

The effect of dhikr therapy to reduce psychopathological symptoms among patients with hypertension

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Keyword : Dhikr therapy; psychopathological symptom.	Abstract This study aimed to examine the effect of dhikr therapy on reducing psychopathological symptoms. A total of 18 hypertensive patients, who were separated into two groups, including experimental and control, were selected as the participants. The experimental group (n = 9) received the therapy, while the control group (n = 9) was sent to the waiting list. All participants were given Brief Symptoms Inventory (BSI) to measure psychopathological symptoms before the therapy (pretest), after therapy (posttest), and during a two-week follow-up test. Data analysis using the Mann-Whitney U showed a substantial reduction in the symptoms with $Z = -3.339$ and $p = 0.000$. The results supported the hypothesis that dhikr therapy improved psychopathological symptoms. In conclusion, this study suggested that spiritual therapy played an important role in reducing psychological symptoms.			
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INTRODUCTION

High blood pressure (hypertension) is a major health issue in society (WHO, 2024), affecting an estimated 1.28 billion adults aged 30 to 79, with the majority (two-thirds) residing in low- and middle-income countries. Approximately 46% of the adults are unaware of their disease, and less than half (42%) of those diagnosed receive appropriate treatment. Furthermore, only 21% of adults with hypertension are effective in managing their blood pressure. This type of disorder contributes significantly to premature mortality on a global scale. One of the global health agenda for noncommunicable disorder is to reduce the prevalence of hypertension by 33% between 2010 and 2030. In Indonesia, hypertension ranks as the leading risk factor for death, followed by stroke and heart disorder, as well as kidney failure (Widyawati, 2021). Over the last century, substantial investigations have reported hypertension as a severe disorder related to stroke, heart attack, cardiac failure, and kidney failure (Iqbal & Jamal, 2023). The underlying mechanisms include increased salt absorption, which causes volume expansion, decreased renin-angiotensin-aldosterone system (RAAS) response, and increased sympathetic nervous system activity. These physiological changes cause increased total peripheral resistance and afterload, which leads to hypertension.

Chronic disorders such as hypertension not only pose physical health risks but also have a substantial effect on psychological well-being. Based on several investigations, hypertension and diabetes mellitus are associated with an increased prevalence of depressive symptoms (Herrera *et al.*, 2021). Patients with such disorders are frequently predisposed to comorbidities consisting of anxiety, depression, and somatization

(Sundarrajan *et al.*, 2022), thereby worsening psychological problems. According to a study on chronic disorders, patients had 68.7% stress, 51.1% anxiety, and 58.8% depression (Swathi *et al.*, 2023). The investigated disorders included cardiovascular, metabolic, cancer, respiratory, degenerative, chronic kidney, and chronic liver disorders. Among these, patients with cardiovascular disorder had the highest prevalence of stress, anxiety, and depression.

According to Lucchetti *et al.* (2021), religiosity and spirituality were some of the factors that contributed to physical and mental health. Numerous reviews showed the relationship between religiosity and various aspects of mental health, with religious individuals reporting higher levels of well-being and a better quality of life (Martins *et al.*, 2022). Additionally, investigations indicated that religious individuals were less prone to develop certain addictions, such as smoking or excessive alcohol consumption, possibly due to the lifestyle standards promoted in religious communities. This lifestyle can lead to positive effects on physical health as well as lower the rate of comorbidities. The study conducted by Ibrahim & Whitley (2021) also supported the positive impact of religion on mental health, challenging outdated assumptions about its detrimental consequences. This expanding evidence fosters the exploration of new collaborative frameworks between religious leaders and mental health professionals. Religious beliefs and practices also play an important role in influencing coping mechanisms and quality of life in patients with various chronic disorders (Abu *et al.*, 2019). Specifically, the influence of prayer and the strength/comfort of religion have been associated with changes in quality of life among a large group of hospitalized acute coronary syndrome (ACS) patients.

Based on the above description, psychotherapy using an Islamic strategy, can be effective in improving mental health or reducing the symptoms of mental disorder. For instance, Islamic beliefs and teachings provide essential resources for intervention targeting Muslims who suffer from depression, anxiety, stress caused by loss, and post-traumatic stress symptoms (Mehrab, 2003). Engaging in religious and spiritual practices during adolescence and early adulthood may offer temporary protection against depression and anxiety. The integration of spiritual beliefs and traditional psychotherapeutic methods into therapy plays a significant role in treating depression and anxiety among young individuals. In line with this study, previous reviews showed that dhikr therapy reduced depression and anxiety in hemodialysis patients (Anggun *et al.*, 2021). Furthermore, Nugroho *et al.* (2023) found that the therapy could reduce anxiety in hypertensive patients.

This study aims to design therapy, including prayer and dhikr (remembering Allah) in line with the practices widely used by Muslims to address life's problems. Therefore, dhikr therapy was adopted to reduce psychopathological symptoms in patients with hypertension. Some chronic disorder patients are likely to experience different types of mental disorder, which leads to psychological symptoms. Interventions using spiritual and religious methods have been extensively developed in previous reviews whose results showed strong effects on reducing psychological disorder.

The Qur'an contains instructions for performing dhikr therapy to achieve inner peace. Dhikr is a form of communication that allows patients to seek strength and peace of mind. Therefore, this study aims to determine the effect of dhikr therapy as an intervention for decreasing psychopathological symptoms in patients with hypertension. Both previous reviews and this current study focus on exploring dhikr media

method and its impacts. Some dhikr therapies use the same recitations, as they are highly recommended after an obligatory prayer. However, the distinction in this study lies in the contextual use of dhikr therapy to address hypertension. The aim of dhikr is to enhance patients' awareness of the disorder, which is influenced by mental peace, thereby motivating them to integrate the therapy into daily life.

Psychopathological Symptoms

Psychopathological symptoms, a term developed by Derogatis (2001), refer to a variety of psychological disorders that can be assessed using Brief Symptoms Inventory (BSI) scale. The scale has been translated into different languages and tested for validity and reliability. Meijer *et al.* (2011) classified psychopathological symptoms into three settings, including clinical, prison, and student. In the clinical setting, the symptoms have been classified into three dimensions, consisting of depression, anxiety, and general distress. Andreu *et al.* (2008) performed psychometric analyses on BSI which showed four dimensions, comprising General Distress Index and Somatization, Depression, Generalized Anxiety Disorder, as well as Panic Disorder. The following descriptions explain the concepts of depression, anxiety, somatization, and panic. Depressive disorder, also known as depression, is a prevalent mental health condition characterized by persistent feelings of sadness or a lack of pleasure or interest in activities over time (WHO, 2023). Anxiety is defined as feelings of apprehension and fear that are frequently followed by physiological symptoms including increases in heart rate, blood pressure, sweating, and pupil dilation (Getzfeld, 2006). Somatization is described as the presence of physical symptoms caused by distress that are unrelated to physical disorder and cannot be explained by physical examination, laboratory testing, or diagnostic procedures (Bennett, 2006). Panic disorder is characterized by extreme fear associated with physical symptoms consisting of a heartbeat, difficulty breathing, and fear of death (Koenig, 2009). Factors such as gender, age, and education levels all have an influence on psychopathological symptoms (Gemeda, 2013). According to Taiwo (2011), several predictors of psychopathology may include psychosocial, demography, self-reported medical, and personality domains. Psychosocial domains such as family factors (parental rejection, mother's education level, and the child's caregiver) have a positive relationship with psychopathology. Furthermore, a state of health and antisocial tendencies are associated with psychopathological symptoms.

The Integration of Spirituality in Intervention

Islamic psychotherapy integrates spiritual interventions based on the teachings of the Qur'an and the Prophet Muhammad. These interventions offer a holistic strategy for addressing psychological and spiritual problems in the context of Islamic beliefs and practices. Encouraging Muslim patients to engage in self-healing activities such as prayer, supplication (Du'as), meditation, the Qur'anic recitation, and trust in Allah is consistent with Islamic teachings about seeking solace and guidance from Allah during times of distress (Rassool, 2021). Prayer (Salah) facilitates connection with the Divine, seeking forgiveness, and finding inner peace. Du'as is a personal prayer where individuals earnestly ask Allah for assistance, guidance, and protection. Meditation, also known as Tafakkur or Tadabbur, is a deep contemplation of Allah's creation and qualities that

fosters a sense of awe, gratitude, and tranquility. Reading and contemplating the Qur'an, which is the holy book of Islam, is believed to provide spiritual healing and guidance, with its verses offering comfort, wisdom, and solutions to life's challenges. Trusting in Allah's wisdom, mercy, and ultimate plan can reduce anxiety and despair, fostering resilience and hope. These spiritual interventions complement other therapeutic methods in Islamic psychotherapy, including cognitive-behavioral therapies, counseling, and psychoeducation. By integrating religious practices and beliefs into the therapeutic process, Islamic psychotherapy aims to promote psychological well-being, strengthen faith, and facilitate holistic healing for Muslims experiencing psychological and spiritual distress.

Islamic healing traditions are derived from the Qur'an, Sunnah (sayings and deeds of the Prophet Muhammad SAW), as well as the Islamic jurisprudence (Isgandarova, 2005). Islamic intervention prioritizes a holistic strategy for treatments which consists of psychological, physical, mental, and moral-spiritual components. Previous investigations have been conducted to examine the effects of intervention using a spiritual paradigm to address mental health problems. For instance, Kurhade *et al.* (2022) conducted a systematic review examining five religion-based interventions derived from various religions, including Islam, Hinduism, Christianity, Buddhism, and Sikhism. These interventions are formulated based on the norms and values of each respective religion. The review provides a comprehensive analysis of such interventions targeted at assisting patients with mental health disorder. Numerous investigations have found that religion and spirituality play a significant role in supporting patients dealing with mental health issues. By exploring interventions rooted in various religious traditions, this study aims to provide insights into the efficacy and applicability of religion-based psychotherapy across different faiths. The analysis suggests that religion-based therapy is effective in managing various mental health challenges such as anxiety, depression, psychological stress, and alcohol dependence.

The Effects of Dhikr Therapy to Reduce Psychopathological Symptoms in Patients with Hypertension

Adz-Dzakiey (2007) explained that there were different methods to understand dhikr. Firstly, it includes speech, motion, bodily activities, and heart vibrations that are in line with Islamic teachings, with the purpose of maintaining a deep psychological relationship with Allah. Secondly, dhikr symbolizes an attempt to prevent forgetting and neglect of the divine being by continuously recalling Him. Lastly, it is an attempt to escape forgetfulness motivated by a strong love for Allah. Dhikr is fundamentally a method of communication between a servant and Allah, typified by constantly remembering and obeying Him by reciting Allahu Akbar (Takbir), Alhamdulillah (Tahmid), Subhanallah (Tasbih), prayers, and the Qur'an. According to Al-Mahfani (2006), dhikr could be recited anywhere and anytime, whether aloud or silently. All the definitions suggest that it is an activity of remembering and obeying Allah in any situation, expressing love for Him through speech or actions. Additionally, dhikr is an important element of Sufi healing practices and can be performed individually or in groups led by Sufi teachers (Yucel, 2007).

Islamic religious values and practices are directed to purify human hearts through activities such as prayer, dhikr, tawba, tawakkul, rida, forgiveness, sabr, and syukur. All these concepts are taught in the Qur'an

as values that should be practiced to help individuals overcome life's challenges (Husain, 1998). Islamic practices also show a positive effect on both physical and emotional health (Rayhan, 2017). For instance, engaging in prayer and meditation serves to alleviate stress and anxiety, while acts of charity and assisting others contribute to elevating self-esteem and fostering a sense of purpose. Additionally, maintaining strong relationships with family and friends enriches the social support system, which is essential to navigating life's obstacles. Islamic practices are crucial as they facilitate a deeper connection with Allah, promote discipline and self-restraint, as well as enrich both physical and emotional well-being. The adoption of these practices can help individuals to live a life that is more fulfilling and in accordance with the will of Allah.

Spiritual and religious factors should be considered when treating patients with chronic disorders since beliefs and attitudes can have a positive impact on their health status (Busing & Koenig, 2010). Spirituality can serve as a way to deal with difficulties and crises in life. Numerous investigations have shown a negative relationship between attendance in religious activities and depression (Ellison *et al.*, 2009). Similarly, Koenig (2009) examined the relationship between religion, spirituality, and mental health, specifically focusing on depression, suicide, anxiety, psychosis, and substance abuse. Matthews *et al.* (1998) also reported that religious commitment might help in preventing clinical problems, including depression, substance use disorder, physical disorder, and premature mortality. Religious coping tactics have been shown to help reduce depression, and moderate levels of these coping tactics are beneficial for individuals facing uncontrollable situations (Abernethy *et al.*, 2002).

Dhikr is one of the Islamic religious practices that provides a sense of serenity in life (Akrom, 2010). The Qur'an shows the soothing effect of dhikr stating: "Those who have believed and whose hearts are assured by the remembrance of Allah. Unquestionably, the remembrance of Allah assures heart" (13:28). Dhikr is an activity endorsed by Allah to heal hearts from pain and negligence. Previous reviews have shown that interventions based on religious principles significantly reduce depressive symptoms in various vulnerable groups. These groups include those with chronic medical conditions, pregnant women, hemodialysis patients, elderly nursing home residents, individuals with major depressive disorder or dysthymia, and patients receiving coronary artery bypass graft surgery (Marques *et al.*, 2022). The review and meta-analysis strongly indicate the importance of religious beliefs during the diagnosis and treatment of depression.

Several phrases of dhikr include Tasbih, Tahmid, Takbir, and Istighfar (Astaghfirullah). Tasbih plays an important role in maintaining a clear conscience (Ilham & Effendi, 2012), guiding individuals to behave in ways that are in line with Allah's will. Tahmid is an expression of gratitude through the heart, lips, and actions (Shihab, 2007). Gratitude that comes from the heart includes acknowledging Allah's gifts with submission and admiration, fostering love for Him. Takbir helps to build a sense of autonomy (Ilham & Effendi, 2011), fostering faith that Allah will help in difficult times, thereby developing courage, autonomy, and optimism in facing life. There are numerous benefits when reciting Istighfar along with the presence and sincerity of the heart (Syafrowi, 2010). Through Istighfar, Allah promises to wipe out the negative consequences of sins (Salim, 2006), which can cause depression and anxiety. Islamic prayers, consisting of dhikr and the recitation of the Qur'an, can positively affect the well-being of Muslim patients. Dhikr strengthens belief in Allah,

enabling patients to hold more faith in their recovery. Religious interventions have been shown to effectively reduce anxiety, suggesting that psychotherapy should consider patient's religious beliefs by providing support and directly integrating faith into interventions (Koenig, 2009). The Qur'an (13:28) states that dhikr brings happiness, serenity, and tranquility to the heart, leading to decreases in psychopathological symptoms experienced by patients with hypertension.

Reciting dhikr can significantly help to reduce psychological symptoms in patients with hypertension. In Islam, prayers play an important role in improving psychological health. Therefore, this study hypothesizes that dhikr therapy can reduce psychopathological symptoms in patients with hypertension.

METHOD

Study Design

This experimental study used the nonrandomized control group pretest-posttest design, indicating that participants were not randomly selected. After providing informed consent, participants performed BSI as a pretreatment (baseline) before the intervention. The posttest was completed immediately after the intervention, with a follow-up test conducted 2 weeks later. The program consisted of 10 class sessions over 2 weeks, with assignments distributed between the sessions, as provided in Table 1.

Procedures

Dhikr therapy represented a therapeutic practice that could lead individuals to a meditative situation marked by alpha and theta brain waves. During this stage, patients were asked to make dhikr in rhythm with their breath, cultivating a sense of connection to the Creator. The main purpose of dhikr therapy was to reduce psychological symptoms. In this study, dhikr recitation comprised Tasbih, Tahmid, Takbir, and Istighfar, all performed 33 times. The therapy was divided into a series of stages, each consisting of three meetings. Each meeting consisted of several sessions lasting between 60 and 90 minutes, resulting in 250 minutes in total.

Participants

This study included 18 Muslim patients with essential hypertension recruited from the Public Health Center (Puskesmas). Patients were in the age range of 38 to 76 years and they were divided into two groups, including the experimental (n = 9) and the control (n = 9).

Instruments

BSI-18, which was developed by Andreu *et al.* (2008), was used to determine the level of psychopathological symptoms. BSI was frequently used in clinical and counseling settings for mental health screening and to measure symptom relief during and after intervention (Stewart *et al.*, 2010). In this study, the reliability coefficient of BSI was $\alpha = 0.868$. The instrument used a four-dimensional model to measure various elements of psychopathological symptoms. The model included somatization (factor I) with 6 items, covering "Feeling weak in parts of the body" ($\alpha=0.778$), depression (factor II) with 6 items, such as "Feeling no interest in things" ($\alpha=0.786$), general anxiety (factor III) with 3 items, containing "Feeling tense" ($\alpha=0.815$), and panic

(factor IV) with 3 items, covering “Feeling scared for no reason” ($\alpha=0.720$). Participants were asked to rate the presence of psychopathological symptoms on a 5-point scale ranging from never to always. One item (number 12) was excluded, and the other items showed satisfactory internal consistency with $\alpha = 0.868$.

Table 1. Overview of Dhikr Intervention Program for Psychopathological Symptoms

Module	Theme	Objectives
1	Introduction	Engage patients in the intervention and the completion of the informed consent
2	Disclosure of experience	Gather the condition-related to their hypertension disorder
3	Understanding about	Help patients understand hypertension
4	Understanding of dhikr	Teach patients how to return feelings and thoughts to Allah through dhikr
5	Connection the heart	Practice dhikr in class with Allah
6	Reflection of dhikr	Discuss the experiences and thoughts to Allah through dhikr
7	Homework assignment	Perform dhikr at home
8	Connection of the heart	Practice dhikr in class with Allah
9	Reflection of dhikr	Discuss the experiences, feelings, and events in the last few days Write what was perceived during the intervention
10	Termination	Closure

RESULT AND DISCUSSION

Data were analyzed using the Mann-Whitney method, with $z = -3.339$ and $p = 0.000$ ($p < 0.01$). These results, as shown in Table 2, indicated that there was a significant difference between the experimental and control groups.

Table 2. Results of data analysis

	Pretest	Posttest	Follow up test
Mann-Witney U	20.500	14.000	3.0000
Wilcoxon W	65.500	59.000	48.000
Z	-1.779	-2.358	-3.339
Asymp.Sig. (2-tailed)	.075	.018	.001
Exact Sig. [2*(1-tailed Sig.)	.077 ^b	.019 ^b	.000 ^b

The data analysis indicated highly significant differences between the experimental and control groups, with the experimental group having more psychopathological symptoms. Participants in the experimental group reported fewer symptoms after receiving dhikr therapy, while those in the control group showed no significant difference. The results were in line with the study conducted by Hidayat *et al.* (2023), indicating that combining dhikr and prayer effectively reduced pain and improved vital signs, such as pulse rate, respiratory rate, and oxygen saturation in appendectomy patients. Additional investigations have shown that the Qur'an and dhikr served as divine instructions and therapeutic tools, assisting readers, particularly Muslims,

in enhancing happiness and overcoming worry in various challenging circumstances (Hidayat *et al.*, 2023). The results also showed that the combination of dhikr therapy and the Qur'an provided individuals with a sense of peace, happiness, and security, lowering anxiety levels.

Participants in the experimental group reported significant differences in their conditions before and after the intervention, including a decrease in blood pressure. The result was in line with the statement of Hawari (2004) that dhikr and prayer could help reduce blood pressure and heart rate. The majority of participants in the experimental group had lower blood pressure during the post-test, with systolic and diastolic values less than 140 and 90, respectively. The decrease in blood pressure indirectly affected patients' conditions as they became more optimistic about their hypertension. In Islam, prayer played an important role in improving psychological health. Regular practices of salat and dhikr, as well as the Qur'anic recitation, provided long-term benefits in terms of physical health and well-being. The results showed a positive relationship between prayer frequency and psychopathological symptoms, indicating that patients who prayed more often were capable of coping with high levels of stress or distress. A negative relationship was found between the perception of Allah's love and psychopathological symptoms, while a positive relationship was found between the perception of Allah's control and mental health.

In this present study, performing dhikr resulted in a decrease in psychopathological symptoms because the remembrance had several benefits for those who performed it. Dhikr strengthened the souls of individuals who worship Allah, allowing them to overcome every obstacle and tribulation with confidence and peace (Kabbar & Madinah, 2007). When performing dhikr, individuals revived the traits and names of Allah who had mighty power within Him. Through this method, spiritual strength was gained, leading to a sense of serenity and peacefulness. The regular and constant practices of dhikr aimed to ease mental disturbances by focusing on individuals' attention on the divine presence of Allah (Danியarti *et al.*, 2023). Integrating dhikr into daily life was known to have a significant impact on the psychological and spiritual state. Dhikr could alleviate stress, enhance focus, foster a closer connection with Allah, and enrich individuals' comprehension of the meaning of life. It was also acknowledged as a method for purifying the heart from negative qualities such as conceit, jealousy, and ill will, while nurturing virtues, particularly patience, empathy, and genuineness. Similarly, Birhan and Eristu (2023) found that prayer influenced both physical and psychological well-being, allowing individuals to effectively manage negative emotions through spiritual communication and interaction with Allah.

Chronic disorder patients, specifically those with hypertension, often require spiritual and religious practices as a source of strength in facing the disorder. Performing dhikr served as such strength by reducing different kinds of life's hardships, worries, stubbornness, and impatience, thereby resulting in lower psychopathological symptoms such as depression and anxiety.

This study had several limitations, firstly, a small number of participants was selected. Secondly, the intensity of dhikr performed by participants was not considered in the experimental process. Lastly, this study did not include medical personnel in delivering information regarding hypertensive heart disorder before carrying out therapy.

CONCLUSION

In conclusion, the results showed significant differences in psychopathological symptoms between the experimental and control groups of patients with hypertension. The experimental group that received dhikr therapy had low symptoms, indicating the effectiveness of the therapy. After the therapy, patients experienced noticeable improvements, such as gaining a sense of serenity and comfort, rushing less when completing a task, feeling closer to Allah, and surrendering to the divine will. Furthermore, they reported having more sincerity, enhanced patience, less anxiety, increased acceptance, and more stable blood pressure levels, as well as being physically healthier.

Future investigations should include medical personnel to provide information related to hypertensive heart disorder before conducting therapy, to enhance patients' understanding of their medical condition. It was also important to consider other factors such as the duration of the disorder and the intensity of dhikr practiced daily. Furthermore, mental health practitioners should be able to integrate religious or spiritual aspects into therapy and counseling for patients. Patients were advised to apply the lessons learned from the intervention to their daily lives to maintain the positive results gained from the therapy.

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