



KEMENTERIAN RISET, TEKNOLOGI DAN PENDIDIKAN TINGGI
UNIVERSITAS HASANUDDIN
FAKULTAS KEDOKTERAN

Jl. Perintis Kemerdekaan Km. 10 Makassar 90245 Telp.(0411)586010, 586297

SURAT KETERANGAN JURNAL

Yang bertanda tangan dibawah ini menerangkan bahwa :

Nama : Lilin Rosyanti
No Pokok : P0200316003
Program Pendidikan : Doktor (S3)
Program Studi : Ilmu Kedokteran
Judul Jurnal :

Change of Brief Psychiatric Rating Scale (BPRS) Value with Spiritual Quránic Emotional Freedom Technique (SQEFT) Therapy on Mental Disorder Patient.

Naskah tersebut telah terindeks SCOPUS, Indian Journal of Public Health Research & Development an International Journal, ISSN-0976-0245 (Print), ISSN 0976-5506.

Demikian surat keterangan ini dibuat untuk dipergunakan sebagaimana mestinya.

Makassar , 11 Februari 2019

an. Dekan

 Wakil Dekan Bidang Akademik dan Pengembangan,



Dr. dr. Irfan Idris, M.Kes

NIP.19671103 199802 1 001

ISSN-0976-0245 (Print) • ISSN-0976-5506 (Electronic)

Volume 10 / Number 1 / January 2019



Indian Journal of Public Health Research & Development

An International Journal

SCOPUS IJPHRD CITATION SCORE

Indian Journal of Public Health Research and Development

Scopus coverage years: from 2010 to 2018 Publisher:

R.K. Sharma, Institute of Medico-Legal Publications

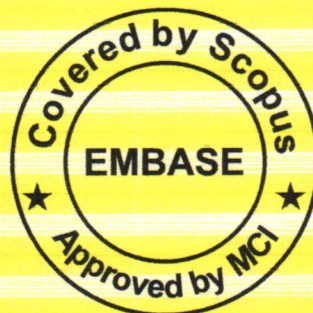
ISSN:0976-0245E-ISSN: 0976-5506 Subject area: Medicine:

Public Health, Environmental and Occupational Health

Cite Score 2017- 0.03

SJR 2017- 0.108

SNIP 2017- 0.047



Website:

www.ijphrd.com

Indian Journal of Public Health Research & Development

EXECUTIVE EDITOR

Prof Vidya Surwade

Associate Professor, Dr Baba Saheb Ambedkar, Medical College & Hospital, Rohinee, Delhi

INTERNATIONAL EDITORIAL ADVISORY BOARD

1. **Dr. Abdul Rashid Khan B. Md Jagar Din**, (*Associate Professor*)
Department of Public Health Medicine, Penang Medical College, Penang, Malaysia
2. **Dr. V Kumar** (*Consulting Physician*)
Mount View Hospital, Las Vegas, USA
3. **Basheer A. Al-Sum**,
Botany and Microbiology Deptt, College of Science, King Saud University,
Riyadh, Saudi Arabia
4. **Dr. Ch Vijay Kumar** (*Associate Professor*)
Public Health and Community Medicine, University of Buraimi, Oman
5. **Dr. VMC Ramaswamy** (*Senior Lecturer*)
Department of Pathology, International Medical University, Bukit Jalil, Kuala Lumpur
6. **Kartavya J. Vyas** (*Clinical Researcher*)
Department of Deployment Health Research,
Naval Health Research Center, San Diego, CA (USA)
7. **Prof. PK Pokharel** (*Community Medicine*)
BP Koirala Institute of Health Sciences, Nepal

NATIONAL SCIENTIFIC COMMITTEE

1. **Dr. Anju Ade** (*Associate Professor*)
Navodaya Medical College, Raichur, Karnataka
2. **Dr. E. Venkata Rao** (*Associate Professor*) Community Medicine,
Institute of Medical Sciences & SUM Hospital, Bhubaneswar, Orissa.
3. **Dr. Amit K. Singh** (*Associate Professor*) Community Medicine,
VCSG Govt. Medical College, Srinagar – Garhwal, Uttarakhand
4. **Dr. R G Viveki** (*Professor & Head*) Community Medicine,
Belgaum Institute of Medical Sciences, Belgaum, Karnataka
5. **Dr. Santosh Kumar Mulage** (*Assistant Professor*)
Anatomy, Raichur Institute of Medical Sciences Raichur(RIMS), Karnataka
6. **Dr. Gouri Ku. Padhy** (*Associate Professor*) Community and Family
Medicine, All India Institute of Medical Sciences, Raipur
7. **Dr. Ritu Goyal** (*Associate Professor*)
Anaesthesia, Sarswathi Institute of Medical Sciences, Panchsheel Nagar
8. **Dr. Anand Kalaskar** (*Associate Professor*)
Microbiology, Prathima Institute of Medical Sciences, AP
9. **Dr. Md. Amirul Hassan** (*Associate Professor*)
Community Medicine, Government Medical College, Ambedkar Nagar, UP
10. **Dr. N. Girish** (*Associate Professor*) Microbiology, VIMS&RC, Bangalore
11. **Dr. BR Hungund** (*Associate Professor*) Pathology, JNMC, Belgaum.
12. **Dr. Sartaj Ahmad** (*Assistant Professor*),
Medical Sociology, Department of Community Medicine, Swami Vivekananda Subharti
University, Meerut, Uttar Pradesh, India
13. **Dr. Sumeeta Soni** (*Associate Professor*)
Microbiology Department, B.J. Medical College, Ahmedabad, Gujarat, India

NATIONAL EDITORIAL ADVISORY BOARD

1. **Prof. Sushanta Kumar Mishra** (Community Medicine)
GSL Medical College – Rajahmundry, Karnataka
2. **Prof. D.K. Srivastava** (*Medical Biochemistry*)
Jamia Hamdard Medical College, New Delhi
3. **Prof. M Sriharibabu** (*General Medicine*) GSL Medical College, Rajahmundry,
Andhra Pradesh
4. **Prof. Pankaj Datta** (*Principal & Prosthodontist*)
Indraprastha Dental College, Ghaziabad

NATIONAL EDITORIAL ADVISORY BOARD

5. **Prof. Samarendra Mahapatro** (*Pediatrician*)
Hi-Tech Medical College, Bhubaneswar, Orissa
6. **Dr. Abhiruchi Galhotra** (*Additional Professor*) Community and Family
Medicine, All India Institute of Medical Sciences, Raipur
7. **Prof. Deepti Pruthvi** (*Pathologist*) SS Institute of Medical Sciences &
Research Center, Davangere, Karnataka
8. **Prof. G S Meena** (*Director Professor*)
Maulana Azad Medical College, New Delhi
9. **Prof. Pradeep Khanna** (*Community Medicine*)
Post Graduate Institute of Medical Sciences, Rohtak, Haryana
10. **Dr. Sunil Mehra** (*Paediatrician & Executive Director*)
MAMTA Health Institute of Mother & Child, New Delhi
11. **Dr. Shailendra Handu**, *Associate Professor*, Phrma, DM (Pharma, PGI
Chandigarh)
12. **Dr. A.C. Dhariwal**: *Directorate of National Vector Borne Disease*
Control Programme, Dte. DGHS, Ministry of Health Services, Govt. of
India, Delhi

Print-ISSN: 0976-0245-Electronic-ISSN: 0976-5506, Frequency: Quarterly
(Four issues per volume)

Indian Journal of Public Health Research & Development is a double blind peer reviewed international journal. It deals with all aspects of Public Health including Community Medicine, Public Health, Epidemiology, Occupational Health, Environmental Hazards, Clinical Research, and Public Health Laws and covers all medical specialties concerned with research and development for the masses. The journal strongly encourages reports of research carried out within Indian continent and South East Asia.

The journal has been assigned International Standards Serial Number (ISSN) and is indexed with Index Copernicus (Poland). It is also brought to notice that the journal is being covered by many international databases. The journal is covered by EBSCO (USA), Embase, EMCare & Scopus database. The journal is now part of DST, CSIR, and UGC consortia.

Website : www.ijphrd.com

©All right reserved. The views and opinions expressed are of the authors and not of the Indian Journal of Public Health Research & Development. The journal does not guarantee directly or indirectly the quality or efficacy of any product or service featured in the advertisement in the journal, which are purely commercial.

Editor

Dr. R.K. Sharma
Institute of Medico-legal Publications
Logix Office Tower, Unit No. 1704, Logix City Centre Mall,
Sector- 32, Noida - 201 301 (Uttar Pradesh)

Printed, published and owned by

Dr. R.K. Sharma
Institute of Medico-legal Publications
Logix Office Tower, Unit No. 1704, Logix City Centre Mall,
Sector- 32, Noida - 201 301 (Uttar Pradesh)

Published at

Institute of Medico-legal Publications
Logix Office Tower, Unit No. 1704, Logix City Centre Mall,
Sector- 32, Noida - 201 301 (Uttar Pradesh)

61. The Sociopragmatics of Preaching in an American Christian Sermon	303
<i>Ahmed Sahib Mubarak, Hawraa Jabbar Rahi</i>	
62. The Effectiveness of Extract Klika <i>Streculiapopulifolia</i> Cream on the Collagen of Albino Mice against Ultraviolet B Radiation	309
<i>Nur Khairi, Suryani As'ad, Khairuddin Djawad, Gemini Alam</i>	
63. <i>Polymerase Chain Reaction (PCR) Method</i> for Identification Gene <i>Escherichia coli</i> and Officer Depot Behavior in Drinking Water Refill	315
<i>Alfina Baharuddin</i>	
64. Assessment of Eu-152 Nuclide Contaminated from Radioactive lightning Rods in Soil Samples at Kasra and Atash in Baghdad	321
<i>Suha Hadi Kadhim, Inass Abdulah Zgair, Rukia Jaber Dosh, Leith Hani Rasheed, Ali Abid Abojassim</i>	
65. Increased Expression of Interleukin 13 in Iraqi Patients Suffer from Ulcerative Colitis	326
<i>Ali J. Eidan, Haider M. Haloob, Kalid N. Alazawy, Ali M. Hasan</i>	
66. The Protective Role of Hydatid Cyst against Colorectal Cancers	332
<i>Asmaa Murtadha Mohammed, Dhamiaa Makki Hamza, Sabah Neamah Mohammed</i>	
67. Pulp Response Capped by Brain Derived Neurotrophic Factor (BDNF)	337
<i>Athraa Y. Al-Hijazi, Mukhaled L Ali, Dhuha M Hasan, Abdulla MW Al-shamma</i>	
68. Quality of Food Bacteria in School Snacks and Canteens in East Jakarta Health Office Working Area in 2017	341
<i>Bukroanah Amir Makkau, I Made Djaja, Budi Hartono</i>	
69. Borax Content in Foods Sold in a Campus and Its Trader Characteristics	346
<i>Fany Saymona Fauzi, Dewi Susanna</i>	
70. The Condition of Sanitation Facilities with <i>Escherichia coli</i> Contamination on Food at University Cafeteria 2015	350
<i>Bellini Simangunsong, Dewi Susanna</i>	
71. Method and Frequency of Stethoscope Cleaning among Respiratory Therapists in Intensive Care Units at KAMC, Riyadh	354
<i>Fayz S. Al-Shahry, Fahad Holil Al-Enazi, Nawaf Abdul-alkarim Al-Naam, Saleh Aloraibi</i>	
72. Hepatoprotective Effect of Bromelain against Gentamicin-Induced Hepatic Damage in Rats	358
<i>Hawraa M. Murad, Jawad Kadhim Faris, Hawraa H. Naji, Firas Hussein Kadhim al-bawi, Nadya Jamal Ibrahim</i>	
73. Acute Appendicitis Versus Ruptured Ovarian Cyst in Female Patients Presented as Acute Abdomen Pain	364
<i>Wisam Mahmood Aziz, Hayder Adnan Fawzi</i>	
74. Effects of Health Promotion Behavior, Self-Esteem and Social Participation Activities on Life Satisfaction of Elderly Men	368
<i>A Reum Lee, Hee Kyung Kim</i>	
75. Change of Brief Psychiatric Rating Scale (BPRS) Value with Spiritual Qur'anic Emotional Freedom Technique (SQEFT) Therapy on Mental Disorder Patient	374
<i>Lilin Rosyanti, Indriono Hadi, Jayalangkara Tanra, Asadul Islam, Rosdiana Natzir, Muhammad Nasrum Massi, Faizal idrus, Burhanuddin Bahar</i>	

Change of Brief Psychiatric Rating Scale (BPRS) Value with Spiritual Qur'anic Emotional Freedom Technique (SQEFT) Therapy on Mental Disorder Patient

Lilin Rosyanti¹, Indriono Hadi¹, Jayalangkara Tanra², Asadul Islam³, Rosdiana Natzir⁴,
Muhammad Nasrum Massi⁵, Faizal idrus², Burhanuddin Bahar⁶

¹Department of Nursing, Health Polytechnic of Ministry of Health, Kendari, Indonesia; ²Department of Psychiatry, ³Department of Medical Neurosurgery, ⁴Department of Biochemistry, ⁵Department of Medical Microbiology, ⁶Department of Public Health, Hasanuddin University, Makassar, Indonesia

ABSTRACT

Spirituality concept is as a part of nursing standard. A person's spiritual needs has to be considered as integral part from nursing care. SQEFT therapy is a combination intervention that combines between spiritual qur'anic therapy and EFT as a spiritual intervention that is simple and practical to be done. This research aimed at knowing the change of BPRS value after being given SQEFT therapy. Method, sample of this research was consisted of 10 patients with schizophrenia who had SQEFT therapy, and 10 patients as a control group. Both of the groups were measured by BPRS three times: pre (before therapy), post 1 (after therapy in 1-2 weeks), and post 2 (after therapy in 3 – 4 weeks). Research result, by utilizing paired sample T test in SQEFT therapy group, the BPRS value in pre and post 1 ($P = 0.000$), BPRS value in post 1 and post 2 ($P = 0.000$), and BPRS value in pre and post 2 ($P = 0.000$) were all significant. However, BPRS value lowered after SQEFT therapy. In control group, BPRS value was occurred a decrease in pre and post 1 ($P \text{ value} \leq 0.004$), and value of pre and post 2 ($P = 0.001$), meanwhile, the BPRS value in post 1 and post 2 ($P = 0.193$) did not lower anymore. Conclusion, there was a significant change of BPRS value after being given SQEFT therapy and the decrease of it showed the improvement of clinical symptoms on patient with schizophrenia.

Keywords: BPRS, SQEFT, nurse, schizophrenia

INTRODUCTION

Prevalence of schizophrenia was varied and it was between 0.4% and 1.7%, the most number of psychotic disorder, schizoaffective (0.3%), major depression with psychotic (0.4%), psychotic of induction of substance (0.4%), and psychotic due to medical condition (0.2%)⁽¹⁾. Moreover, the prevalence of emotional mental disorder with depression symptoms and anxiety in the age of more than 15 years was about 14 millions of people or 6% from the total of Indonesian people. Meanwhile, the

prevalence of serious mental disorder, patients were about 400,000 patients or 1.7 per 1,000 population⁽²⁾. Furthermore, cognitive damage became main characteristic of schizophrenia, including depression that caused the decrease of social function and inability in self-integrating into the family and work place, even there was a disorder in memory function to become main component of cognitive deficit⁽³⁾.

One of several approaches of therapy for patient with schizophrenia is spiritual therapy. Spiritual therapy is a part of nursing intervention. Perspective of holistic nursing makes nurses to perceive every human as a biopsychosocial and spiritual beings⁽⁴⁾. Health workers should implement spiritual research for treating and nursing the patient⁽⁵⁾. Al-Qur'an therapy is a healing therapy and solution for physical, spiritual, and social disease for Moslems⁽⁶⁾. Reading and listening to Al-

Corresponding Author:

Lilin Rosyanti
Jalan Jendral A.H Nasution G-14,
Anduonohu, Kambu, Kendari, Indonesia 93231
Email: lilin6rosyanti@gmail.com

Qur'an naturally cause calming effect for the human self, increase relaxation and cure negative physical and mental disorders, stimulate the release of endorphins in the brain that affects positive side for mood and mind, focus the mind into positive experiences, divert negative mind into positive one, help to decrease stress, anxiety, and depression, even, reading and listening to Al-Qur'an become nonpharmacological treatment for completing the existing therapies⁽⁷⁾.

The efficacy of surah al-rahman is as a treatment to reduce depression for female moslems⁽⁸⁾. Concerning with emotional reflection based on EEG and ECG signal while listening to Al- Qur'an rather than listening to music, the result is Al-Qur'an shows positive transformation from subject's negative emotion into calm condition and happiness that is indicated by positive valence of EEG and ECG signal. However, the result of analysis of music data shows negative transformation⁽⁹⁾. EFT is series of methods in body energy system for releasing from either emotional or physical disorders. Negative emotion in each individual is started from poor internal representation, then, it is followed by body energy system disorder. Chemical imbalance and energy disorder in the body can cause psychological disorder. Meanwhile, EFT intervention changes chemical condition of neurotransmitter, and tapping can help to deliver kinetic for the energy system and can release barrier that covers the flow of energy⁽¹⁰⁾.

SQEFT (Spritual Qur'anic and Emotional Freedom Technique), is a combination spiritual intervention that combines between Qur'anic therapy and EFT. This combination intervention is expected to be intervention for mental health practitioner (doctor, nurse, psychologist), patient's family, and society. SQEFT therapy was first used in this study as spiritual intervention in schizophrenic patients, previously through trial instruments⁽¹¹⁾. BPRS is a rating scale that is developed in order to look at the characterization of psychopathology and in order to measure the change in clinical psychopharmacology research. Besides, BPRS is a psychotic symptom that is very important in order to rate clinical condition from the patient with schizophrenia. The version of 18-items with each symptoms was rated in severity scale of 1-7⁽¹²⁾.

MATERIALS AND METHOD

Study Subject and Period of Trial Test: Research of SQEFT therapy was conducted everyday for 30 days, from April to May 2018. The participants were patients who were diagnosed schizophrenia with Psychiatry of DSM-IV-TR by physician (doctor) through examining preliminary BPRS value which was about 60. Supporting criteria were such as good, calm, and cooperative communication and willing to be respondents for this research. Patient with schizophrenia was formed in a treatment group of SQEFT therapy (n=10), and the control group was Non SQEFT (n=10). There were three kinds of measurements for BPRS value in order to observe the change that was occurred in preliminary BPRS value (pre-test), (post-test-1), and (post-test-2).

Measurement Tools for BPRS Scale: In order to evaluate patient's condition with schizophrenia, it needs to be used BPRS scale⁽¹³⁾. BPRS is a scale that is often used and it is a Likert scale (categorized scale) with 18 items. Each items are divided into 7 categories (nothing, very light, light, medium, medium-hard, hard, very hard) with overall value range in 18-126. However, BPRS is not a diagnostic scale, but it is a scale for rating actual clinical description from the patient (criticalness of psychopathology) during the treatment (14). Furthermore, this scale is basically developed in order to rate schizophrenic condition.

FINDINGS

Table 1: Characteristics of respondents

Characteristics	Mean ± SD Treatment Group SQEFT (n = 10)	Mean ± SD Control Group Non SQEFT (n = 10)
Gender	1.60 ± 0.51	1.50 ± 0.52
Age (years)	2.00 ± 0.81	2.40 ± 1.72
Education	3.00 ± 0.94	2.90 ± 0.73
Work	1.80 ± 0.42	1.90 ± 0.31
Long sick	1.50 ± 0.70	1.70 ± 0.82
Relapse	2.30 ± 1.15	2.50 ± 1.08

Note: There were no differences between the two groups

Table 2: Measuring BPRS Value

	BPRS Value					
	Treatment Group (SQEFT)			Control Group (Non SQEFT)		
	Pre (Preliminary)	Post 1 (1-2 wk)	Post 2 (3-4 wk)	Pre (Preliminary)	Post 1 (1-2 wk)	Post 2 (3-4 wk)
Mean	51.70	37.60	22.70	59	55.5	56.4
SD	2.49	3.20	0.82	1.33	2.06	1.42

SD: standard deviation; wk : week; A decrease in the value of BPRS after SQEFT therapy

Table 3: Result of statistic test for BPRS value

Variable		Treatment Group (SQEFT)			Control Group (Non SQEFT)		
		Mean	SD	P Value	Mean	SD	P Value
Pair 1	Pre - Post1 BPRS	14.10	1.52	0.000	3.50	2.87	0.004
Pair 2	Post1 - Post2 BPRS	14.90	3.34	0.000	-0.90	2.02	0.193
Pair 3	Pre - Post2 BPRS	29.0	2.66	0.000	2.60	1.64	0.001

Note: Paired sample T test, P value = ≤ 0.005

Result of statistic test of paired sample T in treatment group of SQEFT, BPRS value for pre, post1 and post2 was $P = 0.000$ significantly, which meant that there was a significant decrease of BPRS value for every weeks after SQEFT intervention. In control group, BPRS value lowered in pre and post2 ($P = 0.001$), meanwhile, post1 and post2 ($P = 0.193$) did not lower anymore.

DISCUSSION

Schizophrenia is a mental disorder that has quite big impact for either the patient or the patient's environment⁽¹⁵⁾ because of mind disorder, emotional disorder, and behavior disorder. Clinical presentation of schizophrenia is indicated by hallucinations and delusion, negative impact (such as anhedonia, avolition dan alogia), and cognitive disorder⁽¹⁶⁾. Moreover, education cannot overcome all of the symptoms which are concerned with spectrum disorder of schizophrenia. Meanwhile, anti-psychotic medicine is effective for medical treatment of psychotic symptoms, but it is less effective for the treatment of negative symptoms. Thus, it will be occurred cognitive deficit^(17,18) that can cause disability. In other words, it is important for an additional intervention or complement that is appropriate for helping treatment and improvement of schizophrenia symptoms.

SQEFT emphasizes on the self-cleaning (spiritual) from all of the diseases and shirk. Then, praying and zikr,

reading surah as-syifa, listening to holy verse of Al-Qur'an while being done EFT, and releasing negative emotional energy by stating affirmation sentences are for improving sincerity, chastity, and asking for healing only to Allah azza wajalla. Moreover, trial test of SQEFT instrument to the patient with schizophrenia who had inpatient treatment was occurred change for BPRS value⁽¹¹⁾. Spiritual intervention for moslem patient had positive result for the health status and minimized the symptoms of the disease⁽¹⁹⁾. Nurses would be demanded more to give holistic treatment, combine physical, psychological, social, and spiritual dimension from the individual⁽²⁰⁾.

Furthermore, research result of SQEFT therapy was significant with the result of statistic test = $0.000 \leq 0.05$, and BPRS value lowered significantly, which meant that clinical symptoms of the patient with schizophrenia lowered⁽²¹⁾. Regarding mean value on analytical test above, most of them were occurred a decrease of BPRS value after SQEFT intervention rather than in control group. The more often and more regular to be conducted SQEFT intervention, the more improving the existing symptoms of the patient with schizophrenia.

Al- Qur'an therapy could overcome mental disorder⁽²²⁾, overcome negative disease of magic⁽²³⁾, and overcome treatment for depression⁽⁸⁾. Al-Quran was significant in the treatment for psychological disorder. The patient who regularly attended AL-Qur'an therapy

session was success to be healed (81.8%),⁽²⁴⁾. Reading and listening to zikr and AL-Qur'an for the students were occurred an increase of the percentage of beta and gamma wave⁽²⁵⁾. The repetition in reading and listening to AL-Qur'an for medical patient and psychiatry patient was by lowering the symptoms of depression and anxiety⁽²⁶⁾. Clinical test researched the effect of EFT for the symptoms of anxiety disorder, including phobia, tensional headache, depression, anxiety, and insomnia^(27,28). An observation reported that this technique was effective against emotional trauma, such as PTSD⁽²⁹⁾, addiction, and emotion^(30,31)

The rating of BPRS was not a diagnostic rating scale, but it was a scale for rating actual clinical description from the patient (criticalness of psychopathology) during the treatment,⁽¹⁴⁾ because rating involved observation and report of patient's symptoms. Thus, BPRS could be used to rate patient who was very critical and this scale was developed for rating schizophrenia condition. All of the patient who had SQEFT therapy showed a change by lowering BPRS value (positive symptoms, negative symptoms, mania, and anxiety), improving religious patient. The third week, patient could do SQEFT therapy independently in pair and this therapy was simple, cheap, and practical to be done.

LIMITATION

There was a difficulty in selecting mental sample because it was a vulnerable community, which because the sample must have good condition, cooperative condition, could communicate, and had willing to follow the program for 1 month. Moreover, it should be conducted sample that was bigger and the mental patients was not only diagnosed as schizophrenia, but the others.

CONCLUSION

SQEFT therapy lowered BPRS value and there was a clinical improvement in 4 symptoms in rating BPRS. SQEFT group showed a change in sincerity, patience, accepting disease, motivation, and spirit. Good relation with health workers and environment could control self during training program. SQEFT therapy was proved to help the cure of patient with schizophrenia as a complement therapy that was simple, cheap, practical, and without having any negative effects, and could be applied by patient, medical / health workers, family, and also society generally.

Ethical Clearance: Taken from Ethics Committee of Medical, Hasanudin University

Source of Funding: Taken from authors

Conflict of Interest: None

REFERENCES

1. Seeman P. Targeting the dopamine D2 receptor in schizophrenia. Expert opinion on therapeutic targets. 2006;10(4):515-31.
2. Riskesdas. Riset kesehatan dasar. Jakarta: Kementerian Kesehatan RI. 2013.
3. Levine SZ, Rabinowitz J. Trajectories and antecedents of treatment response over time in early-episode psychosis. Schizophrenia bulletin. 2010;36(3):624-32.
4. Tirgari B, Iranmanesh S, Ali Cheraghi M, Arefi A. Meaning of spiritual care: Iranian nurses' experiences. Holistic nursing practice. 2013;27(4):199-206.
5. Borneman T, Ferrell B, Puchalski CM. Evaluation of the FICA Tool for Spiritual Assessment. Journal of pain and symptom management. 2010;40(2):163-73.
6. Muhammad AY. Al-Qur'an as a Remedy for Human Physical and Spiritual Illnesses, and Social Vices: Past, Present and Future. Journal of Islamic Studies. 2017;5(2):28-32.
7. Babamohamadi H, Sotodehasl N, Koenig HG, Jahani C, Ghorbani R. The Effect of Holy Qur'an Recitation on Anxiety in Hemodialysis Patients: A Randomized Clinical Trial. Journal of religion and health. 2015;54(5):1921-30.
8. Rafique R, Anjum A, Raheem SS. Efficacy of Surah Al-Rehman in Managing Depression in Muslim Women. Journal of religion and health. 2017.
9. Al-Galal SAY, Alshaikhli IFT, bin Abdul Rahman AW, Dzulkifli MA, editors. EEG-based Emotion Recognition while Listening to Quran Recitation Compared with Relaxing Music Using Valence-Arousal Model. Advanced Computer Science Applications and Technologies (ACSAT), 2015 4th International Conference on; 2015: IEEE.
10. Feinstein D. Acupoint stimulation in treating psychological disorders: Evidence of efficacy. Review of General Psychology. 2012;16(4):364.

11. Rosyanti L. The Effectiveness Of Spiritual Qur'anic Emotional Freedom Technique (SQEFT) Intervence Against The Change Of Brief Psychiatric Rating Scale (BPRS) On Patient With Schizophrenia. *Health Notions*. 2018;2(9).
12. Maust D, Cristancho M, Gray L, Rushing S, Tjoa C, Thase ME. Chapter 13 - Psychiatric rating scales. In: Aminoff MJ, Boller F, Swaab DF, editors. *Handbook of Clinical Neurology*. 106: Elsevier; 2012. p. 227-37.
13. Bech P, Austin SF, Timmerby N, Ban TA, Moller SB. A clinimetric analysis of a BPRS-6 scale for schizophrenia severity. *Acta neuropsychiatrica*. 2018;1-5.
14. Block T, Petrides G, Kushner H, Kalin N, Belanoff J, Schatzberg A. Mifepristone Plasma Level and Glucocorticoid Receptor Antagonism Associated With Response in Patients With Psychotic Depression. *Journal of clinical psychopharmacology*. 2017;37(5):505-11.
15. Rossler W, Salize HJ, van Os J, Riecher-Rossler A. Size of burden of schizophrenia and psychotic disorders. *European neuropsychopharmacology : the journal of the European College of Neuropsychopharmacology*. 2005;15(4):399-409.
16. Howes OD, Kapur S. The dopamine hypothesis of schizophrenia: version III—the final common pathway. *Schizophrenia bulletin*. 2009;35(3):549-62.
17. Leucht S, Cipriani A, Spineli L, Mavridis D, Orey D, Richter F, et al. Comparative efficacy and tolerability of 15 antipsychotic drugs in schizophrenia: a multiple-treatments meta-analysis. *Lancet (London, England)*. 2013;382(9896):951-62.
18. Nielsen RE, Levander S, Kjaersdam Telleus G, Jensen SO, Ostergaard Christensen T, Leucht S. Second-generation antipsychotic effect on cognition in patients with schizophrenia—a meta-analysis of randomized clinical trials. *Acta Psychiatr Scand*. 2015;131(3):185-96.
19. Kamali Z, Tafazoli M, Ebrahimi M, Hosseini M, Saki A, Fayyazi-Bordbar MR, et al. Effect of spiritual care education on postpartum stress disorder in women with preeclampsia. *Journal of education and health promotion*. 2018;7:73.
20. Ronaldson S, Hayes L, Aggar C, Green J, Carey M. Spirituality and spiritual caring: nurses' perspectives and practice in palliative and acute care environments. *Journal of clinical nursing*. 2012;21(15-16):2126-35.
21. Shafer A, Dazzi F, Ventura J. Factor structure of the Brief Psychiatric Rating Scale - Expanded (BPRS-E) in a large hospitalized sample. *Journal of psychiatric research*. 2017;93:79-86.
22. Rassool GH. Cultural Competence in Counseling the Muslim Patient: Implications for Mental Health. *Archives of psychiatric nursing*. 2015;29(5):321-5.
23. Al-Habeeb TA. A pilot study of faith healers' views on evil eye, jinn possession, and magic in the kingdom of saudi arabia. *Journal of family & community medicine*. 2003;10(3):31-8.
24. Saged AAG, Mohd Yusoff MYZ, Abdul Latif F, Hilmi SM, Al-Rahmi WM, Al-Samman A, et al. Impact of Quran in Treatment of the Psychological Disorder and Spiritual Illness. *Journal of religion and health*. 2018.
25. Fauzan N, Rahim NA. *Brain Waves In Response To Al-Quran & Dhikr*. 2014.
26. Rosli M, Nabil A. *Quranic recitation for depression & anxiety: present literature and future*. 2018.
27. Bougea AM, Spandideas N, Alexopoulos EC, Thomaides T, Chrousos GP, Darviri C. Effect of the emotional freedom technique on perceived stress, quality of life, and cortisol salivary levels in tension-type headache sufferers: a randomized controlled trial. *Explore (New York, NY)*. 2013;9(2):91-9.
28. Wells S, Polglase K, Andrews HB, Carrington P, Baker AH. Evaluation of a meridian-based intervention, Emotional Freedom Techniques (EFT), for reducing specific phobias of small animals. *Journal of clinical psychology*. 2003;59(9):943-66.
29. Church D, Stern S, Boath E, Stewart A, Feinstein D, Clond M. Emotional Freedom Techniques to Treat Posttraumatic Stress Disorder in Veterans: Review of the Evidence, Survey of Practitioners, and Proposed Clinical Guidelines. *The Permanente journal*. 2017;21.
30. Church D, Hawk C, Brooks AJ, Toukolehto O, Wren M, Dinter I, et al. Psychological trauma symptom improvement in veterans using emotional freedom techniques: a randomized controlled trial. *The Journal of nervous and mental disease*. 2013;201(2):153-60.
31. Boath E, Stewart A, Carryer A. Tapping for success: A pilot study to explore if emotional freedom techniques (EFT) can reduce anxiety and enhance academic performance in university students. *Innovative Practice in Higher Education*. 2013;1(3).

<http://heanoti.com/index.php/hn>

RESEARCH ARTICLE

URL of this article: <http://heanoti.com/index.php/hn/article/view/hn20815>

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

Lilin Rosyanti^{1(CA)}, Indriono Hadi², Jayalangkara Tanra³, Asadul Islam⁴, Mochammad Hatta⁵, Veny Hadju⁶, Faizal Idrus⁷, Kusman Ibrahim⁸

^{1(CA)}Department of Nursing, Health Polytechnic of Kendari, Indonesia; lilin6rosyanti@gmail.com
(Corresponding Author)

²Department of Nursing, Health Polytechnic of Kendari, Indonesia

³Department of Psychiatry, Hasanuddin University, Indonesia

⁴Department of Medical Neurosurgery, Faculty of Medicine, Hasanuddin University, Indonesia

⁵Laboratory of Molecular Biology and Immunology, Faculty of Medicine, Hasanuddin University, Indonesia

⁶Department of Public Health, Hasanuddin University, Indonesia

⁷Department of Psychiatry, Faculty of Medicine, Hasanuddin University, Indonesia

⁸Department of Nursing, Padjadjaran University, Indonesia

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 Intervence Against the Change of BPRS on Patient with Schizophrenia. There were 7 mental patients skizophrenia 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. *Riskesdas* 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 (subhannalah, 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

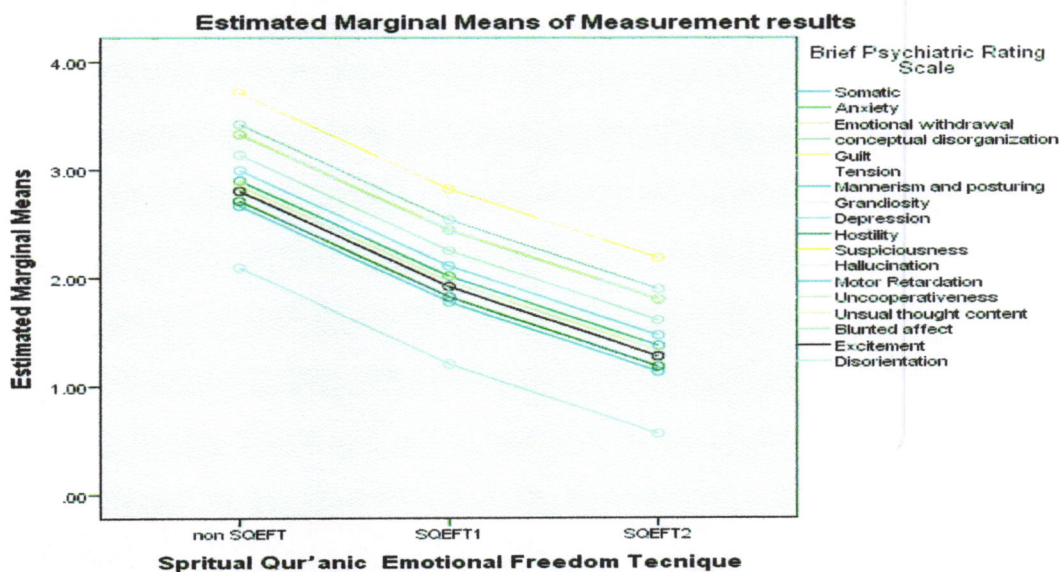


Figure 1. Profile plot Item of BPRS in every treatment categories

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.

REFERENCES

1. Moh-RI. Basic Health Research. Jakarta: Ministry of Health of Republic of Indonesia; 2013.
2. Egbujo CN, Sinclair D, Hahn CG. Dysregulations of Synaptic Vesicle Trafficking in Schizophrenia. *Current Psychiatry Reports*. 2016;18(8):77.
3. Abi-Dargham A, Rodenhiser J, Printz D, Zea-Ponce Y, Gil R, Kegeles LS, et al. Increased Baseline Occupancy of D2 Receptors by Dopamine in Schizophrenia. *Proceedings of the National Academy of Sciences of the United States of America*. 2000;97(14):8104-9.
4. Kim DH, Maneen MJ, Stahl SM. Building a Better Antipsychotic: Receptor Targets for the Treatment of Multiple Symptom Dimensions of Schizophrenia. *Neurotherapeutics: The Journal of the American Society for Experimental NeuroTherapeutics*. 2009;6(1):78-85.
5. Levine SZ, Rabinowitz J. Trajectories and Antecedents of Treatment Response Over Time in Early-episode Psychosis. *Schizophrenia Bulletin*. 2010;36(3):624-32.
6. Hawari D, Sonhadji H. Al Qur'an: Mental Medicine and Mental Health. Dana Bhakti Prima Yasa; 1995.
7. Hawari D. Guide to Religious (Islamic) Psychotherapy. Jakarta: FKUI; 2010.
8. Borneman T, Ferrell B, Puchalski CM. Evaluation of the FICA Tool for Spiritual Assessment. *Journal of Pain and Symptom Management*. 2010;40(2):163-73.
9. Van Ness PH, Kasl SV. Religion and Cognitive Dysfunction in an Elderly Cohort. *The Journals of Gerontology Series B, Psychological Sciences and Social Sciences*. 2003;58(1):S21-9.
10. Susanto D. Da'wah Through Ruqyah Psychotherapy Services for Patients with Trance. *Religious Counseling Islamic Counseling Guidance Journal*. 2015;5(2):313-34.
11. Taufiq MI. Complete and Practical Guide to Islamic Psychology. Gema Insani; 2007.

12. Rafique R, Anjum A, Raheem SS. Efficacy of Surah Al-Rehman in Managing Depression in Muslim Women. *Journal of Religion and Health*. 2017.
13. Akhmad P. Ruqyah Therapy as a Means of Treating Mentally ill People. *Journal of Islamic Psychology*. 2017;1(1):87-96.
14. Akhmad P, Psi S. Original Ruqyah Syar'iyah VS fake Ruqyah. *Adamssein Media*; 2006.
15. Iskandar E. The Miracle of Touch: Guide to Implementing the Miracle of EFT (Emotional Freedom Technique) for Your Health, Success and Happiness. *Qanita*; 2010.
16. Saged AAG, Yusoff MYZM, Latif FA, Hilmi SM, Al-Rahmi WM, Al-Samman A, et al. Impact of Quran in Treatment of the Psychological Disorder and Spiritual Illness. *Journal of Religion and Health*. 2018;1-14.
17. Zainuddin AF. *Spiritual Emotional Freedom Technique (SEFT)*. Jakarta: Afzan Publishing; 2006.
18. Block T, Petrides G, Kushner H, Kalin N, Belanoff J, Schatzberg A. Mifepristone Plasma Level and Glucocorticoid Receptor Antagonism Associated with Response in Patients with Psychotic Depression. *Journal of Clinical Psychopharmacology*. 2017;37(5):505-11.
19. Yee A, Ng BS, Hashim HMH, Danaee M, Loh HH. Cultural Adaptation and Validity of the Malay Version of the Brief Psychiatric Rating Scale (BPRS-M) among Patients with Schizophrenia in a Psychiatric Clinic. *BMC psychiatry*. 2017;17(1):384.
20. Rossler W, Salize HJ, van Os J, Riecher-Rossler A. Size of Burden of Schizophrenia and Psychotic Disorders. *European Neuropsychopharmacology: The Journal of the European College of Neuropsychopharmacology*. 2005;15(4):399-409.
21. Howes OD, Kapur S. The Dopamine Hypothesis of Schizophrenia: Version III--the Final Common Pathway. *Schizophrenia Bulletin*. 2009;35(3):549-62.
22. Andrews G, Sanderson K, Corry J, Issakidis C, Lapsley H. Cost-effectiveness of Current and Optimal Treatment for Schizophrenia. *The British Journal of Psychiatry: the Journal of Mental Science*. 2003;183:427-35; discussion 36.
23. Lehman AF, Lieberman JA, Dixon LB, McGlashan TH, Miller AL, Perkins DO, et al. Practice Guideline for the Treatment of Patients with Schizophrenia. *The American Journal of Psychiatry*. 2004;161(2 Suppl):1-56.
24. Leucht S, Rothe P, Davis JM, Engel RR. Equipercetile Linking of the BPRS & the PANSS. *European Neuropsychopharmacology: The Journal of the European College of Neuropsychopharmacology*. 2013;23(8):956-9.
25. Nielsen RE, Levander S, Kjaersdam Telleus G, Jensen SO, Ostergaard Christensen T, Leucht S. Second-Generation Antipsychotic Effect on Cognition in Patients with schizophrenia--A Meta-analysis of Randomized Clinical Trials. *Acta Psychiatr Scand*. 2015;131(3):185-96.
26. Kamali Z, Tafazoli M, Ebrahimi M, Hosseini M, Saki A, Fayyazi-Bordbar MR, et al. Effect of Spiritual Care Education on Postpartum Stress Disorder in Women with Preeclampsia. *Journal of Education and Health Promotion*. 2018;7:73.
27. McBrien B. *Emergency Nurses' Provision of Spiritual Care: A Literature Review*. *British Journal of Nursing (Mark Allen Publishing)*. 2010;19(12):768-73.
28. Ronaldson S, Hayes L, Aggar C, Green J, Carey M. Spirituality and Spiritual Caring: Nurses' Perspectives and Practice in Palliative and Acute Care Environments. *Journal of Clinical Nursing*. 2012;21(15-16):2126-35.
29. Shafer A, Dazzi F, Ventura J. Factor Structure of the Brief Psychiatric Rating Scale - Expanded (BPRS-E) in a Large Hospitalized Sample. *Journal of Psychiatric Research*. 2017;93:79-86.
30. Rassool GH. Cultural Competence in Counseling the Muslim Patient: Implications for Mental Health. *Archives of Psychiatric Nursing*. 2015;29(5):321-5.
31. Al-Habeeb TA. A Pilot Study of Faith Healers' Views on Evil Eye, Jinn Possession, and Magic in the Kingdom of Saudi Arabia. *Journal of Family & Community Medicine*. 2003;10(3):31-8.
32. Walpole SC, McMillan D, House A, Cottrell D, Mir G. Interventions for Treating Depression in Muslim Patients: A Systematic Review. *Journal of Affective Disorders*. 2013;145(1):11-20.
33. Benor DJ, Ledger K, Toussaint L, Hett G, Zaccaro D. Pilot Study of Emotional Freedom Techniques, Wholistic Hybrid Derived from Eye Movement Desensitization & Reprocessing and Emotional Freedom Technique, and Cognitive Behavioral Therapy for Treatment of Test Anxiety in University Students. *Explore*. 2009;5(6):338-40.
34. Bougea AM, Spandideas N, Alexopoulos EC, Thomaidis T, Chrousos GP, Darviri C. Effect of the Emotional Freedom Technique on Perceived Stress, Quality of Life, and Cortisol Salivary Levels in Tension-type Headache Sufferers: a Randomized Controlled Trial. *Explore*. 2013;9(2):91-9.
35. Church D, Hawk C, Brooks AJ, Toukolehto O, Wren M, Dinter I, et al. Psychological Trauma Symptom Improvement in Veterans using Emotional Freedom Techniques: A Randomized Controlled Trial. *The Journal of Nervous and Mental Disease*. 2013;201(2):153-60.
36. Wells S, Polglase K, Andrews HB, Carrington P, Baker AH. Evaluation of a Meridian-based Intervention, Emotional Freedom Techniques (EFT), for Reducing Specific Phobias of Small Animals. *Journal of Clinical Psychology*. 2003;59(9):943-66.
37. Feinstein D. Rapid Treatment of PTSD: Why Psychological Exposure with Acupoint Tapping May be Effective. *Psychotherapy (Chicago, Ill)*. 2010;47(3):385-402.