

INTERNATIONAL JOURNAL OF INNOVATIVE RESEARCH AND KNOWLEDGE

ISSN-2213-1356

www.ijirk.com

DHIKR RELAXATION THERAPY TO IMPROVE QUALITY OF LIFE AMONG WOMEN SURVIVORS OF LANDSLIDE IN RURAL PURWOREJO, INDONESIA

Unggul Pamuji, Elli Nur Hayati & Siti Urbayatun
Master Program of Clinical Psychology, Ahmad Dahlan University,
Yogyakarta, Indonesia

Abstract

The purpose of this study is to determine the effect of dhikr relaxation therapy on improving the quality of life (QoL) of women survivors of a landslide in the rural Purworejo district of Indonesia. A quasi-experimental, one group pretest-posttest design was performed. Subjects in this study were six Muslim women survivors of the landslide with low scores of QoL, as measured using the World Health Organization's abbreviated Quality of Life (WHOQOL-BREF) scale. This scale was also used to obtain the QoL score of these women before and after dhikr relaxation therapy. Qualitative data analysis was obtained from the observation, interview, worksheet, and evaluation sheet to elucidate the women's feelings and thoughts before and after intervention. Data were analysed by paired sample t-test; the result of the mean pretest was 52.6 and mean posttest 100. The value of t was equal to 28.2 with a significance value of 0.000 ($p < 0.01$), which means that there was a very significant increase of QoL scores after the intervention. Therefore, dhikr relaxation therapy can improve the QoL of women survivors of the landslide.

Keywords: *Quality of life, dhikr relaxation therapy, women landslide survivors.*

INTRODUCTION

Disasters cause not only physical problems but also emotional, social, and interpersonal concerns (WHO, 2006). People who experience disasters may suffer trauma as well as the long-term impact of property loss

(Carll, 2007). The most common psychological effects on individuals after disasters are post traumatic stress disorder (PTSD), anxiety, and depression (Norris, Friedman, & Watson, 2002; Foa, Stein, & McFarlane, 2006). Disaster usually triggers a change in the daily activities of the survivors. For example, due to the destruction of houses and buildings, survivors may have to evacuate. They may also lose their livelihoods if the land is damaged by the disaster. Changes in one's daily routine ultimately trigger a decline in the prosperity and life quality of individuals affected by natural disasters (Othman, Dahlan & Murad, 2017).

Landslides are classified as the second most common disaster type in Indonesia. Data collected from the National Disaster Management Agency (BNPB, 2017) reveal that there were 2,278 landslide cases in Indonesia from 2005 to 2014. Of all the provinces in Indonesia, West Java and Central Java were the first and second most prone to landslides. In 2016, the Central Java province experienced 639 incidents of disasters, primarily floods and landslides. Purworejo district, located in Central Java, was hit by a flood and landslide in 2016, in which 15 people were killed and 26 went missing. Floods and landslides occurred in 30 villages from 16 sub-districts; Jelok Village suffered most because its lack of infrastructure prevented the transfer of heavy equipment for aid and evacuation. In Jelok Village, four local people died, six were injured, and thirteen houses were severely damaged. The psychological effects of the disaster, such as a fear of rainfall and the sound of strong winds, are still felt by the local people. The lack of trauma healing done by capable personnel established prolonged trauma, especially among the women affected by these disasters. This has led to a decrease in these women's productivity.

Previous studies have shown that disaster is especially a burden for women, since they experience post-disaster psychological stress, but communities and families still expect them to care for their children and the daily household chores. Therefore, quality of life (QoL) among women in post-disaster settings is more vulnerable to decline than that of men (Othman, Dahlan, & Murad, 2017). Studies sampling thousands of survivors of the earthquake in Sichuan, China, have shown that six months after the disaster, male respondents presented an increase in life quality score, but female respondents remain static (Liang, Chu, & Wang, 2014). This may be because men obtained employment opportunities in various fields through the government, while women had to reinstate standard conditions of the household and care for their children as they returned to school. Nurhasanah (2008) has also discovered that among disaster survivors in the Sleman district in Yogyakarta Province, Indonesia, a higher level of depression is statistically more prevalent among women than men. A study carried out by Pradono, Hapsari, and Sari (2009) has shown that people who are rural, poor, unemployed, undereducated, or have disabilities due to an illness had a lower quality of life; females meeting this profile had low QoL scores, at a rate of 34.7%, while only 28.8% of the male population with the above criteria had a low quality of life.

Quality of life can be evaluated from physical, psychological, social, and environmental lenses, or, as the World Health Organization (WHO, 1996) added, as a spiritual/religious/personal belief under the psychological domain. This spiritual lens is important to defining quality of life for people in cultures with a strong sense of spirituality. In this study, a concept of QoL that includes the spiritual aspect is employed.

Previous study in an Indonesian setting has found the positive impact of spiritually based relaxation in improving people's QoL (Maimunah & Retnowati, 2011; Lestari & Yuswiyanti, 2015). Sulistyarini's study (2013) has shown that relaxation therapy could reduce blood pressure and improve the quality of life of hypertensive patients. Relaxation is a return of muscle to a resting state after contraction or stretching, a state free of tension and strong emotions (Chaplin, 2008). Relaxed conditions allow the amygdala to reduce its activity so the muscles relax and enable the individual to activate the parasympathetic neural system to counter sympathetic nervous system activity (Kalat, 2007). Relaxation therapy has been widely used to help reduce various anxiety problems, and it is widely used to improve QoL in patients with chronic diseases (Leon-Pizarro et al., 2007; Yu, Lee, & Woo, 2010) and patients who will experience surgery (Dehdari et al., 2009).

QoL is essential for women survivors of natural disasters in order to continue their psychosocial functioning as mothers, wives, and members of the community. As such, it is necessary to provide psychosocial therapy for women survivors of the landslide in Jelok Village in Purworejo. It is hypothesized that the psychological intervention of dhikr relaxation will be able to increase the QoL of women survivors of the landslide in this district.

MATERIALS AND METHODS

Research Design

Due to the lack of infrastructure and the natural barriers caused by the hilly area, the authors could only reach a few women suitable for this study. As a result, a quasi-experimental research with one group pretest-posttest design was performed. This design aims to accurately view the effects of a treatment on the experimental group, compared to the group members' previous conditions. The research was conducted in an experimental group consisting of six female participants who were treated with dhikr relaxation therapy. The experiment follows the design that appears in Table 1.

Table 1. Research Design

Experiment Group	Pretest Y1	Treatment X1	Posttest Y2	Follow Up Y3
------------------	------------	--------------	-------------	--------------

EG: Experimental group

Y1: Measurements before treatment

Y2: Measurements after treatment

Y3: Follow up

X: Treatment

Tools of Data Collection

Preliminary research was performed from August to September of 2017. Work was carried out to obtain local permits, gather comprehensive data on the community post-disaster, identify problems, and select subjects. Intervention and was performed during October 2017.

The quantitative data collection tool was life-scale adapted from the WHO's abbreviated quality of life tool (WHOQOL-BREF). WHOQOL uses a scale to assess quality of life domains: physical health, psychological concerns, and social and spiritual relations. To measure using WHOQOL-BREF, a score is calculated for each dimension. The WHOQOL-BREF as a measuring instrument is valid ($r = 0.89-0.95$) and reliable ($r = 0.66-0.87$). This measuring tool has been adapted to various languages, including Indonesian, by Indonesian researchers such as Wardhani (2006), who tested the validity and reliability of this tool in measuring QoL. Meanwhile, qualitative data on the Jelok Village survivors were gathered using interviews, observation, and reflective written narration.

Subjects

From the preliminary screening, there were seven women in Jelok Village who indicated a low QoL score. In the initial interview, all subjects expressed their feelings of anxiety that disaster would happen again. However, only six women consented to participate in this study.

Intervention (Treatment)

The psychosocial intervention used in this study is dhikr relaxation therapy. Dhikr therapy emphasises the subject resting and relaxing, by reducing emotional and psychological stress. Dhikr, in the narrow sense,

means to mention the names of Allah (God); in the broad sense, it means to remember the majesty and affection of Allah by obeying His commandments and avoiding His restrictions (Abdurrahman, 2010).

This method was developed by Wulandari & Nashori (2014) and covers nine sessions given over three meetings. The first phase invites subjects to identify negative emotions that interfere with their thoughts and feelings. This allows the subjects to recognize emotional changes that arise and the defence mechanisms that are carried out in handling their emotion. Second, the subjects are given a brief tutorial on relaxation and dhikr. Finally, the subjects are taught the deep meaning of dhikr phrases and the ability of dhikr to improve people's quality of life.

The dhikr phrases given in the relaxation were *Subhanallah* (Oh holy Allah), *Alhamdulillah* (Thank to Allah), *Allahu Akbar* (Allah the great), *La ilahailallaah* (there is no God but Allah), *Laahaulawalaa quwwataillabillah* (There is no power but Allah's), *Hasbunallah Maulawani'mal wakil ni'malwani'malnasir* (Allah is the almighty that fulfils all human needs), *Astagfirullah* (Forgive me oh Allah), and *Inna lillahi wainnailaihi raji'un* (And only to Allah everything will be returned).

In the final stage, the subjects are invited to identify the effect of the dhikr phrases recited on his/her psychological condition. This process aims to make the subjects interpret the spoken dhikr phrases in order to generate a positive feeling, resulting in improvement in the subject's life.

The intervention was led by a professional psychotherapist experienced in dhikr relaxation therapy, while one of the authors acted as observers during the intervention and the reflection phase.

FINDINGS AND ANALYSIS

A paired sample t test was used to test the hypothesis of this study. This test examined the sample group twice under the same treatment conditions. It aimed to compare the data before (pretest) and after (posttest) treatment. Hypothesis testing was done using SPSS 16.0 for Windows.

Qualitative data were obtained from interviews, observation, and reflective written narration from all of the subjects. These were descriptively analysed to understand the QoL levels of each subject before and after dhikr therapy.

Overall, the mean age of the study subjects was 55.6 years. After filling out the informed consent form, the subjects filled out the WHOQOL questionnaire. The subjects' profiles can be viewed in Table 2 below:

No	Name	Age	Education	Occupation
1	SRN	52 years old	Primary school	Housewife
2	TMR	51 years old	Primary school	Housewife, goat breeding
3	SKH	56 years old	Primary school	Housewife, goat breeding
4	MYI	63 years old	Primary school	Housewife
5	TMI	63 years old	Primary school	Housewife
6	JMH	49 years old	Primary school	Housewife, goat breeding

The results showed a significant improvement of the subjects' QoL after treatment. The quantitative result of the paired sample t test was a t value of -28.212 with a significance value of 0.000 ($p < 0.01$). From this, it can be concluded that there is a very significant difference on the mean pretest-posttest scores in this experimental group, as shown in Table 3.

Table 3. Results of Pretest and Posttest Analysis of Total Life Quality Score

Group	Mean pretest	Mean posttest	T	Asymp. Sig. (2-tailed)	Description
Experimental	52.666	100	-28.212	0.000	There is a significant difference

The findings indicate significant changes to the scores within the environmental, health, and psychological domains, but not within the social domain (might be due to the already exist of mutual social bond in this rural neighborhood). The increased QoL scores among the subjects were derived qualitatively from several observations, such as observation during therapy, work sheet completion, and interviews during the follow-up stage.

Results of the qualitative data analysis showed that all subjects felt changes following the dhikr therapy. Subjects SRN, TMR, and SKH seemed calm when they did dhikr relaxation while closing their eyes. Subject TMI seemed to open her eyes but focused without changing her seated position. Subjects YMI and JMH looked shaky when practicing dhikr relaxation. All subjects expressed direct effects a few days after undergoing this therapy, such as feeling calm when the day becomes dark with heavy rain and strong winds. Such circumstances motivated the subjects to do their activities without worrying if another landslide may happen and without dwelling on the memory of the disaster. In general, the results of the quantitative data were in line with the qualitative outcomes, showing improved QoL among the subjects.

DISCUSSION

The results of the dhikr relaxation therapy indicate that this therapy was able to improve the QoL of female survivors of landslides in a rural area of Purworejo. Physiologically, dhikr relaxation therapy affects the part of the human brain associated with emotional processes, called the hypothalamus. When subjects are guided to a state of calm by concentrating on the breath and reciting dhikr phrases and prayers, hypothalamus activity stops, thereby inhibiting the release of the corticotropin-releasing factor (CRF; Rice, 1992). As a result, the anterior pituitary gland is inhibited from secreting the adrenocorticotropic hormone (ACTH), and the adrenal glands are inhibited from secreting the hormones cortisol, adrenaline, and norepinephrine. Such circumstances can cause the hormone thyroxine, secreted by the thyroid gland, to also be inhibited. Inhibition of thyroxine makes people easily feel tired, anxious, tense, and sleepless. A calm and relaxed meditative state causes a calm and relaxed psychological effect (Rice, 1992). According to previous research, a state of concentration raises alpha waves in the brain if the person is calm (Subandi, 2009). When subjects relax and concentrate on positive things, it stimulates the parasympathetic nervous system (Rice, 1992). The other half of the two-part autonomous nervous system, the sympathetic nervous system, activates when a person feels anxious or stressed.

The psycho-physiologist view states that when a person faces a traumatic event, the body activates the nervous system by releasing the stress hormone; the adrenal gland signals the hypothalamus to release cortisol, epinephrine, and norepinephrine into the bloodstream (Nevid, Rathus, & Greene, 2005). Immediate reactions occurring with the release of these hormones are a quickened heartbeat, shortness of breath, and metabolism. Muscles alert to respond to or avoid threats; blood vessels open between the heart and the rest of the body. The liver responds by releasing glucose for energy and producing sweat to cool the body (Nevid, Rathus, & Greene, 2005).

A study conducted by Sulistyarini (2013) has shown that relaxation therapy can decrease blood pressure and improve the life quality of hypertensive patients. Decreased blood pressure in hypertensive patients has a significant impact; it physically, psychologically, and socially improves patients' quality of life, comfort with therapy, and overall feeling. Relaxation can be merged with a spiritual approach like dhikr to form dhikr relaxation therapy. Sumantri and Riyanto (2000), who provide religious therapy through dhikr phrases in patients with mental disorders, have demonstrated that their subjects grow calmer after therapy.

Previous studies have discovered that psychological treatment using spiritual approaches, such as dhikr relaxation, can assist in restoring mental health. Relaxation therapy that incorporates an element of belief can be conducted by anyone with a belief in something and can be practiced by any religion (Benson & Proctor, 2000). Hawari (1997) has stated that dhikr and prayers, from a mental health point of view, are psychiatric therapy at a higher level than ordinary psychotherapy. Dhikr and prayers contain spiritual elements that allow the generation of hope, or optimism, and confidence in the client; this increases the client's immunity and speeds up the healing process (Hawari, 1997). The stronger the confidence of the person engaging in the relaxation therapy, the greater the relaxation effect will be.

Najati (2005) has stated that dhikr to God can strengthen a person's hope for forgiveness and happiness and bring about a peaceful feeling. Trimmingham (1971) has proposed dhikr as one way to cleanse a soul and cure disease. Abdurahman (2010) has stated that dhikr can restore people into the consciousness since it encourages one to remember, mention, and redefine things hidden in the heart.

Purwanto (2006) has described the benefits of dhikr relaxation: 'the use of meaningful phrases can be implemented as a focus of belief; thus, words will be selected by its 'depth of conviction'. Using words or phrases with special meaning to Muslim believers will encourage them to be calmer and relax, which can be considered as a healthy placebo effect. The selected phrase should be brief to utter while breathing normally and should be easy to say and to remember. Relaxation using dhikr phrases, such as *Subhanallah*, *Alhamdulillah*, *Allahu Akbar*, etc. can decrease the hormones cortisol, epinephrine, and norepinephrine in the body; it can increase calm, relaxation, comfort and can smooth the blood flow.

The strength of this research is in the dhikr therapy module adapted from Wulandari and Nashori (2014) that has been professionally validated, with research results that are relevant to this study.

Another factor contributing to the success of dhikr relaxation therapy is the therapeutic qualifications of the therapist. The person giving the therapy in this study is a psychologist who has studied and experienced dhikr therapy, mastered dhikr phrases and their meanings, and facilitated training in dhikr. The therapist also has good interpersonal skills and qualifications as a counsellor; among other qualities, he is warm, empathic, accepting, and able to convey the content of dhikr therapy in simple language so it is clear and easily understood and enliven the atmosphere.

The next strength of this study is the group approach. A curative effect was felt by participants listening to the experiences of others in the group, so no one felt alone in dealing with problems any longer (Djiwandono, 2005). Participants realized they were not the only ones experiencing certain feelings; they related to each other about still feeling frightened when the surroundings grew stormy and feeling uncomfortable sleeping and doing daily activities. In addition, every subject was strongly committed to eliminate the trauma of the landslide to improve their quality of life.

The limitation of this study is its quasi-experimental design, which does not include a control group for comparison. As such, QoL scores of the research subjects before and after treatment are only compared among themselves.

CONCLUSION

Psychosocial intervention in the form of dhikr relaxation therapy is proven to improve the life quality of women suffering from the landslide in Jelok Village in Purworejo Regency, as indicated by the increasing QoL score of each research subject. All subjects experienced psychological state changes after following the therapy, such as feeling closer to Allah/God, following Allah's will sincerely, or remaining calm when the sky darkens and heavy rain and strong winds come. The subjects enjoyed normal activities without worrying that other landslides may happen or focusing on the memory of the disaster. Subjects also saw a decrease both of psychological problems, such as excessive worry when the weather turns dark and cloudy, and physical complaints, such as fatigue and dizziness.

Participants can manage this therapy independently after being guided by a therapist and assisted by a co-therapist. The more they are able to practice this therapy for themselves, the more they can teach this method of therapy to others in need. This relaxation dhikr therapy may then be considered by any psychosocial agencies, especially faith based agencies, that work for post disaster service provision and other humanitarian or health service, for being used and applied for their intervention method.

Acknowledgement

The researchers thank the Directorate of Research and Community Services of the Ministry of Research, Technology, and Higher Education, which has provided funding for this research according to the Agreement of Research Grant Implementation Number 011706093 on August 3, 2017.

REFERENCES

- Abdurrahman, T. (2010) Smart book of Prayers and Dhikr Shalawat (*Buku Pintar Doa dan Dzikir Shalawat*). Yogyakarta: Fortune Publisher.
- Benson, H., & Proctor, W. (2000): Healing faith: the basic of faithbased relaxation (*Keimanan Yang Menyembuhkan: Dasar-Dasar Respon Relaksasi*). Bandung: KAIFA.
- Badan Nasional Penanggulangan Bencana/BNPB (The National Disaster Management Agency). (2017) (<http://dibi.bnpb.go.id/>). Accessed February 20th, 2018.
- Carll, E.K. (2007). *Trauma Psychology: Issues in Violence, Disaster, Health, and Illness*. United States of America: Greenwood Publishing Group. Inc.
- Chaplin, J.P. (2008). *Dictionary on Psychology (Kamus lengkap psikologi)*: Terjemahan. Jakarta: PT Raja Grafindo Persada.
- Dehdari, T., Heidarnia, A., Ramezankhani, A., Sadeghian, S., & Ghofranipour, F. (2009): Effects of progressive muscular relaxation training on quality of life in anxious patients after coronary artery bypass graft surgery. *Indian Journal of Medical Research*, 129, pp. 603–608.
- Djiwandono, S. E. W. (2005). Counseling and therapy for children and Parents (*Konseling dan terapi dengan anak dan orangtua*). Jakarta: PT. Gramedia Widiasarana Indonesia.
- Foa, E.B., Stein, D.J., & McFarlane, A.C., (2006): Symptomatology and psychopathology of mental health problems after disaster. *Journal of Clinical Psychiatry*, 67(suppl. 2).
- Hawari, D. (1997). Koran of Psychiatric and Mental Health (*Al Quran Ilmu Kedokteran Jiwa dan Kesehatan Mental*). Jakarta: Dana Bhakti Yasa.

- Indonesia Law Number 24/2007 about Disaster Management. Retrieved from National Disaster Management Agency (Badan Nasional Penanggulangan Bencana) <http://www.bnbp.go.id/uploads/mogration/puvs/1.pdf>. Accessed 13 May 2017.
- Kalat, J. W. (2007). *Biological Psychology*. California: Thomson Learning, Inc.
- León- Pizarro, C., Gich, I., Barthe, E., Roviroso, A., Farrús, B., Casas, F., Verger, E., Biete, A., Craven-Bartle, J., Sierra, J., & Arcusa, A. (2007): A randomized trial of the effect of training in relaxation and guided imagery techniques in improving psychological and quality- of- life indices for gynecologic and breast brachytherapy patients. *Psycho- Oncology*, 16(11), pp. 971-979.
- Liang Y., Chu P., & Wang X. (2014): Health-related quality of life of Chinese earthquake survivors: A case study of five hard-hit disaster counties in Sichuan, *Social Indicator Research*, 119, 943–956.
- Maimunah, A., & Retnowati, S. (2011): The Effect of Training on Dhikr Relaxation to reduce anxiety among primipara mothers (*Pengaruh pelatihan relaksasi dengan dzikir untuk mengatasi kecemasan ibu hamil pertama*). *Psikoislamika*, 8(1), pp. 1–22.
- Najati, M.U. (2005). Psychology in Koran: Koranist Therapy for the Healing of Mental Disorder (*Psikologi dalam Al-Qur'an, terapi Qur'ani dalam penyembuhan gangguan kejiwaan*). Bandung: CV Pustaka Setia.
- Nevid, J.S., Rathus, S.A., & Greene, B. (2005). *Abnormal Psychology (Psikologi abnormal)* (5th ed.). Jakarta: Erlangga.
- Norris, F.H., Friedman, M.J., Watson, P.J. (2002): 60,000 disaster victims speak: Part II. Summary and implication of the disaster implication research. *Psychiatry*, 65(3).
- Nurhasanah, N. (2008). Association between depression and quality of life among people in the post disaster area of Sleman District (*Hubungan tingkat depresi dengan kualitas hidup pada daerah bencana pasca gempa bumi di Kabupaten Sleman tahun 2008*). Unpublished master thesis, Universitas Gadjah Mada, Yogyakarta: accessed on October 12th, 2017.
- Othman, A.Z., Dahlan, A., Murad, S. (2017): *The Impact of Flood Disaster on Daily Activities and Quality of Life amongst Women Flood Disaster Survivors*. 3rd AQoL 2017, Kuching, 14-16 Oct 2017/E-BPJ, 2(6), pp. 395-404.
- Pradono, J, Hapsari, D, Sari, P. (2009). Quality of life of Indonesians according to the international classification of functioning (ICF), disability and health, and its influencing factors; Furtehr anaysis of RISKESDAS data 2007). (*Kualitas hidup penduduk indonesia menurut international classification of functioning, disability and health (ICF) dan faktor-faktor yang mempengaruhinya; analisis lanjut data RISKESDAS 2007*). *Buletin Penelitian Kesehatan*, Supplement, pp. 1-10.
- Purwanto, P. (2006). *Educational Psychology (Psikologi Pendidikan)*. Bandung: Remaja Rosdakarya.
- Rice, P.L. (1992). *Stress and Health*. California: Brooks/Cole Publishing.
- Subandi, S. (2009). *Dhikr Psychology (Psikologi dzikir)*. Yogyakarta: Pustaka Pelajar.
- Sulistyarini, I. (2013): *Terapi relaksasi untuk menurunkan tekanan darah dan meningkatkan kualitas hidup penderita hipertensi* (Relaxation therapy to decrease blood pressure and to increase quality of life of Hypertensive patients). *Jurnal Psikologi*, 40(1), pp. 53–62.

Sumantri, S & Riyanto, D.A. (2000): Pengaruh terapi agama islam terhadap penderita gangguan mental di Rumah Sakit Jiwa Pusat (RSJP) Surakarta (*Effect of therapy using Islamic teaching to the psychiatric illness patients in Surakarta Central Psychiatric Hispital*). *Jurnal Penelitian Humaniora*, 1(2), pp. 167–181.

Trimingham, J.S. (1971). *The Sufi Orders in Islam*. Oxford University Press, London.

Wardhani, V. (2006). The description of Quaiity of Life of Bachelors: the Adaptation of WHOQoL-BREF and SRPB (*Gambaran kualitas hidup dewasa muda berstatus lajang melalui adaptasi instrumen WHOQOL-BREF dan SRPB*). Master Thesis. Universitas Indonesia. Accessed 13 May 2017.

World Health Organization. (2006). *Situation report Yogyakarta and central Java earthquake*. Retrieved from: www.wpro.who.int/internet/files/eha/Situation. Accessed 12 May 2017.

Wulandari, E., & Nashori, F. (2014): Pengaruh terapi dzikir terhadap kesejahteraan psikologis pada lansia (*Effect of dhikr therapy toward the elderlys' psychological well being*). *Jurnal Intervensi Psikologi*, 6(2), pp. 235–250.

Yu, D. S., Lee, D. T., & Woo, J. (2010): Improving health- related quality of life of patients with chronic heart failure: effects of relaxation therapy. *Journal of Advanced Nursing*, 66(2), pp. 392-403.