

Islamic Spiritual Practice as a Pathway to Psychological Well-being: Evaluating the Impact of Devotional Remembrance (Dhikr) on Stress

Praktik Spiritual Islam sebagai Jalan Menuju Kesejahteraan Psikologis: Mengukur Dampak Dzikir terhadap Stres

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Abstract :

Dzikir therapy (Islamic mindful prayer) is a psychospiritual approach believed to alleviate stress and enhance psychological well-being. However, empirical studies on the efficacy of dzikir in reducing stress among adolescents remain limited. This study aimed to evaluate the effect of dzikir therapy on stress levels in university students using an experimental design supplemented by post-intervention interviews. A pretest-posttest control group design was implemented with 28 participants randomly assigned to experimental and control groups. The intervention involved daily individual dzikir practice for 30 minutes over two weeks. The Perceived Stress Scale (PSS-10) was administered to collect quantitative data, while post-experiment interviews provided qualitative insights. Quantitative data were analyzed using independent samples t-tests, and qualitative data were thematically analyzed. Results indicated a significant reduction in stress scores for the experimental group compared to the control group ($p = .022$, $d = 1.03$). Qualitative findings revealed that dzikir helped participants manage negative emotions, strengthen spiritual connectedness, and cultivate reflective, positive thinking patterns. The study concludes that dzikir therapy demonstrates statistical and phenomenological effectiveness in reducing stress among adolescents, supporting its integration into holistic stress management interventions

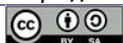
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1. Introduction

In recent years, interest in the role of religious and spiritual practices in enhancing mental and physical well-being has grown significantly. Within Islamic teachings, practices such as *shalat* (prayer) and *dhikr* (remembrance of God) are central to faith and are posited to exert significant positive effects on the psychoneuroimmunological response, which connects the mind and body (Saniotis, 2018). Adolescence represents a critical developmental period characterized by substantial biological, psychological, and social changes, rendering adolescents particularly vulnerable to stress and anxiety (Dwidiyanti et al., 2022; Henderson, 2021; Mani et al., 2023). Stress during this stage can lead to various adverse outcomes, including depression, anxiety disorders, substance abuse, and diminished academic performance (Duta et al., 2020; Krapic et al., 2015; Van Loon et al., 2020). Effective stress management is therefore essential for promoting psychological well-being and preventing these detrimental effects (Ng et al., 2024).

An array of interventions, such as mindfulness, meditation, and yoga, has shown potential to reduce stress and improve mental health among adolescents (Galla, 2016; Gomes et al., 2021; Jois et al., 2017; Tang et al., 2021). A popular intervention is that of *dhikr*. *Dhikr* is a mindfulness practice in Sufism, in which practitioners focus on the repetitive recitation of the names or words of God, as well

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as group chanting or incantations. Such practices are considered to facilitate spiritual growth while promoting inner peace, which are key components of *dhikr*. Practicing *dhikr* can be effective for reducing anxiety and stress, which in turn can result in better psychological well-being (Safarisyah et al., 2024).

The integration of Islamic spiritual practices into mental health carries profound implications. Beyond their spiritual framework, these practices are deeply rooted in Islamic tradition, which emphasizes the importance of mental well-being and the connection with Allah. They are believed to strengthen this connection while fostering inner peace and resilience (Bakri et al., 2025). This holistic Islamic approach, which encompasses emotional, spiritual, and social dimensions, aligns with the mental health paradigm of multidimensional interconnectedness (Jais et al., 2024). Although interest in meditation and mindfulness for stress management is growing, research specifically examining the influence of *dhikr* on stress and psychological well-being in adolescents remains limited. Existing studies indicate that Transcendental Meditation (TM) is effective in reducing stress and enhancing emotional regulation (Hewawasam et al., 2020); however, the specific impacts of *dhikr* practice have not been extensively investigated. Furthermore, prevailing research often focuses on general stress management techniques without accounting for the distinctive spiritual aspects of *dhikr*, which may offer unique and intriguing benefits for adolescents from specific cultural backgrounds. This gap in the literature underscores the urgent need for targeted research to understand how *dhikr* can be utilized to enhance adolescent psychological well-being. The novelty of the present research lies in its integration of quantitative and qualitative approaches to understand the effects of *dhikr* on stress. This area has received little attention in the context of Muslim adolescents in higher education, highlighting the importance of our research.

This study is primarily designed to investigate the effectiveness of *dhikr* practice in reducing stress levels among adolescents aged 18 to 21 through an experimental approach. The research will employ a pre-test-post-test design to measure changes in participants' perceived stress. Furthermore, the study is structured to evaluate the psychological impact of *dhikr* on mental well-being by monitoring improvements in key indicators, including emotional regulation and spiritual connectedness. This dual focus will help delineate the role of *dhikr* in fostering holistic mental health outcomes. By fulfilling these objectives, the study is expected to make a significant contribution by identifying *dhikr* as a viable and effective stress management strategy for enhancing the psychological well-being of young adults.

2. Methods

This study employed a quantitative methodology utilizing a quasi-experimental design. This approach was selected to rigorously evaluate the effectiveness of *dhikr* therapy in reducing stress levels among adolescents. The research design followed a pretest-posttest control group model, comparing the stress scores of participants in the experimental and control groups both before and after the intervention period.

Participants

The study subjects were adolescents aged 18-21, selected through purposive sampling based on their moderate to high levels of stress. This was determined during an initial screening phase using the Perceived Stress Scale-10 (PSS-10; Cohen et al., 1983). Initially, 30 participants met the inclusion criteria for moderate to severe stress. However, two participants were subsequently excluded from the final analysis due to failure to adhere to the research protocol, specifically by not completing the full two-week *dhikr* intervention. Consequently, the final sample consisted of 28 eligible participants. These individuals were evenly allocated into two groups: 14 adolescents in the experimental group and 14 in the control group.

Procedure and Design

The study commenced with a baseline assessment (pretest) of stress levels in both groups using the PSS-10 instrument. The experimental group then received the *dhikr* therapy intervention. This involved individual practice sessions conducted daily for a minimum of 30 minutes following the

five obligatory prayers. The *dhikr* recitations consisted of a structured compilation of supplications, including *istigfar* (seeking forgiveness), *tahlil* (declaring God's oneness), *tasbih* (glorifying God), *tahmid* (praising God), *takbir* (declaring God's greatness), Surah Ar-Ra'd verse 28, Surah Al-Insyirah, and Ayat Kursi. These specific recitations were selected for their familiarity, ease of memorization, and demonstrated efficacy in alleviating psychological tension and enhancing inner tranquility, as supported by prior research (Misnaini et al., 2024). In contrast, the control group received no intervention throughout the study period.

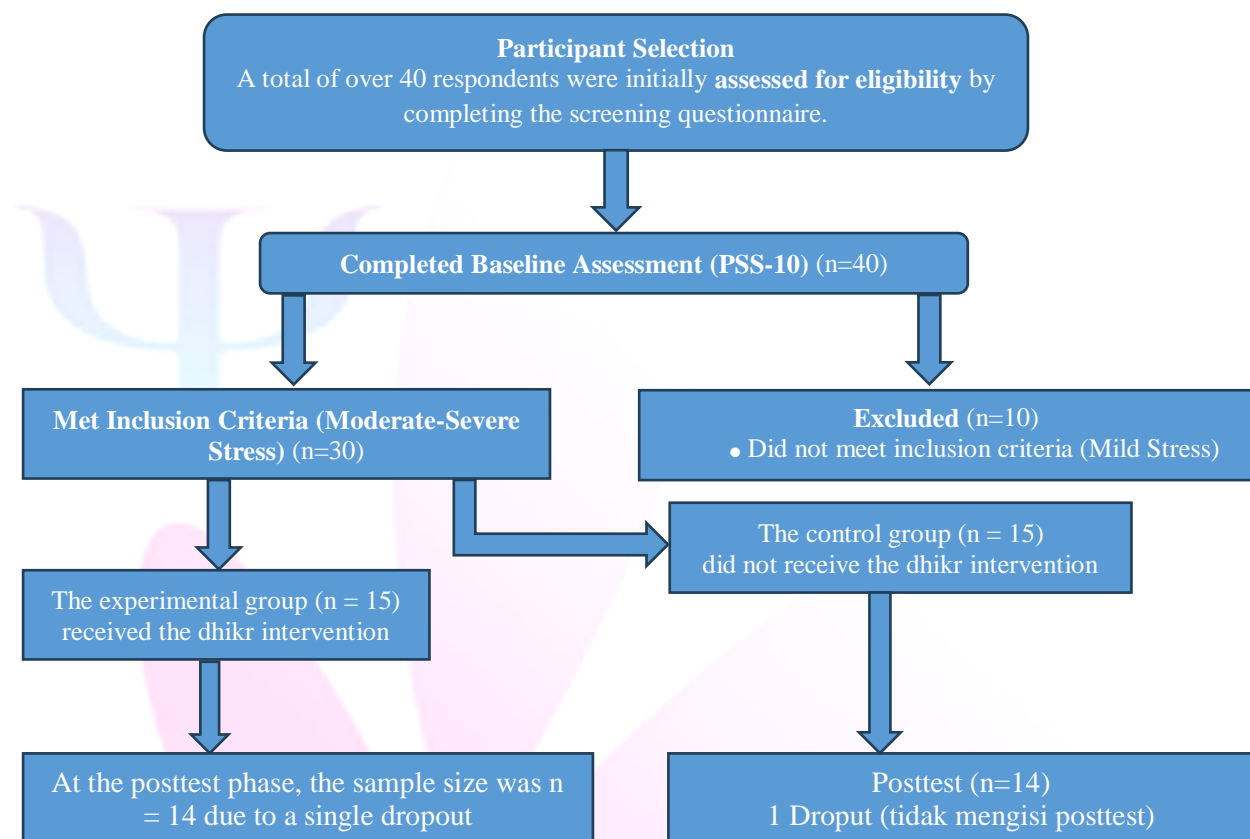


Figure 1. Participant Flow Diagram

Measurement

The study used the Perceived Stress Scale (PSS-10). This scale is designed to measure the degree to which a person views their life events as stressful, unpredictable and uncontrollable. PSS-10 consists of 10 items that represent the presence of perceived stress-related experiences during the last month. The higher the final score, the greater stress felt by the respondent. The scale has demonstrated good validity and reliability, with a reported Cronbach's alpha of .84, and is widely used in various psychological and mental health research contexts (Cohen et al., 1983).

Data Analysis

We conducted all statistical analyses using SPSS version 29. To examine the variables in the present study and calculate changes in stress scores from pre-intervention to post-intervention within each group, a paired-samples t-test was used. Furthermore, an independent-samples t-test was used to compare the intervention's effectiveness between the experimental and control groups. All analyses used a significance level of 5% ($p < .05$).

3. Results

This study aimed to determine the effectiveness of dhikr therapy in reducing stress levels among university students. The statistical analyses conducted included tests for normality and an independent-samples *t*-test.

To ensure the assumption of normality was met for parametric testing, the data were examined using the Kolmogorov-Smirnov and Shapiro-Wilk tests. The results indicated that the significance values for both the experimental and control groups were greater than .05, confirming that the data were normally distributed.

Table 1. Results of Normality Tests Using Kolmogorov-Smirnov and Shapiro-Wilk for Pre-Intervention Stress Scores

Group	Kolmogorov-Smirnov Statistic	<i>p</i> (K-S)	Shapiro-Wilk Statistic	<i>p</i> (S-W)
Experimental	0.127	.200	0.969	.864
Control	0.103	.200	0.980	.973

Note. The analyses were conducted separately for each group ($n = 14$ per group). All *p*-values were greater than .05, indicating that the assumption of normality was not violated for the pre-intervention stress scores in both the experimental and control groups.

An independent-samples *t*-test, a robust statistical method, was rigorously conducted to compare stress reduction between the experimental group that received the dhikr intervention and the control group. The results revealed a statistically significant difference in stress levels between the two groups, $t(27) = -2.43$, $p = .022$, further validating the effectiveness of the dhikr intervention. As shown in Table 2, Levene's test for equality of variances was not significant ($F = 2.080$, $p = .161$), indicating that the assumption of homogeneity of variance was met. The experimental group demonstrated a mean reduction in stress scores ($M = -2.64$, $SD = 5.49$), while the control group showed a mean increase ($M = 1.57$, $SD = 3.48$). The effect size, calculated using Cohen's *d*, was 1.03, indicating a significant effect of the dhikr intervention on stress reduction. This significant effect underscores the importance of the dhikr intervention in stress reduction. The 95% confidence interval for the mean difference ranged from -7.78 to -0.65.

Table 2. Independent Samples T-Test Comparing Stress Scores Between Experimental and Control Groups

Variable	Group	Levene's Test for Equality of Variances		<i>M</i>	<i>SD</i>	<i>t</i>	<i>p</i>	<i>d</i>	95% <i>CI</i>
		<i>F</i>	<i>p</i>						
Stress	Experimental	2.080	.161	-2.64	5.49	-2.43	.022	1.03	[-7.78, -0.65]
	Control			1.57	3.48				

Note. The experimental group received dhikr intervention while the control group received no intervention. Negative mean values indicate stress reduction. Degrees of freedom = 27 for all *t*-tests. *CI* = Confidence Interval

The descriptive analysis of stress scores across measurement phases reveals contrasting patterns between groups (Table 3). The experimental group demonstrated a significant reduction in stress scores ($\Delta M = -2.64$, $SD = 5.49$), representing a 13.8% decrease from baseline. Conversely, the control group showed an increase in stress levels ($\Delta M = 1.57$, $SD = 3.48$), equivalent to a 7.9% elevation from baseline. This increase in stress levels in the control group underscores the need for effective stress management interventions. The net difference of 4.21 points between groups indicates that the dhikr intervention not only prevented stress escalation but also actively reduced stress levels.

The greater variability in the experimental group ($SD = 5.49$) suggests individual differences in responsiveness to the intervention, with some participants experiencing substantial stress reduction.

In contrast, the consistent increase in stress in the control group ($SD = 3.48$) reinforces the idea that, without intervention, stress tends to worsen systematically. These patterns strongly support dhikr as an adaptive emotional regulation mechanism, offering reassurance and confidence in its effectiveness, though its application may be influenced by contextual factors such as practice intensity and psychological engagement.

Table 3. Descriptive Statistics of Stress Scores at Pre-Test, and Change Scores for Experimental and Control Groups

Group	n	Pre-Test		Post-Test		Change (Δ)	
		<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Experimental	14	19.07	3.87	16.50	5.10	-2.64	5.49
Control	14	20.00	3.55	21.14	2.97	1.57	3.48

Note. Change scores (Δ) calculated as post-test minus pre-test. Negative change values indicate stress reduction.

Figure 2 presents the mean change in stress scores (posttest minus pretest) for both experimental and control groups following the dhikr intervention. The experimental group demonstrated a mean reduction in stress scores ($M = -2.64$), while the control group showed a mean increase ($M = 1.57$). The error bars represent standard deviations, indicating variability within each group.

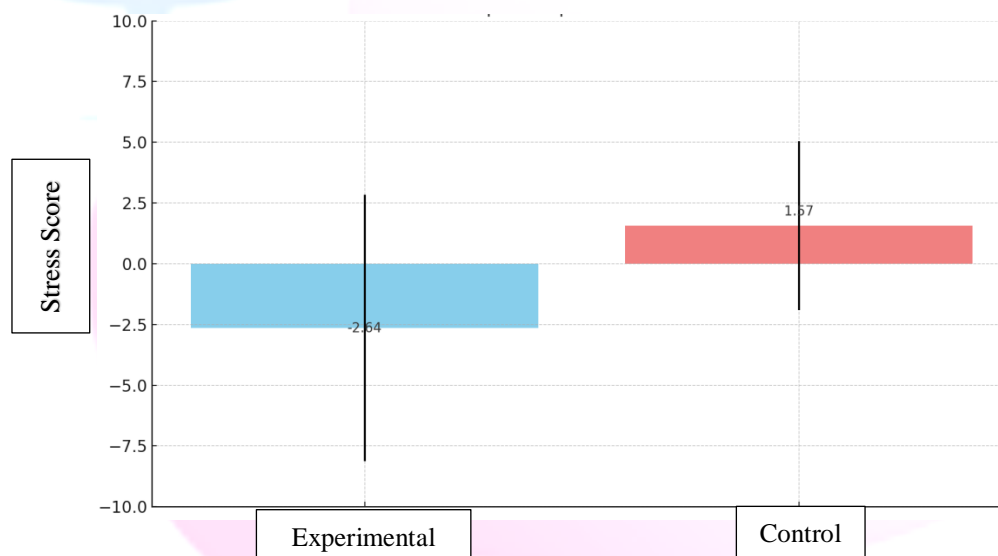


Figure 2. Mean Change in Stress Scores (Posttest-Pretest) for Experimental and Control Groups Follow Dhikr Intervention

In addition to obtaining in-depth qualitative information, semi-structured interviews were conducted with selected members of the treatment group after the implementation phase of the dhikr therapy. Data were analysed using thematic analysis, which revealed six core themes that captured the participants' psychological and spiritual experiences and perceptions of the intervention's impact. Summarised results are presented in Table 4.

Table 4. Thematic Analysis of Post-Intervention Interviews with the Experimental Group

Key Theme	Representative Participant Statement	Brief Interpretation
Spiritual Experience	"I felt calmer and closer to God, especially when performing dhikr at night."	Dhikr strengthened spiritual connection and inner peace.
Emotional Influence	"I was stressed about assignments before; after dhikr, I felt more at peace and could manage my emotions better."	Dhikr aided in reducing stress and anxiety levels.

Mindset & Life Meaning	"Dhikr makes me think more positively; I do not see problems from just one side anymore."	Dhikr encouraged self-reflection and a positive outlook.
Consistency & Routine	"It was difficult to be consistent at first, but over time I got used to it and felt the benefits."	The practice of dhikr became habitual over time
Extended Psychological Effects	"I fall asleep more easily, feel relaxed, and am not as easily provoked emotionally."	Dhikr induced positive psychophysiological benefits
Effectiveness & Suggestions	"This dhikr practice is very effective. It would be good to form study groups or provide a small booklet of daily dhikr."	Dhikr was perceived as effective and worth scaling up.

The analysis revealed that participants predominantly reported positive spiritual and psychological outcomes. The emergent themes suggest that the dhikr intervention facilitated an enhanced state of spiritual awareness, served as an effective mechanism for emotional regulation, and promoted cognitive restructuring. While initial adherence required conscious effort, the practice subsequently led to broader wellbeing benefits, including improved sleep and emotional stability. Overall, participants not only affirmed the intervention's value but also proposed initiatives to expand its dissemination, showing their Strong support for the program's growth.

4. Discussion

The findings of this study demonstrate that daily dhikr therapy is effective in reducing stress levels among adolescents. This indicates that dhikr, as a psychospiritual intervention, possesses strong efficacy within the context of adolescent stress management. Qualitative data from in-depth interviews with participants in the experimental group support the quantitative results. Thematic analysis revealed that dhikr not only impacted stress reduction but also strengthened spiritual dimensions, managed negative emotions, and fostered a more positive mindset. Participants reported feeling calmer, more patient, and better able to control their emotions following a consistent dhikr practice. Some participants also noted improvements in sleep quality and consistency in their worship routines. The convergence of quantitative and qualitative findings suggests that the effectiveness of dhikr in reducing stress is not merely statistical but also phenomenological and functional in adolescents' daily lives. This effect is likely related to relaxation mechanisms, enhanced mindfulness, and the spiritual closeness cultivated through dhikr practice.

Previous research supports these findings. Sulistyawati et al. (2019) reported that dhikr therapy significantly decreased anxiety in cancer patients, and this was different between the intervention and control groups. From a neurophysiological perspective, dhikr practices similarly employ verbal repetition and focused concentration, which can elicit a relaxation response and effectively regulate brainwave dominance, as quantified by EEG, ultimately leading to diminished anxiety (Sumarti et al., 2024). Located as a religious meditation in the Islamic tradition, dhikr may have beneficial effects on an individual's psychological wellbeing and symptoms of anxiety and depression among adolescents (Tumanggor & Daryo, 2021; Chairani et al., 2023). In addition, dhikr therapy can be a good intervention as literature shows that spiritual practices help lower the stress level of adolescents (Aulia & Panjaitan, 2019; Indrawati, 2017).

Supporting these findings, Hamka et al., (2022) demonstrate that Spiritual Well-Being (SWB), comprising both Religious Well-Being (connection with God) and Existential Well-Being (connection with self, community, and environment), serves as a significant protective factor in enhancing happiness and mental health. Their study confirms that spirituality not only reduces anxiety but also directly suppresses levels of depression and stress. The dynamic relationship between SWB and Psychological Well-Being (PWB) is clear: the higher an individual's level of spirituality, the lower their anxiety levels, which ultimately contributes to reduced depression and stress. Thus, spiritual practices like dhikr, a form of Islamic meditation involving the repetitive remembrance of God, function not merely as religious coping strategies but as foundations for building psychological

resilience and sustainable mental well-being, particularly in high-pressure contexts such as the pandemic.

The influence of dhikr therapy on psychological well-being can also be linked to the concept of mindfulness. The practices of remembrance and inner calm in dhikr create an environment conducive to mental health (Savitri & Listiyandini, 2017). Adolescent psychological well-being is furthermore closely related to emotional intelligence and social support. Research indicates that higher emotional intelligence enhances an individual's ability to manage stress, thereby increasing the effectiveness of practices like dhikr (Prihandini & Boediman, 2019). Engagement in spiritual practices provides not only emotional comfort but also enhances gratitude and positive memory, which are crucial for stress coping (Rahayu & Setiawati, 2019). Dhikr, in particular, plays a significant role in providing emotional comfort and enhancing gratitude, thereby contributing to stress coping.

Collectively, these findings position dhikr as a multifaceted intervention that integrates spiritual, cognitive, and emotional dimensions, all within a culturally relevant context. By fostering mindfulness, enhancing emotional regulation, and strengthening spiritual connections, dhikr creates a synergistic effect that addresses both the symptoms and underlying mechanisms of stress. This comprehensive approach suggests that incorporating culturally-grounded spiritual practices like dhikr into mental health interventions could provide sustainable pathways for promoting adolescent psychological well-being.

5. Conclusions

This study reveals that the dhikr therapy intervention significantly reduces stress levels among adolescent participants. In an experimental design, adolescents who received regular dhikr intervention demonstrated a statistically significant stress reduction compared with the control group. This reduction was identified not only through quantitative measurements using the Perceived Stress Scale but also through qualitative findings from interviews that revealed positive changes in emotional, cognitive, and spiritual dimensions.

Dhikr proves to be an effective psychospiritual coping mechanism, a term used to describe practices that integrate psychological and spiritual elements to manage stress and promote well-being. This practice not only calms the mind but also helps individuals manage negative emotions, enhance self-awareness, improve focus, and develop more optimistic and reflective thinking patterns when facing life pressures. Additionally, dhikr practice strengthens spiritual connection with God, which empirically contributes to overall psychological wellbeing. These findings align with the literature in positive psychology and mental health, which emphasizes the importance of spiritual aspects, social support, and emotional intelligence in stress management. Therefore, dhikr has potential for integration as part of contextual and religion-based mental health interventions, particularly in Muslim adolescent environments.

This study makes an important contribution to the integrative understanding of spirituality and mental health. In practice, dhikr therapy can serve as both a preventive and a curative approach, simple, economical, and implementable individually or in groups. Its practicality and affordability make it a resource that psychologists, counselors, educators, and educational institutions can readily consider implementing as part of mental health strengthening programs for Muslim adolescents. For future research, exploring mediating and moderating variables, such as mindfulness, self-compassion, and religiosity levels, is needed to clarify the mechanisms linking dhikr practice and psychological wellbeing. Furthermore, expanded sample coverage and longer intervention durations are required to test the consistency and long-term effectiveness of dhikr interventions across various population contexts. This study confirms that dhikr practice is not merely a religious ritual but also a scientific instrument that supports the psychological wellbeing of Muslim adolescents, providing a solid foundation for its continued exploration and application.

6. CRediT Authorship Contribution Statement

Dina Haya Sufya is the sole author of this manuscript. The author is responsible for all aspects of the research, including conceptualization, methodology, data curation, formal

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analysis, investigation, software, validation, visualization, writing the original draft, review, and editing.

7. Declaration of Competing Interest

The author declares no financial conflicts or personal relationships that could have influenced the work reported in this research.

8. Declaration of Generative AI and Assistive Technologies in the Writing Process

In the process of writing this paper, the author utilize supportive technologies such as Grammarly to ensure gramatical accuracy.

9. Funding

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10. Ethical Approval

Formal ethics approval was not obtained. Nonetheless, the procedures involving human participants strictly followed the ethical standards of the Declaration of Helsinki. Written or verbal informed consent was obtained from every participant.

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