

## **Islamic Relaxation Outcomes: A Literature Review**

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### **Introduction**

Islamic relaxation is a well-known religious relaxation technique practiced by Muslims. Islamic relaxation is a method of relaxation that incorporates the Islamic tenets of prayer, recitation of the holy Qur'an and Zikr, or remembrance of Allah, to elicit a relaxation response of calmness and mindfulness (Syed, 2003). Relaxation is achieved due to a combination of one's physiological, psychological, cognitive, and social response to the relaxation technique. The psychological responses may include anxiety, depression, insomnia, phobias, and hallucinations. The most commonly observed physiological responses are characterized as decreased: heart rate, respiratory rate, oxygen consumption, muscle tension and metabolic rate (Moser et al., 2003).

As a component of religious cognitive therapy, Islamic relaxation techniques have been used in the treatment of anxiety (Azhar, Varma, & Dharap, 1994), bereavement (Azhar & Varma, 1995a), and depression (Azhar & Varma, 1995b) as well as in conjunction with psychotherapy in the treatment of anxiety (Razali, Aminah, & Khan, 2002). Zikr therapy also has been found to be effective in reducing preoperative anxiety (Mardiyono, Angraeni, & Dyah Sulistyowati, 2007), insomnia (Purwanto & Zulaekah, 2007), and physical and psychological distress (Damarhuda, 2005). In addition, Islamic relaxation has been used with: Muslim religiosity, in the treatment of anxiety and depression (Vasegh & Mohammadi, 2007), night prayer, to enhance immune (Sholeh, 2004), religiosity, to facilitate coping (Rezaei, Adib-

Hajbaghery, Seyedfatemi, & Hoseini, 2008), and, spiritual emotional freedom technique (SEFT), in the treatment of phobia and stress (Zainuddin, 2007) .

Analysis of Islamic relaxation and its outcomes have attempted to identify the most effective type of Islamic relaxation to use to overcome psychological difficulties (Mardiyono et al., 2007) and balance physiological outcomes (Zainuddin, 2007). Although Muslims are known to practice Islamic relaxation, on a regular basis, the methods used, as well as the effectiveness of the various methods, remain less recognized in nursing practice. As a result, this paper has sought to identify the techniques, methods, and psychological and physiological outcomes of Islamic relaxation and discuss implication for nursing care and future researches.

### **Objectives of Literature Review**

The objectives of the proposed literature review were to: identify existing knowledge regarding Islamic relaxation and analyze Islamic relaxation methods and their effectiveness on psychological and physiological outcomes.

### **Methods of the Literature Review**

The search of Islamic relaxation used with electronic search engine and manual. Articles, exhaustive papers over 700 electronic articles, which met the selection criteria, were retrieved, using selected key words from the search of Scencedirect, CINAHL, Blackwell-synergy, Medline, OVID, Pubmed, BMJ Journal, and <http://scholar.google.co.th>. There were two studies found from the research reports. The inclusion criteria included: (1) articles and books, published between 1994 – 2009, which made reference to applied Islamic relaxation or religious therapy among adult patients; (2) English and Indonesian/Malaysian references of Islamic

relaxation; (3) at least one psychological or physiological outcome measure; and, (4) studies conducted in Indonesia, Malaysia, Iraq, Arabia or Iran. Key words used for the searches consisted of: Islamic relaxation, Zikr therapy, Self-emotional freedom technique, Psychological and physiological outcomes.

### **Search outcome**

Following extraction of publications, a total of fifteen publications were selected for this review. The majority of studies used quasi-experimental design (n=9) and correlational studies (n = 3) with a few of randomized control trial. One used a review study and another two reports on books regarding the use of Islamic relaxation to enhance psychological and physiological outcomes.

Study subjects, involved in the twelve reviewed studies were either: adults with psychological problems in Indonesia and Malaysia; high school students in Indonesia, nursing students in Arabia, and university students in Iraq; surgical patients in Indonesia; or cancer patients in Iran. They ranged in age from 16 to 64 years. The setting of the studies included a: surgical ward; medical ward; psychiatric ward; cancer ward; high school; nursing school, and university. Each of the twelve studies included a total of 6 to 5,042 subjects, and used a descriptive correlational (n = 3) or experimental (n = 9) design. The nine experimental studies used a control group and compared the outcomes between the groups. The three descriptive correlational studies explored Islamic relaxation, prayer, and outcomes: anxiety, coping, and depression. The two books, zikr therapy, and SEFT, provided descriptions of clinical application of Islamic relaxation to reduce: psychological trauma, anxiety, addiction, and migraine; and, overcome: phobia and eyestrain.

The relaxation interventions involved either original or modified Islamic relaxation techniques. Original Islamic relaxation includes prayer (Sholeh, 2004; Vasegh & Mohammadi, 2007), zikr therapy (Damarhuda, 2005; Mardiyono et al., 2007), religious relaxation (Purwanto & Zulaekah, 2007), and religiosity (Rezaei et al., 2008). Modified Islamic relaxation, on the other hand, incorporates Islamic tenets in religious modified psychotherapy (Azhar & Varma, 1995a;1995b; Azhar et al., 1994; Razali et al., 2002), religious cognitive behavioral therapy (Azhar & Varma, 2000; Wahass & Kent, 1997), and spiritual emotional freedom technique (SEFT) (Zainuddin, 2007).

### **Results of Literature Review**

In the review, definition and relaxation technique of Islamic relaxation were generally described. Interventions of Islamic relaxation, psychological and physiological outcomes, found in the review, are presented.

#### ***Definition of Islamic Relaxation***

Islamic relaxation refers to the use of original or modified Islamic methods of relaxation, which soothes and relaxes an individual so as to calm psychological problems, such as anxiety (Azhar et al., 1994; Mardiyono et al., 2007; Razali et al., 2002), depression (Azhar & Varma, 1995b), bereavement (Azhar & Varma, 1995a), insomnia (Purwanto & Zulaekah, 2007), as well as balance physiological outcomes, including blood pressure, heart rate, respiratory, and oxygen consumption (Moser et al., 2003).

#### ***Techniques of Islamic Relaxation***

Methods of conducting Islamic relaxation methods have been classified as either modified or original Islamic relaxation. Modified Islamic relaxation includes

the use of modified cognitive therapy with Islamic tenets (Azhar & Varma, 2000; Azhar & Varma, 1995a;1995b; Azhar et al., 1994; Hodge & Nadir, 2008; Razali et al., 2002; Wahass & Kent, 1997) and spiritual emotional freedom technique (Zainuddin, 2007). Cognitive behavioral therapy (CBT) developed by Beck (Beck, 1993) was modified by using deep acceptance in Islamic tenet (Hodge & Nadir, 2008). The main difference from original CBT was self-statement replaced by deep acceptance and relying on God (Allah) within 9 steps (Hodge & Nadir, 2008, p. 37). The use of modified cognitive therapy with Islamic tenets has been applied in the treatment of anxiety, distress, depression, bereavement patients (Azhar & Varma, 2000; Azhar & Varma, 1995a;1995b; Azhar et al., 1994; Razali et al., 2002), and auditory hallucination.(Wahass & Kent, 1997).

Spiritual emotional freedom technique, regarded as Self-Emotional Freedom Technique (SEFT), is the other type of modified Islamic relaxation most frequently used.<sup>13</sup> SEFT consists of the main concepts of deep acceptance and tapping with Emotional Freedom Technique (EFT), which contains two types: short cut version and complete version. The short cut version composes three steps: the setup, the tune in, and the tapping. The complete version consists of four steps: the setup, the tune in, the tapping, and complete tapping (the tapping of basic meridians, the 9 gamut procedures, and reinforcement). The tapping at the meridian points includes peak head or karate chop, medial eyebrow, side eye, under eye, under nose, chin, collarbone, under arm, and under nipple. The 9 gamut procedures include: eyes closed, eyes opened, eyes hard down left while holding head steady, eyes hard down right while holding head steady, roll eyes in a circle through nose as center of a clock wise, roll eyes in a circle through nose as center of an anti clock wise, hum few seconds of happy song, count one to five, and hum again few seconds of a happy song (Craig,

1999; Zainuddin, 2007). As mentioned, deep acceptance, one of the basic tenets of Islam, is used for coping, if Muslims face the fact, weakness, or problems (Zainuddin, 2007).

More over, the procedure for SEFT consists of four steps and needs to be done for 3 to 20 minutes to overcome psychological trauma, addiction, phobia, anxiety, pain and emotional distress (Zainuddin, 2007). In addition, before starting and after performing the procedure of SEFT, the problem, such as anxiety, pain, emotional distress, is measured with the Intensity Meter to evaluate the changes of problem level. Furthermore, the Intensity Meter is numerical analog scale ranged from 0 to 10, which the highest score indicates the worst for negative evaluation, such anxiety, pain, distress and the highest score indicates the best for positive evaluation, such as motivation, happiness, and greatness for healthy (Craig, 1999; Zainuddin, 2007).

Original Islamic relaxation techniques utilize Zikr therapy and/or prayer. Zikr therapy is the remembrance of Allah, and requires one to sit or lie comfortably, with eyes closed, and practice remembrance of Allah through recitation of: "Subhanallah, alhamdulillah, allahu akbar" "Glorious is Allah, praise to Allah, Allah is the greatest" for 20 to 25 minutes (Damarhuda, 2005; Mardiyono et al., 2007; Purwanto & Zulaekah, 2007). In a regular basis, Zikr therapy is performed twice a day wherever it is convenient to perform either in the morning or the evening (Syed, 2003).

Prayer, according to Islamic belief, can be either a formal prayer, which one performs (recites) five times daily as compulsory, or an optional prayer, which is mainly performed before and after a formal prayers and night prayers in the very early morning as well as morning prayers after sunrise. Formal prayers are said for individuals undergoing chemotherapy for cancer, and is aimed to help one maintain his/her belief and recover physical health (Rezaei et al., 2008).

Religiosity, for Muslims, includes both formal and optional prayers in particular night prayers, recitation of the holy Qur'an, Zikr (remembrance of Allah), and attending Mosque. Night prayers are recommended as optional prayers have been studied among high school students (Sholeh, 2004). Night prayers typically are performed between 11 to 23 "raka'at" units for 20 to 40 minutes, between 2 and 4 am, in the clean praying carpet. Thus, night prayers are at time when one can dialogue with Allah, and more easily expressed distress. During this time, one is better able to relax, sooth mind, peace spirit, and balance body functions. Therefore, peaceful body mind spirit promotes one's optimal harmonization, which enhances psychological, social, spiritual, and physical health status (Abdel-Khalek & Lester, 2007; Syed, 2003).

## **Methods and Outcomes of Islamic Relaxation**

### ***Religious Psychotherapy and Modified Cognitive Therapy with Islamic tenets***

Religious psychotherapy and modified cognitive therapy can be utilized with Islamic tenets to treat individuals with an anxiety disorder or psychological problems. The studies of Islamic relaxation, religious psychotherapy and modified cognitive therapy, are reviewed the methods, outcomes, and effectiveness. Sample size of studies ranged from 6 to 165 subjects and all studies (n=9) used two-group experimental design.

Regarding to religious psychotherapy, the duration of one session intervention ranged from 20 to 30 minutes for 3-4 months. The frequency and total time of intervention varied from one study to others. The various outcomes were measured and followed within different periods ranged from 3 to 6 months. For the effectiveness of religious psychotherapy on anxiety, two studies were found of

significant decreased anxiety within 3-4 months (Azhar et al., 1994; Razali et al., 2002). The depression (Azhar & Varma, 1995b) and bereavement (Azhar & Varma, 1995a) were also reduced before 6 months. However, the outcome of religious psychotherapy was inconsistent after 6 months. It shows that religious psychotherapy is effective approximately 5 months after giving intervention for 3-4 months.

Another Islamic relaxation, modified cognitive therapy with Islamic tenets, was conducted in two studies with two group experimental design to evaluate on auditory hallucination (Wahass & Kent, 1997), bereavement and depression (Azhar & Varma, 2000). One study of measuring outcome of auditory hallucination was found not significant improvement through out 3 and 9 months caused by the few number of sample size (n=6) (Wahass & Kent, 1997). The other studies on bereavement and depression were found significant improvement compared with the ones, who did not receive modified cognitive therapy for 4 months, but the effective was not significant different at 6 months (Azhar & Varma, 2000). In the two studies of modified cognitive therapy with Islamic tenets, physiological outcomes in adult subjects were not evaluated.

### ***Spiritual Emotional Freedom Technique***

SEFT is an effective relaxation method, when used for 3 to 20 minutes, of dealing with psychological, physiological, and spiritual outcomes in adolescences, adults, and the elderly. Even though there is a lack of scientific evidence, positive outcomes have been note from practical experiences when SEFT has been used to deal with psychological outcomes: trauma, addiction, phobia, anxiety, pain, and emotional distress; and, physiological outcomes: smoking cessation, eyestrain, migraine (Craig, 1999; Zainuddin, 2007). SEFT also has been useful for motivation,



happiness, and greatness for healthy people by inner self-motivation, self-statement, and self-acceptance (Zainuddin, 2007). To evaluate the outcomes of SEFT, one common measure was the self report by using Intensity Meter, which ranges from 0 to 10 scales taken before and after performing SEFT (Craig, 1999).

### ***Zikr Therapy***

Zikr therapy consists of sitting or lying comfortably, with eyes closed, remembrance of Allah wherever is convenient to perform it and in the morning and the evening for 20 and 25 minutes (Damarhuda, 2005; Mardiyono et al., 2007; Purwanto & Zulaekah, 2007; Syed, 2003). Two group experimental design (Mardiyono et al., 2007; Purwanto & Zulaekah, 2007) with Zikr therapy and one clinical evidence (Damarhuda, 2005) were reviewed.

Zikr therapy has been shown to: reduce insomnia, when used on a daily basis for one month (Purwanto & Zulaekah, 2007); reduce preoperative anxiety, when used for 25 minutes (Mardiyono et al., 2007); and, produce spiritual outcomes' as well as psychological outcomes, when used daily for 30 to 60 minutes (Damarhuda, 2005; Syed, 2003). However, Zikr therapy was not effective to balance physiological outcomes: blood pressure, respiratory, heart rate, and temperature in preoperative patients (Mardiyono et al., 2007).

### ***Prayer***

Prayer includes formal prayer and optional prayer as Muslim performs on daily basis (Syed, 2003). Three correlational studies of Islamic prayer and one study of two group experimental designs were reviewed. Formal prayer has been shown to be an effective way to enhance happiness and physical health (Abdel-Khalek, 2007),

alleviate anxiety, and depression among Muslim students, in Iraqi (Abdel-Khalek, 2007), in Kuwait and USA (Abdel-Khalek & Lester, 2007), in Arabia (Vasegh & Mohammadi, 2007), enhance coping among cancer patients (Rezaei et al., 2008). In addition, night prayer, an optional prayer performed daily approximately 20 to 40 minutes, was found statistically significant in improved immunity in high school students as shown by an increase in the number of macrophages after a month ( $p < 0.01$ ) (Sholeh, 2004), as compared with the baseline.

## **Discussion**

This review has shown the effectiveness of original Islamic relaxation: prayer and Zikr therapy, but reciting the holy Qur'an on both psychological and physiological outcomes were still inconclusive. Almost half of the studies revealed the effectiveness on of Islamic relaxation mainly on psychological outcomes with some limitations reported.

Commonly in Muslim community, therapy of the holy Qur'an is mainly used for curing mental problems, mindfulness, and palliative care in dying patients (Syed, 2003). Moreover, formal prayer as performed by Muslim on daily basis is benefit in psychological outcomes: promoting happiness (Abdel-Khalek, 2007), alleviating anxiety and depression among Muslim students, in Iraqi (Abdel-Khalek, 2007), in Arabia (Vasegh & Mohammadi, 2007), enhancing coping among cancer patients (Rezaei et al., 2008), and physical health (Abdel-Khalek, 2007). In addition, night prayer as recommended optional prayer has shown to improve immunity of high school students indicated by an increase number of macrophages as compared before accomplishing night prayer for a month (Sholeh, 2004). Interest of research

methodology, formal and optional prayer were conducted both descriptive or experimental design and comparative clinical study suggested for further research.

Furthermore, Zikr therapy as original Islamic relaxation has shown to deal with psychological problems, such as preoperative anxiety (Mardiyono et al., 2007), insomnia (Purwanto & Zulaekah, 2007), and spiritual outcomes (Damarhuda, 2005). However, it has not shown effective to balance physiological outcomes in terms of blood pressure, heart rate, respiratory rate, and temperature (Mardiyono et al., 2007). The extensive studies with advanced technique: repeated measurements, various populations, and length of zikr therapy are suggested. Similar results have been found in applying with modified Islamic relaxation: religious psychotherapy, modified cognitive therapy with Islamic tenets, and SEFT. Religious psychotherapy was effective to reduce anxiety (Azhar et al., 1994; Razali et al., 2002), depression (Azhar & Varma, 1995b), and enhance bereavement (Azhar & Varma, 1995a), but has not been researched for physiological outcomes.

As explained previously, SEFT is a new modified Islamic relaxation to overcome psychological and physiological problems. SEFT has shown to overcome psychological problems: psychological traumas, addiction, phobia, anxiety, pain, emotional distress; and, physiological problems: smoking cessation, eyestrain, migraine (Craig, 1999; Zainuddin, 2007).

Moreover, the interpretation of the previous studies should be considered carefully as a result of subjects' selection criteria, method use and outcome measurement in a long period. The proper methods of Islamic relaxation are necessary to provide a simple, an effective, and an efficient nursing intervention (Fridlund, 2007). Modification of Islamic relaxations by combining original and modified

Islamic relaxation also may have synergic effects on psychological and physiological outcomes.

### **Conclusion**

This review demonstrates some effectiveness of Islamic relaxation (both original and modified Islamic relaxation) on psychological and physiological outcomes. Prayer in particular requires further randomized control trial study with adequate sample size. Zikr therapy is one of the most effective relaxation in reducing anxiety in hospitalized patients (Mardiyono et al., 2007) while SEFT can be benefit in both reducing psychological problems: trauma, addiction, phobia, anxiety, pain, and emotional distress; and balancing physiological outcomes: smoking cessation, migraine, eyestrain by tapping at meridian points. However, several limitations of the studies reviewed were also considered in terms of small sample size and inconsistency in the measures used to assess psychological and physiological outcomes. More empirical works of the effects of Islamic relaxation both religious psychotherapy and modified cognitive therapy will require for further investigation of its advantage on outcomes.

### **Implication for nursing practice and research**

Islamic relaxation as a direct-acting nursing intervention: Zikr therapy, prayer, modified cognitive therapy, and SEFT is effective to overcome psychological problems: psychological traumas, addiction, phobia, anxiety, pain, emotional distress, depression, insomnia, and physiological outcomes: immunity, migraine, smoking cessation, and eyestrain. It should be applied to various groups of patients to overcome their psychological problems since there is a cultural appropriated without

evidence of negative impacts. Although the balance in physiological outcomes remains unclear, further research should be conducted to test the effectiveness of Islamic relaxation on physiological outcomes.

## References

- Abdel-Khalek, A. M. (2007). Religiosity, happiness, health, and psychopathology in a probability sample of Muslim adolescents. *Mental Health, Religion & Culture, 10*(6), 571-583.
- Abdel-Khalek, A. M., & Lester, D. (2007). Religiosity, health, and psychopathology in two cultures: Kuwait and USA. *Mental Health, Religion & Culture, 10*(5), 537-550.
- Azhar, M. Z., & Varma, S. (2000). Mental illness and its treatment in Malaysia. In I. Al-Issa (Ed.), *Al-Junun: Mental illness in the Islamic world* (pp. 163-186): International Universities Press.
- Azhar, M. Z., & Varma, S. L. (1995a). Religious psychotherapy as management of bereavement. *Acta Psychiatrica Scandinavica, 91*(4), 233-235.
- Azhar, M. Z., & Varma, S. L. (1995b). Religious psychotherapy in depressive patients. *Psychotherapy and Psychosomatics, 63*, 165-168.
- Azhar, M. Z., Varma, S. L., & Dharap, A. S. (1994). Religious psychotherapy in anxiety disorder patients. *Acta Psychiatrica Scandinavica, 90*(1), 1-3.
- Beck, A. T. (1993). Cognitive therapy: Past, present, and future. *Journal of Consulting and Clinical Psychology, 61*(2), 194-198.
- Craig, G. (1999). The EFT manual. Retrieved December 2, 2008: <http://www.emofree.com/downloadeftmanual.asp>
- Damarhuda (2005). *Dzikir penyembuhan ala Haryono [Zikr healing as Haryono's method]*. Jakarta: Pustaka Latifah.
- Fridlund, B. (2007). Nursing interventions -- When are they the rule rather than the exception? *European Journal of Cardiovascular Nursing, 6*(4), 253-254.
- Hodge, D. R., & Nadir, A. (2008). Moving toward culturally competent practice with Muslims: modifying cognitive therapy with Islamic tenets. *Social Work, 53*(1), 31-41.
- Mardiyono, Angraeni, M., & Dyah Sulistyowati, D. I. (2007). Pengaruh terapi dzikir terhadap penurunan kecemasan pasien bedah mayor [ Effects of zikr therapy in reducing preoperative anxiety for patients undergoing major surgery]. Unpublished Lecturer National Grand, The Ministry of Education. General of Soedirman University.
- Moser, D. K., Chung, M. L., McKinley, S., Riegel, B., An, K., Cherrington, C. C. et al. (2003). Critical care nursing practice regarding patient anxiety assessment and management. *Intensive and Critical Care Nursing, 19*(5), 276-288.
- Purwanto, S., & Zulaekah, S. (2007). *Effect of religious relaxation in reducing insomnia [Pengaruh pelatihan relaksasi religious untuk mengurangi gangguan insomnia]*. Surakarta: University of Muhammadiyah Surakarta.
- Razali, S. M., Aminah, K., & Khan, U. A. (2002). Religious-cultural psychotherapy in the management of anxiety patients. *Transcultural Psychiatry, 39*(1), 130-136.

- Rezaei, M., Adib-Hajbaghery, M., Seyedfatemi, N., & Hoseini, F. (2008). Prayer in Iranian cancer patients undergoing chemotherapy. *Complementary Therapies in Clinical Practice*, 14(2), 90-97.
- Sholeh, M. (2004). *Effektifitas sholat tahajjut untuk peningkatan imunitas pada adolescence [The effect of night prayer on immune system in young adults]*. Unpublished Doctoral Dissertation, Airlangga University, Kediri, Indonesia.
- Syed, I. B. (2003). Spiritual medicine in the history of Islamic medicine. *Journal of the International Society for the History of Islamic Medicine*, 2, 45-49.
- Vasegh, S., & Mohammadi, M.-R. (2007). Religiosity, anxiety, and depression among a sample of Iranian medical students. *The International Journal of Psychiatry in Medicine* 37(2), 213-227
- Wahass, S., & Kent, G. (1997). A comparison of public attitudes in Britain and Saudi Arabia towards auditory hallucinations. *International Journal of Social Psychiatry*, 43(3), 175.
- Zainuddin, A. F. (2007). *SEFT. Spiritual Emotional Freedom Technique*. Jakarta: Arga Publishing.