



**International Journal of Sciences:
Basic and Applied Research
(IJSBAR)**

**ISSN 2307-4531
(Print & Online)**

<http://gssrr.org/index.php?journal=JournalOfBasicAndApplied>



**The Role of Religious Psychotherapy with Independent
Ruqyah in Reducing Depression and Improved Spiritual
Quality of Life of Cancer Patients at Hospital of
Hasanuddin University Makassar 2016**

M. Fais Satrianegara^{a*}, Veni Hadju^b, Ridwan Amiruddin^c, M. Faisal Idrus^d

^a*Medical Science of Postgraduate Program, Faculty of Medicine, Hasanuddin University, Makassar*

^{b,c,d}*Faculty of Public Health, Hasanuddin University, Makassar, Indonesia*

^a*Email: mfaissatrianegara@gmail.com*

Abstract

This study aims to reveal the spiritual quality of life in cancer patients who receive spiritual support to the intervention of religious psychotherapy approaches as well as the efforts made to achieve a better life quality. The research method using pre-experimental one group pre and post test design with 10 respondent who were taken by purposive sampling technique. This study measured which measure depression score by using the instrument of BDI (Beck Depression Inventory) and FACIT Sp.12 (The Functional Assessment of Chronic Illness Therapy Spiritual) before and after the independent ruqyah and implement devotions sunnah in cancer patient who undergoing radiotherapy treatment in Hospital of Hasanuddin University, Makassar. Analysis of the data was analyzed using t-test. The results showed that there is a significant difference between levels of depression before and after the intervention ($P < 0.005$). Cancer patients undergoing radiotherapy treatment and apply a independently ruqyah therapy consistently for 30 days can reduce levels of depression and improve the spiritual quality of life is better than before.

* Corresponding author.

The use of independent ruqyah can be considered as a palliative nursing interventions in the hospital for depression and in the framework of efforts in achieving the life quality of cancer patients.

Keywords: Life quality; FACIT sp; Depression; radiotherapy; independent ruqyah.

1. Introduction

Cancer is a disease caused by the abnormal growth of tissue cells that turn into cancer cells. Cancer was caused by irregularities trip hormone cause growth of meat at normal body tissue [1]. At the level of an advanced stage, the cancer cells spread to vital organs such as the brain or lungs then take the nutrients needed by the organs so that the organs can be damaged and die. Cancer can be debilitating sufferers, even the effects of cancer treatment can reduce vitality and the body's ability to fight disease. Cancer affects all levels of society regardless of social status, age, and gender. Children, adolescents, and adults are not spared from attack cancer. Similarly, men and women can be attacked by the the most widely feared disease. These diseases arise due to abnormal physical condition and the unhealthy dietary habit and lifestyle habit, although cancer was known to be passed down from parents to their children.

Cancer was including non-communicable diseases. This disease arises due to the abnormal physical condition and unhealthy lifestyle. Nonetheless, the disease can be passed down from parents to their children. The risk of getting cancer was very large if one member of a family affected. Worldwide, an estimated an estimated 7.6 million people died from cancer in 2005 (WHO, 2005) and 84 million will die until 10 years later. In the United States more than 496,000 people covering pant cancer, prostate, and colorectal area in men and cancers of the lung, breast, and colorectal area in women. The number of survival is 5 years [2].

In Indonesia, cancer is the sixth leading cause of death in Indonesia, and it is estimated there are 100 new cancer patients per 100,000 population per tahunnya. Thus, the problem of cancer seen an incredible surge. Within a period of 10 years, it appears that cancer ranked as the cause of death rose from rank 12 to rank 6. Each year it is estimated that 190ribu new patients and a fifth will die from this disease [3]. Indonesia as a developing country with a prevalence rate of cancer is quite high. In the ASEAN region, Indonesia ranks second after Vietnam with cancer cases reached 135,000 cases per year. The data is almost identical to that found Data and Information Media Centre) Ministry of Health (2007) , which mentions the prevalence of cancer reaches 100 thousand per year. In Indonesia cancers become the second cause of death after heart disease [4]. In Indonesia, an estimated 200,000 different cases with radiation therapy and surgery, chemotherapy is the treatment of cancer by using drugs or hormones. The use of combination chemotherapy has demonstrated substantial success, especially combinations of drugs that have different mechanisms of action, some cancers can be cured with chemotherapy alone. This proves the selective toxicity of chemotherapy [5]. Chemotherapy side effects caused among other things loss of appetite, weakness, nausea, vomiting, digestive disorders, neuromuscular disorders, 4 decrease in white blood cells, leukopenia, body image disturbance, and discomfort, hair loss. Although chemotherapy is often the primary alternative to overcome the cancer, but chemotherapy have serious side effects [5].

Changes in the body's systems and functions that occur in cancer patients may interfere with the patient's self-

concept, in which patients experience reliance on others to meet basic needs and a decrease in the functioning of the body. With the change in sensory functions and sexual function in cancer patients undergoing radiotherapy treatment became one of the causes of self-concept disorder sufferers negative direction. This situation may lead to further decline in self-image that ultimately lead to decreased self-esteem individuals. Changes in body image occurs in almost all patients with cancer, if these changes are not integrated with the concept of self, the quality of life would be significantly reduced [6].

Quality of Life. Quality of life according to the World Health Organization Quality of Life (WHOQOL) Group is defined as an individual's perception of the individual's position in life in the context of culture and value systems in which individuals live and do with goals, expectations, standards set and someone's attention. According to the WHOQOL - BREF there are four dimensions of the quality of life that includes: 1) Dimensions Physical Health, includes daily activities; Dependence on drugs; energy and fatigue; mobility; pain and discomfort; sleep and rest; working capacity; 2) Dimensional Psychological Welfare, covers bodily image and appearance; negative feelings; positive feelings; self-esteem; spiritual / religious / personal beliefs, thinking, learning, memory and concentration; 3) Dimensions of Social Affairs, includes personal relationships, social support; sexual activity. 4) Dimensions Relationship with the Environment, including financial resources; freedom, security and physical safety; health and social care, including accessibility and quality; the home environment, the opportunity to acquire new information and skills; participation and get a chance to do recreation and fun activities in their spare time; physical environment, including pollution / noise / traffic / climate; as well as transportation.

Radiotherapy is a treatment aimed at the possibility of survival of cancer patients after adequate treatment. However, the side effects of radiotherapy allows the negative impact physically and psychologically for cancer patients. Changes in the body's systems and functions that occur in cancer patients is likely to cause disruption self-concept efforts that will result in a decrease in the functioning of the body so that patients become dependent on others to meet their basic needs. Change a self image because self-concept disturbances occurred in all cancer patients and if these changes are not integrated with the concept itself, it will result in reduced quality of life [6].

From the description above, cancer patients who undergoing chemotherapy or radiotherapy have constraints on himself who feel hopeless and feel this treatment is only pointless, as well as the unwillingness of patients to overcome their fear of not able to recover. The role of sub-optimal family can be seen in patients who come to the condition of a weak, pale and even very serious. Such conditions can interfere with chemotherapy treatment. The presence of family and its role is needed by cancer patients by providing the motivation to keep the spirit undergoing chemotherapy. Based on these descriptions, the researchers felt the need to do research about religious spiritual approach through psychotherapy which using independent ruqyah as part of the concept of palliative care in cancer patients.

2. Materials and Method

Research types: Type of research used in this study was quantitative experimental design research with pre

design one group pre and post test this design. The research conducted from February to March 2016 in the Hospital University of Hasanuddin, Makassar South Sulawesi province.

The study population: The population in the study were all cancer patients who undergoing full radiotherapy in hospital of Hasanuddin University period from February until March 2016.

Research Samples: The sample in this study are cancer patients who undergoing full radiotherapy in RS. Hasanuddin University who met the inclusion criteria. The sampling technique in this study using purposive sampling, ie set of samples in accordance with the inclusion criteria. The result of the calculation, a sample size of 10 respondents to the inclusion criteria: Muslim; can write and read; patient in a conscious state, can be oriented to person, place and time; have a supportive environment (rooms / room itself) to therapies; willing to become respondents. As for the exclusion criteria are: cancer patients who are hospitalized; experience other chronic or complications such as diabetes, pulmonary tuberculosis, hepatitis and other fatal diseases as well as patients who died.

The variables of this study consisted of a quality of spiritual life, and the level of depression

The instrument used to measure depression patients a questionnaire Beck Depression Inventory (BDI). The questionnaire contained questions about demographic characteristics and disease history of respondents, the level of depression, whereas to measure the spiritual quality of life of cancer patients, the researchers used questionnaires FACIT [7] because of the sensitivity of the instrument to the measurement of care paliatif and spiritual well-being in patients with cervical cancer , lung, breast, head and neck, [8] (the Functional Assessment of Chronic Illness Therapy) which has been recognized reliability and validity in some countries [9] Researchers have obtained licenses official FACT and FACIT Organization.

3. Results

A total of ten respondents in this study. Respondents age between 38 years to 59 years. The level of education varies from elementary, junior high, high schools, and universities. Five respondents worked privately, two civil servants, two laborers, one retired. All respondents are Muslim and still married. The time of Cancer diagnosis from 1 (one) year to 3 (three) years and no one person is at the first stage, two stage II, six in stage III, and one person is in stage IV

Picture resulting from the depressed patients before and after the intervention of religious psychotherapy was seen in the Figure below.

From the Figure below can be seen the difference in depression scores before and after the intervention of religious Psychotherapy, which looks depression of cancer patients who experienced a significant decline.

Test Results Statistical differences between the mean level of depression before and after intervention shows that there are differences between the mean levels of depression before and after the intervention of religious psychotherapy $P = 0.003$ which means there is a positive influence on the level of religious psychotherapy to the

level of depression of cancer patients who undergoing radiotherapy.

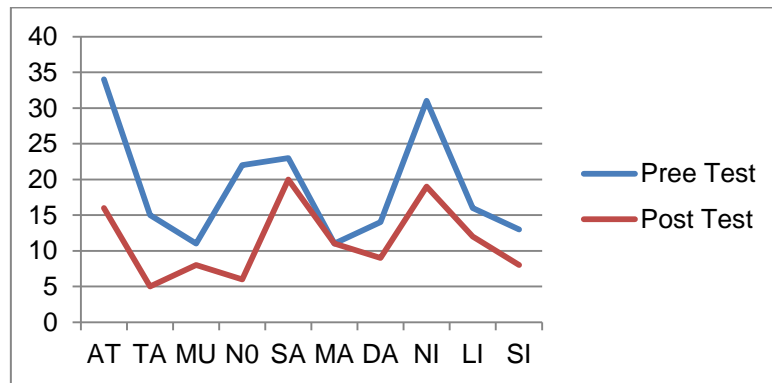


Figure 1: The level of Respondents Depression Before and After Intervention of religious Psychotherapy

Table 1: Differences Average (Mean) levels of depression before and after intervention of religious Psychotherapy

Measurement Scale	Group	Mean	SD	P	CI 95%
The depression of cancer patient	Before	19,00	8,2	0,003	(3,26)-(11,93)
	After	11,40	5,2		

Overview The results of the life Quality by using the FACIT votes Sp.12 in Cancer Patients who underwent radiotherapy at the hospital of Hasanuddin University, February-March 2016 can be seen in the Figure below

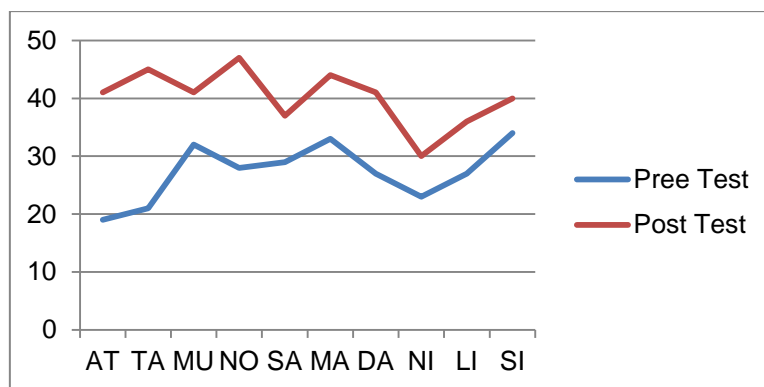


Figure 2: The Level of Spiritual Quality of Life FACIT SP12 respondents before and after the intervention of religious psychotherapy

From Figure 2 above can be seen the difference in scores before and after the intervention where the line after a post test that patients who experience independent ruqyah and carry out worship Sunnah tend increased quality of life. The big difference in spiritual quality of life scores during therapy before and after the intervention of religious psychotherapy illustrates that the spiritual quality of life of cancer patients experienced a significant

improvement.

Table 2: Differences Average (Mean) Spiritual Quality of Life before and after intervention Psychotherapy Religious

Quality of Life Spiritual (FACIT Sp.12)	Mean		SD		P	CI 95%
	Pre	Post	Pre	Post		
Global Score FACIT SP12	27,30	40,20	5,0	4,9	0,000	(-17,51)-(-*,22)
Meaning						
Peace	11	13,3	1,0	1,7		
Faith	7,6	12,1	2,0	1,9		
	8,7	14,8	2,5	1,8		

Test results obtained statistics differences between the mean level of the spiritual quality of life of cancer patients before and after. Specifically Spiritual quality of life showed mean difference either of the meaning of life, feeling of the peace, and a willingness spirit to recover from his illness before and after psychotherapeutic interventions religious P = 0.000 which means there was a positive effect of psychotherapy religious of the level of spiritual quality of life of cancer patients who undergoing radiotherapy.

4. Discussion

This study shows that life quality is different from the functional status. Quality of life includes a subjective evaluation of the impact of the disease and its treatment in relation to the goals, values, and expectations of a person, while the functional status provides an objective assessment of the physical and emotional ability of cancer patients.

Interventions of religious Psychotherapy with independent ruqyah essentially as one of a religious practice that can foster positive emotions associated with mental health. Furthermore, positive emotions will prevent and avoid cancer patients trapped in a state of depression and distress.

On each individual, there is a link between the biological system, the system of psychological and social systems. Therefore, a disease that affects a person to be a major influence in the emotions, appearance and social behavior of individuals [10]. The individual disease will provide a major influence in the emotions, appearance and social behavior of individuals as well as the psychological aspect will also affect the physical health of patients [11].

Individuals tend to have negative thoughts associated with the faced problems if he is experiencing anxiety or depression [12]. If a person always think negative then there are some impacts including declining health status, decreased function of adaptation to environmental change, pessimistic attitude towards the future and the tendency of depression and decreased quality of life [13]. Negative thoughts will stimulate brain cortex prefrontal part to try to focus on the problems facing that create risks created by negative thoughts themselves. The influence of negative thoughts and emotions is going to trap someone into the coping mechanisms of maladaptive [14] so that it will inhibit the function of integration, stopping the growth, lose autonomy and tends to dominate the environment, such as withdrawal, they did not told the problem of sickness, take their time with sleeping and prejudiced against God destiny. Biologically, stress can lead to liver produces more free radicals in the body. In addition stress can affect and reduce the function of the body immune so vulnerable to infectious diseases and cancer [15]. If stress can not be resolved will continue to be depressed [16].

There has a lot of psychological research and treatment explain the fall in the body condition of stimulation caused by stress. Psychological methods that are well known to the area that is meditation and progressive relaxation [17]. Methods of relaxation response were found to Herbert Benson will be found when people who pray or dhikr [18]. For meditators or people who often do activities such as dhikr also produce more alpha waves such as brain waves associated with relaxation or point quiet / relaxed [19].

Islam actually provide guidance in preventing anxiety and how to treat it in the advocacy of good morals. Virtue is a state of mental produces works, whether it is reprehensible or praiseworthy, beautiful or ugly. Good character keeps people from feeling anxious. (Wonghongkul, Sawasdisingha, Aree, and Thummathai, nd) The act of good was sourced from the good properties such as patience, steadfast, courageous, fair, devotion, resignation, ascetic, calm, peace and other excellent properties [20].

5. Conclusion

The final results showed that the intervention dimension of the spiritual quality of life from cancer patients is influenced by spirituality. Cancer patients who have a low spirituality tend to be more depressed than patients with a good level of spirituality. Individuals who have the ability to identify its positive spiritual belief can use that trust to be positive about his health. Understanding the needs spiritualias will affect the quality of life of individuals psychologically, in other words spirituality would revive the spirit for cancer patients to achieve better health.

References

- [1] Savitri, A. (2015). *Kupas Tuntas Kanker Payudara Leher Rahim dan Rahim*. (Mona, Ed.). Yogyakarta: Pustaka Baru Press.
- [2] Brunner, L. d. S., D. (2002). *Buku Ajar Keperawatan Medical Bedah* (8 ed.). Jakarta: EGC.
- [3] Diananda, R. (2009). *Mengenal Seluk Beluk Kanker* (Cetakan 3). Jogjakarta: Katahati.

- [4] Departemen Kesehatan Republik Indonesia. (2009). Sistem Kesehatan Nasional. Jakarta.
- [5] Sarwono, P. (2006). Buku Acuan Nasional Onkologi Ginekologi. Jakarta: Yayasan Bina Pusaka d/a Departemen Obstetri dan Ginekologi Fakultas Kedokteran Universitas Indonesia.
- [6] Indrayani, D. (2007). Pengalaman Hidup Klien Kanker Serviks di Bandung. Universitas Padjajaran, Bandung.
- [7] Peterman, A. H., Fitchett, G., Brady, M. J., Hernandez, L., & Cella, D. (2002). Measuring spiritual well-being in people with cancer: the functional assessment of chronic illness therapy--Spiritual Well-being Scale (FACIT-Sp). *Annals of Behavioral Medicine : A Publication of the Society of Behavioral Medicine*, 24(1), 49–58. http://doi.org/10.1207/S15324796ABM2401_06
- [8] Lockett, T., King, M. T., Butow, P. N., Oguchi, M., Rankin, N., Price, M. A., ... Heading, G. (2011). Choosing between the EORTC QLQ-C30 and FACT-G for measuring health-related quality of life in cancer clinical research: Issues, evidence and recommendations. *Annals of Oncology*, 22(10), 2179–2190. <http://doi.org/10.1093/annonc/mdq721>
- [9] Thomas, B. C., Pandey, M., Ramdas, K., Sebastian, P., & Nair, M. K. (2004). FACT-G: Reliability and validity of the Malayalam translation. *Quality of Life Research*, 13(1), 263–269. <http://doi.org/10.1023/B:QURE.0000015303.68562.3f>
- [10] Damayanti, A. D. (2008). Penanganan masalah sosial dan psikologis pasien kanker stadium lanjut dalam perawatan paliatif. *Indonesian Journal of Cancer*, 1, 30–34.
- [11] Louise C, J. and C. L. S. (1991). *A Response to Human Needs (Second Edi)*. United States: Allyn and Bacon.
- [12] Stuart, G. . & S. (2006). *Principles and practice of psychiatric nursing*. St. Louis: Mosby Elseiver.
- [13] Paloş, R., & Loredana, V. (2014). Automatic negative thoughts and unconditional self-acceptance in rheumatoid arthritis : A preliminary study, (*Otolaryngology*), 1–5.
- [14] Antoni, M. H. (2013). Psychosocial intervention effects on adaptation, disease course and biobehavioral processes in cancer. *Brain, Behavior, and Immunity*. <http://doi.org/10.1016/j.bbi.2012.05.009>
- [15] Junaidi Iskandar. (2012). *Stroke waspadai ancamannya*. Yogyakarta: Penerbit Andi.
- [16] Wardhana, W. A. (2011). *Strategi mengatasi dan Bangkit dari Stroke*. Yogyakarta: Pustaka Pelajar.
- [17] Wasner, M., Longaker, C., Fegg, M. J., & Borasio, G. D. (2005). Effects of spiritual care training for palliative care professionals. *Palliative Medicine*, 19(2), 99–104.

<http://doi.org/10.1191/0269216305pm995oa>

[18] Soliman, H., & Mohamed, S. (2013). Effects of Zikr Meditation and Jaw Relaxation on Postoperative Pain, Anxiety and Physiologic Response of Patients Undergoing Abdominal Surgery. *Journal of Biology*, 3(2).

[19] Sukmono, R. J. (2008). *Psikologi Dzikir*. Jakarta: Sri gunting.

[20] Al-Isawi, A. M. (2002). *Islam dan Kesehatan iwa*. Jakarta: Pustaka Al-Kautsar.