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• A Spiritual Music Relaxation for Pregnant Mother with Preeclampsia in Puskesmas Gajahan Surakarta

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Abstrak

Latar Belakang: Preeklamsia merupakan penyebab utama kematian ibu di Indonesia. Musik mencakup dimensi material dan spiritual, yang mengintegrasikan komponen fisik dan spiritual. Teknik relaksasi yang menggabungkan sistem kepercayaan dianggap dapat meredakan kecemasan dan berpotensi menurunkan tekanan darah. Penelitian ini bertujuan untuk mengeksplorasi pengaruh relaksasi spiritual melalui musik pada ibu hamil yang menderita preeklamsia di Puskesmas Gajahan, Surakarta. Metode: Penelitian dilakukan dengan Pre-Experimental Design dan One-Group Pretest-Posttest Design. Peneliti melakukan tes awal (pretest) sebelum perlakuan, dan pengukuran kembali dilakukan setelah perlakuan (posttest). Subjek penelitian ini adalah ibu hamil yang didiagnosis preeklamsia di Puskesmas Gajahan, Surakarta. Terapi relaksasi spiritual musik dilakukan setiap hari selama 7 hari dengan menggunakan panduan audio, serta pendampingan dari tim peneliti. Hasil: Rata-rata tekanan darah ibu hamil preeklamsia sebelum perlakuan terapi musik relaksasi spiritual adalah 145/84 mmHg. Rata-rata tekanan darah ibu hamil preeklamsia setelah dilakukan terapi musik relaksasi spiritual adalah 129/79. Rata-rata skala HARS ibu hamil preeklamsia sebelum dilakukan terapi adalah 12, dan setelah dilakukan terapi adalah 7,8. Respon ibu hamil preeklamsia sebelum dilakukan terapi adalah rasa takut dan cemas, setelah dilakukan terapi musik relaksasi spiritual ibu menyatakan merasa rileks, tenang, dan nyaman. Kesimpulan: Tekanan darah ibu hamil preeklamsia mengalami penurunan setelah dilakukan terapi musik relaksasi spiritual.

Kata Kunci: Musik spiritual; Relaksasi; Hamil; Preeklamsia

Abstract

Background: Preeclampsia is the leading cause of maternal mortality in Indonesia. Music encompasses both material and spiritual dimensions, integrating physical and spiritual components. Techniques for relaxation that incorporate belief systems are thought to alleviate anxiety and potentially lower blood pressure. This study aims to explore the effects of spiritual relaxation through music on pregnant women suffering from preeclampsia at the Gajahan Health Center in Surakarta. Methods: The research was conducted with a Pre-Experimental Design and One-Group Pretest-Posttest Design. Researchers conducted an initial test (pretest) before treatment, and measurements were taken again after treatment (posttest). The subjects of this study were pregnant women who were diagnosed with preeclampsia at the Gajahan Health Center in Surakarta. Music spiritual relaxation therapy is carried out every day for 7 days using audio guides, as well as assistance from the research team. Results: The average blood pressure of pre-eclampsia pregnant women before the spiritual relaxation music therapy treatment was 145/84 mmHg. The average blood pressure of preeclampsia pregnant women after spiritual relaxation music therapy treatment is 129/79. The average HARS scale for pregnant women with pre-eclampsia before treatment was 12, and after treatment was 7,8. The response of pre-eclampsia pregnant women before being treated was fear and anxiety, after the spiritual music therapy relaxation treatment, the mother stated that she felt relaxed, calm, and comfortable. **Conclusion:** The blood pressure of pregnant women with preeclampsia decreased after doing music spiritual relaxation therapy.

Keywords: Spiritual music; Relaxation; Pregnant; Preeclampsia

1. INTRODUCTION

Maternal mortality remains significant issue globally, including in Indonesia, where the Maternal Mortality Rate (MMR) stands at 305 per 100,000 live births. This figure falls short of the Millennium Development Goals (MDGs) target of 102 per 100,000 live births set for 2015. According to the 2015 SUPAS results. the maternal mortality rate is three times higher than the Sustainable Development Goals (SDGs) target [1]. The primary causes of maternal deaths in Indonesia include hypertensive disorders during pregnancy, as preeclampsia, bleeding. infections. Data from the SRS Litbangkes in 2016 indicates that preeclampsia accounts for 33% of maternal deaths, making it the leading cause in the country [2].

Pre-eclampsia (PE) is a pregnancyspecific disorder, with a global prevalence of Pre-eclampsia is a significant contributor to both maternal and perinatal mortality. Every year there are 50,000 to 60,000 deaths caused by PE worldwide [3]. Preeclampsia (PE) is characterized by hypertension 140/90 mmHg, urine protein urine dipstick test 1+ or no urine protein [4] accompanied by multiple maternal organ dysfunction, at gestational age after 20 weeks yang [5]. In developing countries, women face a greater risk of death from preeclampsia compared to those in developed nations. While pre-eclampsia occurs in only about 2%-8% of pregnancies globally, it is linked to serious complications, including eclampsia, hemorrhagic stroke, hemolysis, elevated liver enzymes and low platelets (HELLP syndrome), renal failure, and pulmonary edema [6]. Consequently, there is a significant need for further research on primary therapeutic interventions mitigate the risk of preeclampsia and the potential complications that may arise.

Several factors can be associated with preeclampsia such as age, gestational age, and history of hypertension [7]. Mothers with preeclampsia experienced increased anxiety three times more than normal pregnant women without pregnancy complications. In addition to anxiety, mothers with PE can also experience mood

disorders such as often experiencing anxiety twice as much as normal pregnant women without pregnancy complications [8]. Relaxation is needed to lower or suppress blood pressure, and reduce stress and anxiety. Stress management through relaxation techniques has been proven to reduce both short and long-term [9].

For centuries music has been a medium for getting to know nature and God. Ontologically, music is an amalgamation of both material and spiritual components, consisting of physical and metaphysical elements. The essence of spiritual music is to combine the sounds of nature (gurgling water, wind, birdsong), piano instruments, and the sound of dhikr, or dhikr in the heart forms spiritual substance Relaxation techniques involving belief, one of which is using dhikr are believed to reduce anxiety [11], [12], [13] and can reduce maternal blood pressure [11], [14]. Spiritual music is an approach that utilizes a respiratory relaxation response method, incorporating the patient's belief factor to foster an internal environment conducive to achieving a higher state of health and wellbeing. This concept closely aligns with Benson's relaxation theory, which posits that relaxation combines physical ease with philosophical or religious beliefs. According to Benson, relaxation involves focusing on specific expressions that are repeated in a consistent rhythm, accompanied by an attitude of acceptance. These expressions may include names of God or words that evoke a sense of calm for the patient. Engaging in repeated expressions of belief and faith in God can elicit a profound relaxation response [14], [15]. We examined the impact of relaxation achieved through listening to Islamic praise/Dhikr alongside nature sounds, utilizing a spiritual music relaxation technique. Spiritual relaxation guide music is listened to with headphones as a non-pharmacological intervention for preeclampsia pregnant women.

2. METHODS

2.1 Research design

The research employed a Pre-Experimental Design featuring a One-Group Pretest-Posttest Design. This study involved a single treatment group and did not include a control group.

2.2 Setting and samples

The study took place in the Gajahan Health Center's service area in Surakarta from May to July 2022. The population consisted of all pregnant women who visited the Gajahan Health Center. A purposive sampling technique was employed for sample selection. The inclusion criteria set were pregnant women diagnosed with preeclampsia at the Gajahan Surakarta Health Center in the period May-July 2022.

2.3 Intervention (applies to experimental studies)

This study only had one treatment group. The next step is to provide additional therapy by doing spiritual music relaxation exercises as a companion to the standard therapy that has been given by the Spiritual music relaxation Puskesmas. therapy was carried out for 7 consecutive days by listening to an audio guide on the stages of relaxation and accompanied by a research team. On the eighth day, the blood pressure and anxiety levels of pregnant women were re-evaluated to gather posttest data. The research team tasked with accompanying the research sample were Bachelor Midwiferv students at of Universitas 'Aisvivah Surakarta.

2.4 Measurement and data collection

The data collection technique begins with determining the group of mothers who meet the research inclusion criteria. Pretest obtained through were observation of the mother, measuring blood pressure and anxiety levels. Blood pressure was measured using a digital monitor (Omron), while anxiety levels were assessed through a questionnaire based on the Hamilton Anxiety Rating Scale (HARS) method. The data is also supplemented by looking at the KIA handbook. All pregnant women have received standard therapy from the Gajahan Surakarta Health Center.

2.5 Data analysis

The collected data was analyzed descriptively using the SPSS software application.

2.6 Trustworthiness

This study ensured credibility by implementing privacy measures to facilitate genuine and honest questionnaire filling. For transferability, the authors use a standardized instrument, namely the HARS scale. For reliability and certainty, the research team met online to discuss our data collection and analysis processes to ensure that they are consistent. The research team also documented the research process.

2.7 Ethical considerations.

The research has obtained ethical approval from KEPK 'Aisyiyah University Surakarta No. 029/I/AUEC/2022. The research process has obtained the consent of the respondents and the privacy of each research subject is well maintained.

3. RESULT AND DISCUSSION

a. Characteristics of pregnant women based on maternal age

 Table 1. Respondent characteristics based on

maternal age during pregnancy.

	-0,	
Mother's age at	Amount	Percentage
pregnancy		
< 20 years	0	0%
20-35 years	4	67%
> 35 years	2	33%
Total	6	100%

According to Table 1, the research sample consists of six pregnant respondents. Data indicated that four of these respondents were aged between 20 and 35 years. Meanwhile, two respondents are more than 35 years old. Two respondents who are more than 35 years old, state that their current pregnancy is not planned, so the mother expresses anxiety because she is no longer young.

b. Characteristics by gestational age

Table 2. Respondent characteristics based on

gestational age.

0		
Gestational age	Amount	Percentage
20-27 week	4	67%
28-35 week	2	33%
35-38 week	0	0%
Total	6	100%

As shown in Table 2, data revealed that four respondents were in the gestational age range of 20 to 27 weeks, while two respondents were between 28 and 35 weeks pregnant.

c. Maternal characteristics by parity

Table 3. Respondent characteristics based on parity.

F				
Parity of pregnant	Amount	Percentage		
women				
Primipara	0	0%		
Multipara	6	100%		
Grandemultipara	0	0%		
Total	6	100%		

Based on **Table 3**. The data obtained from respondents with multipara parity are six respondents. The data of respondents who are in their second pregnancy are their people. One respondent with a third pregnancy, and one respondent with a fourth pregnancy.

d. Results of blood pressure checks for pregnant women

Table 4. The results of measuring the blood

pressure of pregnant women

Identity	Pre- treatment tension	Post- treatment tension	Follow up tension
Respondent 1	137/76	127/77	126/83
Respondent 2	158/89	140/90	140/90
Respondent 3	139/77	134/79	130/70
Respondent 4	144/88	132/89	130/81
Respondent 5	162/86	155/77	120/80
Respondent 6	130/90	125/83	130/70
Mean	145/84	135/82	129/79

Based on **Table 4**. Respondents' average blood pressure before spiritual music relaxation therapy was 145/84 mmHg. The average data of respondents' blood pressure after doing spiritual music relaxation therapy for seven days was 135/82 mmHg. Data on the average blood pressure of respondents when making repeat visits to the Puskesmas after being treated with spiritual relaxation music was 129/79 mmHg.

e. The anxiety levels of pregnant women assessed using the HARS scoring method.

Table 5. The results of measuring the anxiety of pregnant women using the HARS score method

pregnant women using the HARS score metho			
Identity	Score HARS	Score HARS	
	pre-treatment	post-treatment	
Respondent 1	20	16	
Respondent 2	10	3	
Respondent 3	10	7	
Respondent 4	12	8	
Respondent 5	10	7	
Respondent 6	10	6	
Mean	12	7,83	

Based on **Table 5.** The data obtained on the average level of anxiety of

respondents before doing spiritual music relaxation therapy is 12. The average data of respondents' anxiety levels after doing spiritual music relaxation therapy for seven days is 7,83.

f. Response to the mother's feelings before and after relaxation

Table 6. Responses to maternal feelings before

and after relaxation.				
Identity	Pre-	Perce	Post-	Percen
	treatment	ntage	treatment	tage
	response		response	
Fear and	2	33%	0	0%
anxiety				
Anxiety	4	67%	0	0%
Just normal	0	0%	0	0%
Relax	0	0%	0	0%
Relax and	0	0%	5	83%
calm				
Relax and	0	0%	1	17%

comfortable

Total

Based on **Table 6**. The data obtained from the response of the mother's feelings before being treated with spiritual music relaxation, some respondents expressed anxiety, and two respondents expressed fear and anxiety. The assessment of maternal feelings following treatment with spiritual music relaxation revealed that five respondents felt relaxed and calm, while one respondent expressed feelings of relaxation and comfort.

The research was carried out in the Gajahan Health Center area, with the address Jl. Veteran No. 46, district. Pasar Kliwon, Surakarta. Gajahan Health Center is a health center with 24-hour inpatient and maternity services, with a total of 11 midwives. Data collection was carried out from May to August 2022. Based on the data of pregnant women who visited the Gajahan Health Center from April to June totaling 47 people, then screening was carried out based on the register book and the results of the examination, it was found that 6 pregnant women could be used as research samples.

Based on Table 4. there are differences and decreases in the results of blood pressure examinations before therapy, after, and during follow-up schedules for repeat visits at the Puskesmas. This is in line with previous research that relaxation therapy in general can reduce anxiety levels and blood pressure. Spiritual music modification relaxation therapy made in this

study is a modification of Benson's relaxation with the addition of faith (dhikr for Muslims) combined with progressive muscle exercises, and breathing exercises accompanied by piano music and natural sounds such as the sound of gurgling water, birds chirping. Based on the results of research on samples, modification of spiritual music therapy can reduce blood pressure. This is to previous research which states that mothers with preeclampsia need relaxation to lower or stabilize blood pressure and reduce stress and anxiety [9], [11], [14], [16].

Benson's relaxation theory is the basis for making modifications to spiritual relaxation music. Benson relaxation is an alternative therapy for dealing psychological and physical disorders. Benson relaxation is an advancement of a respiratory relaxation response technique that incorporates the patient's belief factor, helping to create an internal environment conducive to achieving a higher state of health and well-being. Benson relaxation is characterized as a relaxation technique rooted in an individual's philosophical or religious beliefs. It involves focusing on specific expressions that are repeated in a rhythmic manner, accompanied by an attitude of surrender. These expressions may include names of God or words that convey a sense of calm for the patient. The continual repetition, combined with belief and faith in God, can elicit a powerful relaxation response [15], [17]. Previous studies indicated that Benson's relaxation technique had an impact on the blood pressure of patients with hypertension [18]. Spiritual relaxation music, which is a modification of Benson's relaxation, can be alternative companion therapy for preeclampsia patients. Condition Patients who find the results of blood pressure checks are more than normal, of course, a little or a lot will be affected psychologically, causing anxiety even though it is at a mild level. To deal with psychological disorders such as anxiety, as well as physical disorders due to preeclampsia, mothers can be given spiritual relaxation therapy [15], [19], [20] music. Spiritual relaxation music consists of incorporating progressive muscle exercises, followed by breathing relaxation by involving the patient's belief factor, and playing dhikr, sounds of nature (wind, gurgling water, chirping birds). The relaxation guide also mentions positive affirmations for pregnant women, and mothers are also allowed to make positive affirmations for themselves according to the mother's wishes or expectations.

Based on previous research, spiritual relaxation of dhikr is effective in reducing stress [19], [21] and depression in primigravida pregnant women [9]. By doing relaxation exercises, there will be a decrease in oxygen consumption, CO2 output, cellular ventilation, respiratory rate, and lactate levels as an indication of decreased stress levels. Later it was also found that the concentration of oxygen in the blood was constant and even increased. With the Benson relaxation, a person will feel calm, and help relax the muscles, so that pain is reduced. In other studies, Benson relaxation has also demonstrated effectiveness in lowering blood pressure among hypertensive patients [18]. Pregnant women with hypertension exhibit notable changes after relaxation, as the relaxation response is believed to inhibit the autonomic and central nervous systems. enhancing parasympathetic activity. This is marked by reduced tone in skeletal and heart muscles, as well as disruptions in neuroendocrine function [14], [15], [20].

Based on Table 5 describes the results of measuring anxiety levels using the HARS scale. The average score is different, from a scale of 12 to 7.83. This shows that there is a decrease in anxiety levels and is in line with previous exposures, namely relaxation involving one's belief has proven to be useful for reducing stress levels [10], [11], [18], [22], [23]. In addition, Benson relaxation can also reduce anxiety in chronic disease patients [24], [25]. Several studies indicate that Benson relaxation can help reduce anxiety in pregnant women at risk during pregnancy [12], [26]. Relaxation techniques are effective in alleviating anxiety associated with stress or depression. The sense of calm experienced is linked to alpha

brain waves, which promote feelings of happiness and comfort. Additionally, the human pituitary gland releases calming hormones such as endorphins encephalins, contributing to a sense of tranquility. According to homeostatic theory, this process enhances parasympathetic activity. leading to nerve decreased synthesis of catecholamine hormones, resulting in reduced muscle contraction, lower heart rate, vasodilation of blood vessels, and decreased blood pressure [27].

Based on Table 6, it is shown that there are differences in the response of the mother's feelings from feeling anxious and afraid to being relaxed, calm, comfortable. This is to the statement described in previous research [15], that the relaxation process of breathing is the process of entering O2 through the respiratory tract and then entering the lungs and being processed into the body, then further processed in the lungs, precisely in the bronchi and circulated throughout the body. through the veins and arteries to meet the need for O2. If the O2 is sufficient, then humans are in a state of balance. This condition fosters a general state of relaxation in individuals. The feeling of relaxation is communicated to the hypothalamus, prompting the release of Corticotropin Releasing Factor (CRF). In turn, CRF stimulates the pituitary gland to boost the production of Proopiomelanocortin (POMC), leading to increased production enkephalin by the adrenal medulla. The pituitary gland also releases endorphins, which act as neurotransmitters that promote relaxation in mood. Elevated levels of enkephalin and endorphins enhance feelings of relaxation and comfort. As anxiety and stress decrease, blood pressure also lowers. as blood pressure tends to rise in response to physiological and psychological stressors [14], [15], [28]. From this description, it can be concluded that Benson's relaxation is effective in stabilizing blood pressure and alleviating stress and anxiety. Consequently, this study views Benson relaxation as an alternative therapy for pregnant women with pre-eclampsia, which

associated with stress, anxiety, and unstable blood pressure.

When a person experiences tension, the sympathetic nervous system is activated. while relaxation engages parasympathetic nervous system. process helps alleviate tension, resulting in a feeling of relaxation. This sense of calm is communicated to the hypothalamus, which produces corticotropin-releasing hormone (CRH). CRH then activates the anterior pituitary gland to release enkephalin and endorphins, neurotransmitters that enhance feelings of relaxation and happiness. Additionally, the secretion adrenocorticotropic hormone (ACTH) from the anterior pituitary decreases, which in turn regulates the adrenal cortex to manage cortisol production. Lower levels of ACTH and cortisol contribute to reduced stress and tension [14], [15], [24], [28].

The stages of relaxation training include four fundamental components: a environment. focused serene inner intention, a passive mindset, and a comfortable position for the mother. A calm atmosphere helps focus the concentration of the mind and effectively listens or makes positive affirmatimakethereby eliminating distracting thoughts. Mental devices move thoughts that are outside the self, there must be constant stimulation. The stimulus is in the form of words or phrases that are repeated in the heart according to beliefs. Focusing on certain words or phrases will increase the basic strength of the relaxation response by providing a confidence factor to influence the decrease in sympathetic nervous activity. In a relaxed condition, the body and organs can work optimally, and blood circulation more smoothly to the organs. Spiritual relaxation music therapy can be useful for lowering blood pressure, stabilizing one's emotions, reducing anxiety levels, and improving physical and mental health [11], [15], [16], [20], [22], [28], [29], [30], [31], [32].

4. CONCLUSION

In conclusion, spiritual relaxation music therapy can lower the average blood pressure and anxiety levels in pregnant women with preeclampsia. It is advisable for all pregnant women to engage in relaxation exercises to enhance their health and promote a sense of calm.

REFERENCES

- [1] Kemenkes, *Indonesia Health Profile* 2020. 2021.
- [2] E. Margarini and M. Anindita, "Peringatan Hari Preeklamsia Sedunia 2021," Promkes Kemkes. [Online]. Available: https://promkes.kemkes.go.id/perin gatan-hari-preeklamsia-sedunia-2021
- [3] P. Gathiram and J. Moodley, "Pre-eclampsia: Its pathogenesis and pathophysiolgy," *Cardiovasc J Afr*, vol. 27, no. 2, pp. 71–78, 2016, doi: 10.5830/CVJA-2016-009.
- [4] L. C. Poon *et al.*, "The International Federation of Gynecology and Obstetrics (FIGO) initiative on preeclampsia: A pragmatic guide for first-trimester screening and prevention," *Int J Gynecol Obstet*, vol. 145, pp. 1–33, 2019, doi: 10.1002/ijgo.12802.
- [5] S. Rana, E. Lemoine, J. Granger, and S. A. Karumanchi, "Preeclampsia: Pathophysiology, Challenges, and Perspectives," *Circulation Research*, vol. 124, no. 7, pp. 1094–1112, 2019, doi:
 - 10.1161/CIRCRESAHA.118.313276.
- [6] L. M. Amaral, M. W. Cunningham, D. C. Cornelius, and B. Lamarca, "Vascular Health and Risk Management Dovepress Preeclampsia: long-term consequences for vascular health," *Vasc Health Risk Manag*, pp. 11–403, 2015, doi: 10.2147/VHRM.S64798.
- [7] R. Muzalfah, Y. D. P. Santik, and A. S. Wahyuningsih, "Kejadian Preeklampsia pada Ibu Bersalin," *Higeia Journal Of Public Health Research Development*, vol. 2, no. 3, pp. 1–12, 2018.
- [8] L. A. Huda, D. Kurniawati, and P. P. Juliningrum, "the Relationship Family Emotional Support With Anxiety of Preeclampsia Pregnant Mother," Jurnal Ilmu Keperawatan (Journal of

- Nursing Science), vol. 8, no. 2, pp. 94–101, 2020, doi: 10.21776/ub.jik.2020.008.02.5.
- [9] S. Wahyuni, Anies, A. Soejoenoes, S. T. Putra, and M. A. Syukur, "Spiritual dhikr reduces stress and depression symptom on primigravidas," *Pakistan Journal of Medical and Health Sciences*, vol. 12, no. 3, pp. 1368–1371, 2018.
- [10] A. Nasir, "Hubungan Tasawuf Dengan Musik Spiritual (AS- Sama ') (Meneropong Kedalaman Sejarah , Sebagai Fenomena Mistisisme Spiritual)," Esoterik: Jurnal Akhlak dan Tasawuf, vol. 2, no. 2, pp. 527–546, 2016.
- [11] A. Widiastuti, R. Rusmini, S. Mulidah, and W. Haryati, "Terapi Dzikir Dan Murottal Untuk Mengurangi Kecemasan Pada Pre Eklampsia Ringan," *Link*, vol. 14, no. 2, p. 98, 2018, doi: 10.31983/link.v14i2.3706.
- [12] A. Samsudin, N. Yahya, M. W. R. Wan, A. Masdar, C. Y. Liu, and A. Izaham, "Listening to Islamic Praises (Dzikr) is More Effective in Reducing Perioperative Anxiety Levels when Compared to Nature-Based Sounds in Muslim Patients Undergoing Surgery Under Regional Anaesthesia," IIUM Medical Journal Malaysia, vol. 18, no. pp. 31-39, 2019. 10.31436/IMJM.V18I3.191.
- [13] R. A, "Terapi Dzikir Dalam Islam Terhadap Tingkat Kecemasan Pada Ibu Hamil." TARBAWI," *Jurnal Pendidikan Agama Islam*, vol. 5, no. 1, pp. 75–91, 2020.
- [14] N. Setyaningrum and S. Suib, "Efektifitas Slow Deep Breathing Dengan Zikir Terhadap Penurunan Tekanan Darah Pada Penderita Hipertensi," *IJNP (Indonesian Journal of Nursing Practices)*, vol. 3, no. 1, pp. 35–41, 2019, doi: 10.18196/ijnp.3191.
- [15] R. Yulendasari and D. Djamaludin, "Pengaruh pemberian teknik relaksasi Benson terhadap tekanan darah pada penderita hipertensi," Holistik Jurnal Kesehatan, vol. 15, no.

- 2, pp. 187–196, 2021, doi: 10.33024/hjk.v15i2.4393.
- [16] D. T. Yudono, S. Wardaningsih, and N. Kurniasari, "Pengaruh terapi psikoreligius (dzikir) dan progresive muscle relaxation dengan pendekatan caring terhadap kecemasan pada pasien tindakan kemoterapi," *Health Sciences and Pharmacy Journal*, vol. 3, no. 2, p. 34, 2019, doi: 10.32504/hspj.v3i2.131.
- [17] A. Syifa, M. Khairiyah, and S. Asyanti, "Relaksasi Pernafasan Dengan Zikir Untuk Mengurangi Kecemasan Mahasiswa," *Jurnal Intervensi Psikologi (JIP)*, vol. 11, no. 1, pp. 1–8, 2019, doi: 10.20885/intervensipsikologi.vol11.i ss1.art1.
- [18] T. Simandalahi, W. Sartiwi, and E. Novita Angriani L.Toruan, "Pengaruh Teknik Relaksasi Benson Terhadap Tekanan Darah Pada Penderita Hipertensi," *Jurnal Endurance*, vol. 4, no. 3, p. 641, 2019, doi: 10.22216/jen.v4i3.4471.
- [19] T. Muzaenah and A. B. S. Hidayati, "Manajemen Nyeri Non Farmakologi Post Operasi Dengan Terapi Spiritual 'Doa dan Dzikir': *A Literature Review," Herb-Medicine Journal*, vol. 4, no. 3, p. 1, 2021, doi: 10.30595/hmj.v4i3.8022.
- [20] D. Fitriyani and Sulistiawati, "Pengaruh Terapi Zikir Terhadap Kecemasan Ibu Hamil Primigravida Trimester I Dan Iii Di Uptd Puskesmas Rawat Inap Tulang Bawang Baru Tahun 2020," Jika, vol. 5, no. 2, p. 1, 2021.
- [21] R. Sulistyawati, Probosuseno, and S. Setiyarini, "Dhikr Therapy for Reducing Anxiety in Cancer Patients," *Asia-Pacific Journal of Oncology Nursing*, vol. 6, no. 4, pp. 411–416, 2019, doi: 10.4103/apion.apion 33 19.
- [22] D. K. P. Nadia, "Peningkatan Kebahagiaan Lansia dengan Pelatihan Relaksasi Dzikir di Rumah Pelayanan Sosial Lanjut Usia Terlantar Budhi Dharma," *Jurnal Pemberdayaan*

- Masyarakat: Media Pemikiran dan Dakwah Pembangunan, vol. 3, no. 1, pp. 141–160, 2019, doi: 10.14421/jpm.2019.031-07.
- [23] A. Bakar, S. Suhartatik, and L. Hidayati, "Combined benson and dhikr relaxation reduces anxiety and pulse frequency of inpatient cardiacs in hospitals," *International Journal of Pharmaceutical Research*, vol. 12, no. 4, pp. 1747–1753, 2020, doi: 10.31838/ijpr/2020.12.04.250.
- [24] A. Bakar, S. Suhartatik, and L. Hidayati, "Combined benson and dhikr relaxation reduces anxiety and pulse frequency of inpatient cardiacs in hospitals," *International Journal of Pharmaceutical Research*, vol. 12, no. 4, pp. 1747–1753, 2020, doi: 10.31838/ijpr/2020.12.04.250.
- [25] U. Hasanah and A. Inayati, "Relaksasi Benson Menurunkan Tingkat Kecemasan Pada Pasien Gagal Ginjal Kronik Yang Menjalani Hemodialisis," *Jurnal Ilmiah Permas*, vol. 11 No 1, no. Januari, pp. 1–8, 2021.
- [26] P. Febrina, "Pengaruh Terapi Dzikir Untuk Menurunkan Kecemasan Pada Ibu Hamil," *Jurnal ISLAMIKA*, vol. 01, no. 01, pp. 24–33, 2018.
- [27] A. Yusliana, M. Misrawati, and S. Safri, "Efektivitas relaksasi Benson terhadap penurunan nyeri pada ibu postpartum sectio caesarea," *Jurnal Online Mahasiswa*, vol. 2, no. 2, pp. 944–952, 2015.
- [28] I. Patimah, S. S, and A. Nuraeni, "Pengaruh Relaksasi Dzikir terhadap Tingkat Kecemasan Pasien Gagal Ginjal Kronis yang Menjalani Hemodialisa," *Jurnal Keperawatan Padjadjaran*, vol. v3, no. n1, pp. 18–24, 2015, doi: 10.24198/jkp.v3n1.3.
- [29] D. P. Binoriang and S. W. Pramesti, "The comparison of the effectiveness between cananga aromatherapy and dzikr therapy on reducing anxiety in the elderly with hypertension at posyandu Tawarsari Wonosari Gunungkidul," *Bali Medical Journal*, vol. 10, no. 3 Special, pp. 1263–1267, 2021, doi: 10.15562/bmj.v10i3.2871.

- [30] Y. A. Ramadhan, A. Kusumadewi, and H. Saputri, "Pelatihan relakasi dzikir untuk menurunkan stres santri rumah tahfidz 'Z'," *Motiva : Jurnal Psikologi*, vol. 2, no. 1, pp. 8–16, 2019.
- [31] U. Mardhiyah and N. M. Khaerani, "Pelatihan Dzikir Untuk Menurunkan Kecemasan Ibu Hamil Pertama," *Jurnal Psikologi Integratif*, vol. 5, no. 2, pp. 157–174, 2017.
- [32] L. Oktaviani and Anggraini, "Pengaruh Relaksasi Terhadap Penurunan Kecemasan Pada Ibu Hamil Berisiko Tinggi Di Wilayah Kerja Puskesmas Sumur Batu Bandar Lampung Tahun 2016," Jurnal Kebidanan, vol. 4, no. 1, pp. 15–19, 2018.