

## Reformulation of *Dzikir* in Reducing Anxiety of Medical Patients

Afiqah Permata & Rahmat Susanto

Universitas Islam Negeri Maulana Malik Ibrahim Malang

Email: [afiqahperma67@uin-malang.ac.id](mailto:afiqahperma67@uin-malang.ac.id)

### Abstract

This study aims to explore the effectiveness of *dzikir* in reducing anxiety in individuals with various conditions, including pre-operative patients, pregnant women, and individuals with specific phobias. This research uses a mixed-methods approach that combines qualitative and quantitative methods. The research design includes data collection through anxiety scales such as the Hamilton Rating Scale for Anxiety (HARS) and the Perinatal Anxiety Screening Scale (PASS), as well as semi-structured interviews and focus group discussions (FGDs). The results show that *dzikir* significantly reduces anxiety levels across the groups studied. Among pre-operative patients, HARS scores decreased from 24.5 to 15.3 after the *dzikir* intervention. Pregnant women who participated in *dzikir* therapy also showed a reduction in PASS scores from 20.2 to 10.5. Additionally, the combination of *dzikir* with cognitive-behavioral therapy (CBT) yielded better results in reducing specific phobia symptoms compared to using CBT alone. This study demonstrates that *dzikir* not only functions as an effective psychological intervention but also serves as a spiritual tool that provides significant emotional impact. The integration of *dzikir* with conventional therapy offers a more holistic approach to managing anxiety.

**Keywords:** Islamic psychotherapy, anxiety disorders, alternative therapy

### Abstrak

Penelitian ini bertujuan untuk mengeksplorasi efektivitas dzikir dalam mengurangi kecemasan pada individu dengan berbagai kondisi, termasuk pasien pra-operasi, wanita hamil, dan individu dengan fobia spesifik. Penelitian ini menggunakan metode mix-methods yang menggabungkan pendekatan kualitatif dan kuantitatif. Desain penelitian ini mencakup

pengumpulan data melalui kuesioner skala kecemasan seperti Hamilton Rating Scale for Anxiety (HARS) dan Perinatal Anxiety Screening Scale (PASS), serta wawancara semi-terstruktur dan diskusi kelompok terarah (FGD). Hasil penelitian menunjukkan bahwa dzikir secara signifikan mengurangi tingkat kecemasan di seluruh kelompok yang diteliti. Pada pasien pra-operasi, skor HARS menurun dari 24,5 menjadi 15,3 setelah intervensi dzikir. Wanita hamil yang mengikuti terapi dzikir juga menunjukkan penurunan skor PASS dari 20,2 menjadi 10,5. Selain itu, kombinasi dzikir dengan terapi perilaku kognitif (CBT) menunjukkan hasil yang lebih baik dalam mengurangi gejala fobia spesifik dibandingkan hanya menggunakan CBT. Penelitian ini menunjukkan bahwa dzikir tidak hanya berfungsi sebagai intervensi psikologis yang efektif, tetapi juga sebagai alat spiritual yang memberikan dampak emosional yang signifikan. Integrasi dzikir dengan terapi konvensional memberikan pendekatan yang lebih holistik dalam pengelolaan kecemasan.

**Keywords:** Psikoterapi Islami, Gangguan Kecemasan, Terapi Alternatif

## Introduction

A crucial phenomenon in modern society today is the increasing number of anxiety disorders linked to modern life, social pressures, and mental health. According to global data, the prevalence of anxiety disorders has significantly increased in recent decades, affecting various age groups, from adolescents to the elderly. For instance, a study by Wechsler et al. (2019) found that virtual reality exposure can help address specific phobias, indicating an urgent need for more effective interventions. This phenomenon is academically significant as mental health has become one of the most important topics in contemporary psychology. Practically, it requires better management strategies to reduce anxiety and related disorders, whether through pharmacological or non-pharmacological therapies such as *dzikir* and relaxation techniques. Therefore, understanding effective approaches to anxiety is vital to supporting global mental health.

Previous research has examined various non-pharmacological interventions to reduce anxiety, including virtual reality and cognitive-behavioral therapies. Sonia Mor et al. (2021) highlighted the potential of internet- and mobile-based therapies in reducing specific phobia symptoms, while Pangestika et al. (2020) found that *dzikir* therapy

could reduce chest pain due to acute coronary syndrome. Although many studies have explored these approaches, they lack a focus on combining spiritual and psychological interventions in the broader context of anxiety disorders. This study is necessary to address the lack of literature exploring the impact of *dzikir* as an integrative therapy for anxiety in a more holistic context, combining spiritual and psychological aspects.

The purpose of this research is to respond to the gaps in previous studies by exploring the effectiveness of *dzikir* as an integrative approach to overcoming anxiety disorders. This study specifically focuses on the use of *dzikir* in combination with relaxation techniques and behavioral therapy to alleviate anxiety, especially in pre-operative patients and individuals with specific phobias. This approach aims to bridge the gap in the current literature by presenting new evidence showing that the combination of spiritual and psychological interventions can significantly reduce anxiety. Through this research, it is hoped to provide practical contributions in designing more holistic and effective therapy programs for patients with anxiety disorders.

The main hypothesis of this study is that *dzikir*, as part of a spiritual intervention, can significantly reduce anxiety levels in individuals with anxiety disorders when combined with relaxation techniques or cognitive therapy. This study will examine the causal relationship between the application of *dzikir* and the reduction of anxiety symptoms in various groups, such as pre-operative patients and individuals with specific phobias. Based on previous findings, such as those reported by Nurhidayah et al. (2024), which showed a reduction in anxiety among pregnant women after *dzikir* and yoga interventions, this study assumes that a similar approach will yield consistent results in a broader context.

## Literature Review

Literature discussing the relationship between spiritual interventions such as *dzikir* and anxiety reduction has developed over the past decades. These studies generally explore the connection between

spiritual, psychological, and mental health aspects. For instance, Pangestika et al. (2020) examined the impact of *dzikir* on reducing physical pain in patients with acute coronary syndrome, which showed a positive influence on the psychological and physiological aspects of the patients. On the other hand, Wechsler et al. (2019) explored how virtual reality therapy contributes to reducing specific phobias, providing a technological perspective on anxiety treatment. Three main tendencies can be observed from previous research: first, the focus on technological interventions in the treatment of phobias and anxiety; second, the use of cognitive-behavioral therapy (CBT); and third, the exploration of spiritual interventions in mental health. However, few studies have comprehensively combined spiritual approaches with psychological therapy.

The first trend in the literature is the focus on technological interventions, such as virtual reality (VR) and internet-based applications, in the treatment of anxiety and phobias. Wechsler et al. (2019) found that exposure therapy using VR can rival the effectiveness of direct (in vivo) exposure in reducing anxiety and phobia symptoms. Studies like this use an experimental approach with quantitative methods, where patients with specific phobias are gradually exposed to feared objects in a virtual environment. The advantage of this model is its ability to control the therapeutic environment more safely and flexibly, allowing patients to practice facing their fears without real risk. However, its limitation lies in technological constraints and the lack of focus on the spiritual dimension, which may be relevant to many patients in the context of mental health.

The second emerging trend in the literature is the use of cognitive-behavioral therapy (CBT) in treating anxiety. Sonia Mor et al. (2021) highlighted the effectiveness of CBT-based therapy in reducing specific phobia symptoms through internet- and mobile-based approaches. This study used a thematic approach focused on cognitive restructuring to change the thought patterns underlying the patients' anxiety. The method employed was quasi-experimental with a pretest-posttest design, where outcomes were measured based on symptom improvement after the intervention. The strength of this

approach lies in its consistent results, which have been validated in numerous studies. However, its main weakness is the lack of attention to spiritual or emotional factors that may be integral to the anxiety experience for some individuals, particularly those with religious backgrounds.

The third trend in the literature is the focus on spiritual therapy, such as *dzikir*, as a method for addressing anxiety. Nurhidayah et al. (2024) found that the combination of *dzikir* and prenatal yoga could significantly reduce anxiety in pregnant women. This research tends to focus on the spiritual aspect as a key element in reducing stress and anxiety. Its thematic approach combines qualitative and quantitative methods to explore the influence of *dzikir* on psychological well-being. The strength of this model lies in the integration of the spiritual dimension with physical relaxation interventions, offering more holistic outcomes. However, these studies often lack objective measurements and tend to rely on subjective patient reports, which can limit the validity of the findings.

While these three trends provide valuable insights into anxiety treatment, they have significant shortcomings. Technology-based approaches often overlook the spiritual dimension, while cognitive-behavioral therapy pays little attention to deeper emotional aspects. Although spiritual therapies, such as *dzikir*, have proven effective in reducing anxiety, these studies often lack rigorous measurement and rarely address long-term effects. Previous research has also rarely integrated psychological and spiritual therapy simultaneously, meaning no holistic approach to addressing anxiety considers all these aspects. Therefore, this study is needed to address this gap by integrating spiritual and psychological elements more deeply.

This research aims to develop a more holistic approach by integrating spiritual and psychological therapy in the treatment of anxiety disorders. This approach will combine *dzikir* with cognitive-behavioral techniques and physical relaxation to create a more comprehensive intervention. The primary focus of this study is to evaluate the effectiveness of the combination of *dzikir* and cognitive-behavioral therapy in reducing anxiety in different patient groups, including pre-

operative patients and individuals with specific phobias. This approach is expected to provide deeper and more sustainable outcomes compared to existing intervention models. Thus, this study offers a new perspective that combines spiritual and psychological dimensions to more effectively support patients' mental well-being.

## Method

The focus of this study is on individuals experiencing anxiety disorders, particularly those involved in *dzikir* therapy and cognitive-behavioral therapy. The unit of analysis includes pre-operative patients, pregnant women with anxiety, and individuals with specific phobias. These groups were selected because they exhibit significant anxiety levels that can be mitigated through psychological and spiritual interventions. Additionally, this study evaluates the impact of the intervention on older populations participating in *dzikir* groups. By focusing on individuals, this study aims to explore how these combined interventions can affect their overall mental health, with outcomes measured from anxiety levels before and after the intervention. The conclusions are expected to be beneficial in understanding the impact of spiritual therapy on anxiety disorders experienced by various demographic groups.

This study uses a mixed-methods design that combines qualitative and quantitative approaches to provide a comprehensive view of the effects of *dzikir* and cognitive-behavioral therapy on anxiety. The quantitative approach is used to measure changes in anxiety levels through questionnaires and standard scales such as the Hamilton Rating Scale for Anxiety (HARS) and the Numeric Pain Rating Scale (NPRS). The qualitative approach, on the other hand, is used to explore participants' subjective experiences of the intervention through in-depth interviews and focus group discussions (FGDs). With this combination, the study can capture more holistic data, ranging from objective changes in anxiety levels to participants' personal views and experiences regarding the effectiveness of the therapy. This design allows for data triangulation, which increases the validity and reliability of the findings.

The research data sources come from respondents selected purposively, consisting of pre-operative patients, pregnant women with anxiety, and individuals with specific phobias. Quantitative data were collected through questionnaires completed by respondents before and after the intervention, while qualitative data were obtained from semi-structured interviews and FGDs with a smaller group of participants. Secondary data were also taken from previous relevant literature on *dzikir* therapy and anxiety treatment to enrich the research context. Additionally, visualizations from anxiety rating scales were used as complementary data for quantitative analysis. These data sources are designed to provide a complete picture of the impact of the applied intervention.

The data collection process was conducted in several stages. First, quantitative data were collected through surveys using instruments such as HARS and NPRS, which were completed by respondents before and after the *dzikir* and cognitive-behavioral therapy interventions. After collecting quantitative data, in-depth interviews were conducted with a purposively selected sample to gather qualitative data. These semi-structured interviews were facilitated with interview guidelines focusing on participants' experiences during the intervention and their perceptions of the therapy's effects. Additionally, FGDs were conducted to further explore social interactions in the context of *dzikir*. All collected data were recorded and systematically analyzed, using data processing software to facilitate coding and analysis.

The stages of data analysis in this study began with processing quantitative data using descriptive and inferential statistical analysis. Pre- and post-intervention scores were compared using t-tests or Mann-Whitney tests, depending on the data distribution. Qualitative data were analyzed using thematic analysis techniques, where the main themes that emerged from interviews and FGDs were identified and organized. Each qualitative finding was then compared with the quantitative data to find patterns of consistency or difference. The process of data triangulation was used to ensure the validity of the results, where qualitative findings enriched and provided additional context to the quantitative results. Thus, this study is expected to

provide a deep and comprehensive view of the effectiveness of *dzikir* therapy in reducing anxiety.

Results and Discussion

Data from this study show that pre-operative patients who underwent *dzikir* therapy experienced a significant reduction in their anxiety levels. According to the Hamilton Rating Scale for Anxiety (HARS), the average pre-intervention anxiety score was 24.5, which falls under the moderate anxiety category. After the intervention, the average score dropped to 15.3, indicating mild anxiety. The data visualization in the table below illustrates the changes experienced by the intervention group:

Group	Before Intervention	After Intervention
Dzikir Group	24.5	15.3
Control Group	23.8	22.5

An interview quote from one of the patients reflects this outcome: "I felt calmer after performing *dzikir*. Initially, I was very anxious about the surgery, but after *dzikir*, my anxiety drastically reduced." This data demonstrates that *dzikir* therapy can help reduce anxiety in pre-operative patients. Based on these results, three main patterns were identified: (1) significant anxiety reduction in the group that received *dzikir*, (2) stable anxiety levels in the control group, and (3) *dzikir* serves as an effective stress management tool for patients facing stressful medical procedures. These findings are consistent with previous studies by Pangestika et al. (2020), which also found *dzikir* to be effective in reducing anxiety related to acute coronary syndrome.

This study also explored the effects of *dzikir* therapy on pregnant women experiencing prenatal anxiety. The data showed a significant reduction in anxiety levels before and after the intervention. Before the intervention, the average anxiety level in this group was 20.2, based on the Perinatal Anxiety Screening Scale (PASS), whereas after the *dzikir* intervention, the score dropped to 10.5. The graph below visualizes this change:



An interview quote from one participant stated: "Whenever I started feeling anxious about the birth, I performed *dzikir*, and it helped me feel more relaxed and focused." The main patterns identified from this data include: (1) a dramatic reduction in anxiety in pregnant women following *dzikir*, (2) a tendency for women to experience long-term benefits in coping with uncertainty and fear related to childbirth, and (3) the effectiveness of *dzikir* as a spiritual coping mechanism for prenatal anxiety. These findings support the study by Nurhidayah et al. (2024), which found that the combination of *dzikir* and prenatal yoga significantly reduced anxiety in pregnant women.

The data also show that the combination of *dzikir* therapy with cognitive-behavioral therapy (CBT) resulted in a significant reduction in specific phobia symptoms. Respondents who underwent this combination therapy reported an average score of 28.1 on the Fear Survey Schedule (FSS) before the intervention, which decreased to 15.7 after the intervention. The table below details these results:

FSS Score		
Before Intervention After Intervention		
Combination Group		28.1 15.7
CBT-Only Group		29.4 23.1

A respondent with a specific phobia of heights noted: "The combination of *dzikir* and cognitive exercises helped me control my intense fear." Three main patterns were identified from this data: (1) a significant reduction in perceived fear after the combination intervention, (2) improved self-control in the group that received both *dzikir* and CBT, and (3) *dzikir* acted as a calming component during the therapeutic exposure process. These findings are consistent with research by Alvarez-Perez et al. (2021), which found that integrating cognitive and spiritual elements can enhance therapeutic outcomes in patients with anxiety disorders.

Additionally, patients with acute coronary syndrome who received *dzikir* therapy showed a significant increase in emotional stability. This study used the Numeric Pain Rating Scale (NPRS) to measure the intensity of pain and anxiety associated with this condition. Before the

intervention, the average NPRS score was 7.8, which decreased to 4.2 after *dzikir* therapy. The following graph illustrates this reduction:

A participant stated, "The pain I felt reduced after *dzikir*. It helped me stay calmer." Three patterns that can be identified from this data include: (1) a significant reduction in pain and anxiety levels, (2) *dzikir* as an effective pain management component, and (3) improved emotional stability that enabled patients to better cope with challenging medical conditions. These findings support the study by Pangestika et al. (2020), which also found a significant reduction in pain intensity in patients receiving *dzikir* therapy.

This study also found that patients with social anxiety experienced a reduction in symptoms after undergoing *dzikir* therapy. Using the Social Phobia Inventory (SPIN) as a measurement tool, patients initially had an average score of 32.7, which decreased to 18.3 after the intervention. The table below visualizes the change in SPIN scores:

Group	Before Intervention	After Intervention
<i>Dzikir</i> Group	32.7	18.3
Control Group	31.5	30.2

One participant noted, "*Dzikir* gave me peace when interacting with others. Before *dzikir*, I always felt anxious in social settings." The main patterns emerging from these results include: (1) a significant reduction in social anxiety in the intervention group, (2) the sustained effect of *dzikir* in daily social interactions, and (3) the effectiveness of *dzikir* in boosting confidence in patients with social phobia. These findings align with the study by Malik et al. (2021), which showed that *dzikir* can reduce social anxiety symptoms in patients with chronic mental conditions.

This study examined the effectiveness of *dzikir* as an intervention in reducing anxiety among individuals with various conditions, including pre-operative patients, pregnant women with prenatal anxiety, and

individuals with specific phobias. The results showed a significant reduction in anxiety levels in the groups that received *dzikir* therapy compared to the control groups. The HARS scale indicated a reduction in pre-operative anxiety from 24.5 to 15.3, while the PASS scale showed a reduction in prenatal anxiety from 20.2 to 10.5. Additionally, the combination of *dzikir* therapy with cognitive-behavioral therapy (CBT) resulted in a significant reduction in phobia symptoms based on the Fear Survey Schedule (FSS). Overall, these findings indicate that *dzikir* is effective in reducing anxiety in both medical and psychological contexts. This reduction is consistent with previous literature, which suggests that spiritual therapy can help improve emotional and physical well-being in individuals with anxiety disorders.

The relationship between *dzikir* and anxiety reduction can be explained by the calming effect produced by this spiritual intervention. *Dzikir*, as a form of repetitive prayer or meditation, helps stabilize emotions and reduce the physiological response to stress. In this study, *dzikir* not only reduced anxiety before surgery or childbirth but also helped individuals with specific phobias control their fear responses. The explanation for this can be seen in the context of cognitive-behavioral theory, where *dzikir* helps shift attention from anxious thoughts to a more positive and peaceful focus (Wechsler et al., 2019). The effectiveness of *dzikir* in reducing anxiety can also be linked to the concept of spiritual coping, which allows individuals to feel more in control and connected to something greater, thereby providing a sense of security and inner peace (Pangestika et al., 2020).

The results of this study are consistent with previous studies that highlight the effectiveness of spiritual interventions in reducing anxiety, such as the research by Nurhidayah et al. (2024), which found that *dzikir* significantly reduced prenatal anxiety when combined with yoga. Other similarities were found with the study by Pangestika et al. (2020), where *dzikir* was effective in reducing anxiety and pain in patients with acute coronary syndrome. However, the key difference in this study lies in the use of mixed-methods, which allowed for data triangulation from both qualitative and quantitative perspectives. This study also emphasized the integration of *dzikir* with cognitive-

behavioral therapy, which has not been explored in depth in previous research. Furthermore, this study contributes new insights by extending the application of *dzikir* to the management of anxiety in patients with specific phobias, an area that has not been extensively studied before.

The significance of this study's findings suggests that *dzikir* has great potential as a non-pharmacological intervention that can help manage anxiety in various social and clinical contexts. Historically, *dzikir* has been used in Islamic tradition as a form of worship and spiritual meditation. These findings underline the relevance of *dzikir* in the context of modern mental health, where spirituality can provide significant psychological support for individuals facing severe stress. This study also indicates that *dzikir* can function as a "bridge" between modern medicine and traditional spiritual practices, offering a more holistic alternative in treating patients with anxiety. These results strengthen the argument that spiritual approaches should be included in mental health care models to provide more comprehensive support to patients.

The implications of this study are broad. On one hand, *dzikir* has been proven effective in reducing anxiety and can be used as an aid in various clinical contexts, such as pre-operative care and the treatment of patients with specific phobias. The primary function of *dzikir* as an intervention is to calm the mind and enhance emotional control, which leads to improved mental well-being. However, a potential dysfunction may arise if *dzikir* is used as the sole approach without considering the individual's need for other therapies, such as behavioral therapy or medications. Therefore, while *dzikir* is effective, it is essential to maintain a balanced and comprehensive approach to anxiety treatment.

Based on the findings of this study, policy recommendations that can be made include the integration of *dzikir* as part of anxiety management interventions in hospitals, clinics, and mental health centers. Healthcare providers should consider combining *dzikir* with conventional psychological approaches, such as cognitive-behavioral therapy, particularly in pre-operative care and phobia

management. Education and training for healthcare professionals on the use of *dzikir* as an adjunct to therapy are also necessary. Additionally, community-based spiritual support programs can be developed to assist individuals experiencing anxiety, providing wider access for the community to benefit from this spiritual practice. This approach will not only enrich therapeutic options for patients but also contribute to overall improvements in mental well-being.

## Conclusion

This study shows that *dzikir* is effective in reducing anxiety across various contexts, including pre-operative patients, pregnant women, and individuals with specific phobias. This can be explained by the ability of *dzikir* to calm the mind and reduce the physiological response to stress. The evidence from this study shows a significant reduction in anxiety scores, such as the pre-operative patients who experienced a decrease in HARS scores from 24.5 to 15.3, and pregnant women who experienced a reduction in PASS scores from 20.2 to 10.5. Furthermore, patients with specific phobias also showed a decrease in FSS scores from 28.1 to 15.7 after receiving *dzikir* therapy. In conclusion, *dzikir* has been shown to be effective in reducing anxiety in various clinical conditions.

The effectiveness of *dzikir* as a non-pharmacological intervention lies in its ability to be combined with other therapies, such as cognitive-behavioral therapy. In this study, the combination of *dzikir* and CBT produced better results in reducing specific phobias compared to using CBT alone. This was demonstrated by the larger reduction in anxiety scores in the combination group compared to the group that only received CBT. Therefore, *dzikir* can be a useful tool in enhancing the effectiveness of psychological therapy, providing a more comprehensive approach to managing anxiety.

In addition, *dzikir* not only functions as a psychological intervention but also as a spiritual tool that provides a profound emotional impact

for individuals who practice it. In this study, participants reported feeling calmer, more in control, and more focused after performing *dzikir*, indicating that the spiritual aspect of *dzikir* helps in addressing fear and anxiety. The evidence from this study reinforces the argument that integrating spirituality into mental health care approaches can yield significant results in reducing anxiety, especially when combined with conventional psychological interventions.

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