety (Treatment)	-2,668	0,008
Anxiety (Control)	-1,414	0,157
Stress (Treatment)	-2,668	0,008
Stress (Control)	-1,933	0,063
Depression (Treatment)	-2,670	0,008
Depression (Control)	-1,613	0,107

The table above shows the value of the treatment on the level of anxiety, stress and depression with Z value in each problem approximately -2.668; -2.668; and-2.670 and the significance value 0.008. The level of significance is 0.05 and this study used a two-sided test then the critical Z values between-1.96 and 1.96, which means it is in the acceptance of H1. If the value significance is < 0.05 then it reject the hypothesis (H0). The condition without treatment (control) group, obtained the value of Z count each problem about -1.414, -1.613, 1.933 and on the value of the critical Z approximately -1.96 and 1.96 which means accepting the hypothesis (H0), as well as the value of the larger significance of the p-value (> 0.05) i.e. each 0.157; 0.063 and 0.107. It can be concluded that there is significant influence between the before and after *ruqyah syar'iyyah* therapy on the change of anxiety, stress and depression levels.

DISCUSSION
Based on table 1. describes the anxious level data of the respondents, after the *ruqyah syar'iyyah* therapy i.e. overall are at normal levels, with diverse levels of value changes. In other hand the respondent anxiety level data on the control (without *ruqyah syar'iyyah* therapy) shows the level of anxiety that still remains the same. As well as the level of stress disorders (see table 1) and depression (see table 2) also experienced a significant change of disturbance. The changes are into the level up to normal levels, because *ruqyah syar'iyyah* therapy was done based on the extent of disruption. For respondents who are at level severe or very severe, the frequency of therapy is 5 times, while the extent of the disruption on mild or moderate levels is 3 times. The results of the level of disruption that had not yet reached normal levels, as in the case of table 1, the severe level of anxiety and very severe down still in the mild

level. It means still needed more therapy. Likewise, on the table of 2, indicates that the severe level of depression drops to the level of mild.

These results suggest that *ruqyah* therapy can be used as one method of healing the anxiety, stress and depression disorder with quite significant results. The *ruqyah syar'iyyah* therapy method that we use is more emphasized on the reversion of human nature, namely *qolbun salim*. The first stage was diagnosing the disruption that is done with direct interviews to the person privately. This data mining in psychology theory is a part of counseling. When the respondent could tell you about the problem being faced, then it is already alleviating some problems of the respondent.

Based on the extent of the problems faced by the respondents, we do *tauziyah* (advice) in accordance with the level of disruption. If problems likely tend to parents or family problems, then we better focus gives *tauziyah* in accordance with the theme. We give enlightenment respondents regarding Islamic materials, such as knowledge of Allah (tawheed), *tazkiyatun nafs* (soul-washing), and *ubudiyah* (worship to run), and others. This *tauziyah* process is similar to problem solving (solve the problem) in psychology with Islamic way. At the first meeting it takes about 60 minutes each persons, and the respondents are reminded to exercise the therapy of worship i.e. keep praying 5 times, reading the Qur'an every day, *dzikr* and prayers to read, pray *qiyaamul lail*, and *sunnah* fasting. The second stage of therapy is we do follow up what practices of worship that was done respondent. Next, we do the process of *ruqyah syar'iyyah*. The key to this *ruqyah syar'iyyah* is the repentance, we ask the respondents to write down the perceived nuisance then relived the sin that have ever done and the next is the repentance from the respondent in the presence of Allaah, while listening to the verses of the qur'an or can be given *nabawi* medications (the Prophet's Thibul) such as *zam-zam* water, olive oil, habatus saudah and others.

We as the *ruqyah* therapist motivate respondents by reminding the greatness of Allah, while telling respondents to feel what is happening in the body, then we ask respondents to issued through vomiting. Why should throw up? In the handbook of medical diagnosis and therapy of the soul mentioned that thoroughly anxiety symptoms are heart palpitations, sweating, dry mouth, dizziness, nausea, the feeling of hot and cold, bad taste in the solar plexus, chest pain, feeling uncomfortable in the stomach (Team Dr. Sutomo Hospital, 2004). Therefore, the *ruqyah* facilitates removing the feeling uneasy in that body with vomiting. The cognitive symptoms of psychiatric disorders are precautions too much, difficult on concentrations, sleeping trouble, feeling pain, feeling high, feeling want to faint, fear of death, fear of being crazy, and empty mind. It is also the subject of diagnose disorder of the respondent. Based on the author's experience of working in this *ruqyah* field, if someone following the *ruqyah syar'iyyah* therapies could already throw up then the anxiety, stress and depression

disorder will be increasingly reduced and gradually disappear. For a subsequent meeting, this process is repeated until the respondents felt the changes in them.

Basically this *ruqyah syar'iyyah* therapy is a process of restoring a person on a glorious religion, namely Islam *kaffah* (perfect). Islam teaches to let any humans believe in Allah and dedicate his dealings only to Allah. Islam leads people to believe that all forms of natural disasters is the ordinance of Allah SWT that cannot be avoided or cancelled by any power. All of this is the principle of unity that should always exist in the heart of a *muslim* and this will make the soul become calm. In addition it must be elevated with worship and *muammalah* and all of that is in the method of *ruqyah syar'iyyah* that applied.

CONCLUSION

The *Ruqyah Syar'iyyah* therapy gives a positive influence in lowering the levels of anxiety, stress and depression among health science students in STIKES Banyuwangi.

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