

Effectiveness of Dhikr Therapy in Building Self-Control in Individuals with Psychological Disorders

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ABSTRACT

This study aims to examine the effectiveness of dhikr therapy in enhancing self-control among individuals experiencing mild psychological disturbances. The research employed a quantitative experimental method using a one-group pretestposttest design, involving 25 participants aged 17 to 20 years who showed indications of psychological distress. The intervention was administered in the form of structured dhikr sessions for one week. Self-control was measured using the Brief Self-Control Scale before and after the intervention. Data analysis was conducted using SPSS version 22.0, including descriptive statistics, normality tests, and hypothesis testing through the Wilcoxon Signed Ranks Test due to the non-normal distribution of post-test scores. The results demonstrated a significant decrease in mean self-control scores from 39.56 (pre-test) to 24.60 (post-test), with a p-value of 0.000, indicating a statistically significant improvement. These findings suggest that dhikr therapy can be an effective spiritual intervention to enhance emotional regulation and self-control. The study contributes to the development of integrative therapeutic approaches within Islamic psychotherapy, particularly in culturally and spiritually relevant mental health care settings.

Keywords : Dhikr therapy, self-control, Islamic psychotherapy, spiritual intervention, psychological well-being

Introduction

Psychological disorders are conditions that affect a person's feelings, thought patterns, and behavior, which can interfere with social, academic, and occupational functioning (American Psychiatric Association, 2013). Disorders such as depression, anxiety and stress not only reduce an individual's quality of life, but also reduce one's ability to control urges and emotions. Even classical Islamic thought on psychological disorders used to be very complex, compared to what is popular in the West today. Islam recognizes the concept of balance between body and soul (between *nafs*, *ruh*, and *'aql*) as a foundation for understanding mental health within the Islamic spiritual framework (Mitha, K., 2020). Psychological disorders are problems that are increasingly experienced by individuals, especially in an era of increasingly advanced times. A global study involving Indonesia showed that 24.4% of university students experienced symptoms of depression, with 8.9% experiencing major depression and 28.4% experiencing moderate depression. This figure is much higher than other Asian countries such as China, South Korea, Nepal, and Vietnam in the same period. Even in 2014-2015, the prevalence of depressive symptoms in adolescents to early adults in Indonesia reached 21.8% (Zainafree, I, et al., 2024). The many pressures of life, social demands, and other emotional disorders are often the main factors that affect a person's quality of life. Psychological disorders that cannot be treated properly can lead to more complex conditions, such as anxiety disorders, depression, or can even cause a person to become unable to control

themselves properly. Therefore, an effective approach is needed to help individuals improve and manage their emotions (Anggun et al., 2021).

Self-control is an important aspect of a person's psychological well-being. According to Goschke & Job (2023), *self-control* is also defined as a person's ability to resist short-term desires in order to maintain behavior that is in accordance with long-term goals. Individuals with a good level of *self-control* tend to be able to manage their emotions, overcome negative urges, and make more rational decisions (Baumeister, et al., 2019). In the context of psychological therapy, building *selfcontrol* will be one of the main goals to help individuals deal with the psychological challenges they experience in life. *Self-control* that has been mastered well and positively through psychological interventions, will shape a person to have consideration of future consequences and become an effective strategy in fostering healthy social behavior among adolescents and early adults (Bahjatunnufuz et al., 2024). Thus, the higher a person's self-control, the greater the consideration of the long-term impact of their behavior, so that they can better carry out life activities (Li, J., Chen, et al., 2021). Therefore, it is important to find effective methods to improve *self-control* ability, especially for those with psychological disorders.

Psychotherapy is an interactive process conducted with the aim of facilitating changes in behavior, thoughts, and emotions that lead to improved psychological functioning of an individual. Corey emphasizes that psychotherapy is not only about overcoming disorders, but also helping individuals develop their potential, strengthen personal awareness, and form a healthier meaning of life (Corey, 2020). Moazedi et al. (2018) revealed that an Islamic-based spiritual-religious approach has an effective impact when implemented as a form of psychological intervention for Muslims. One approach that can be applied in psychological therapy is through the practice of dhikr therapy. Dhikr is a spiritual activity in Islam that involves repeating certain words to remember Allah, such as the recitation of tasbih, tahmid, and takbir. Research shows that the practice of dhikr can help reduce stress and anxiety levels and can increase inner calm (Rahman & Saifullah, 2019). Dhikr can be a spiritual practice that can cleanse the heart, calm the soul, develop self-awareness, and increase the emotional resilience and spirituality of individuals in facing the challenges of *modern* times today (Ayuni, D, et al., 2024). Thus, dhikr can be one of the potential therapeutic techniques in increasing *self-control* in individuals with psychological disorders (Kusumadiyanti et al., 2021).

Based on the high prevalence of mental health problems in Indonesia, especially among adolescents and early adults, there is a need for interventions that are not only clinically effective, but also culturally and spiritually acceptable. Therefore, this study aims to examine the effectiveness of dhikr therapy on improving *self-control* in individuals with psychological disorders. For this reason, two hypotheses were established in this study, namely: H_0 (null hypothesis) which states that there is no significant difference between *self-control* scores before and after dhikr therapy, and H_1 (alternative hypothesis) which states that there is a significant difference between *self-control* scores before and after dhikr therapy. This hypothesis testing is expected to provide empirical evidence regarding the contribution of dhikr therapy in mental health interventions that are relevant to the clinical-social-religious context in Indonesia. By using an experimental method with a quantitative approach, this study will evaluate how the level of *self-control* changes before and after dhikr therapy is given to the subject.

With this research, it is hoped that the results will be able to make a significant contribution to the development of psychological interventions that are holistic and based on spiritual values. In addition, this study can also enrich the literature of Islamic psychology and provide practical recommendations for mental health practitioners in utilizing dhikr therapy as part of a comprehensive therapeutic approach as well as individuals who experience psychological disorders to be able to have clearer guidance in applying dhikr habits as therapy or self-management techniques.

Method

This study used an experimental method with a *one group pretest-posttest design*. According to Chaipunko, C., et al. (2024) experimental method with *one group pretest-posttest design* is a form of quasi-experimental design used to evaluate the effectiveness of an intervention in one group of participants, where measurements are taken before and after treatment. In this design, there is no control group, so the analysis is focused on the difference in scores between the *pre-test* and *post-test* within the same group. This design involves one group of subjects who are given an intervention in the form of a dhikr therapy module or journal for a certain period of time. Subjects are given measurements of *self-control* levels before and after the intervention through filling out questionnaires to find out whether there are significant changes due to the provision of the intervention or not. This study aims to determine the effectiveness of dhikr therapy in improving *self-control* in individuals with mild psychological disorders.

The variables in this study consist of the independent variable, dhikr therapy, which in this context refers to a structured Islamic spiritual intervention or practice. The dependent variable in this study is *self-control*, which is the individual's ability to control emotions, urges, and behavior in dealing with certain situations (APA, 2013). This study also considered the contextual variable of the psychological condition of the subjects who experienced mild psychological disorders such as anxiety, stress, or mild depressive symptoms.

The population in this study were early adult individuals in Palembang City who were narrowed down to get research subjects from adolescents to early adults with an age range of 17 to 20 years who were Muslim and domiciled in Palembang City. The sampling technique used was *purposive sampling*, with the criteria of subjects who showed indications of mild psychological disorders based on the results of initial screening through filling out the *self-control* scale questionnaire (*pre-test*). The number of samples in this study was 25 people, with a percentage of women by 76% and men by 24%. They will receive an intervention in the form of dhikr therapy in the form of a journal conducted for one week.

Data were collected through several techniques, including filling out an initial questionnaire (*pre-test*) with a *self-control* scale, followed by the provision of interventions carried out to several selected subjects who had low *self-control* indicators, and filling out a final questionnaire to subjects who had received *treatment (post-test)*. The scale used is a *self-control* scale derived from *Brief Self-Control Scale items*, which are obtained based on reference journals that have been researched by researchers. *Brief Self-Control Scale items* use a Likert scale format with five response levels, namely not like me at all, a little like me, somewhat like me, mostly like me, and very like me (Lindner, C, et al., 2015).

There are 4 positive statements (statements in numbers 1, 6, 9, and 13) and 9 negative statements (statements in numbers 2, 3, 4, 5, 7, 8, 10, 11, 12). Scoring on the positive statements was given in descending order from the response "not like me at all" (score 5) to "very like me" (score 1). In contrast, scoring on negative statements starts in ascending order from "not like me at all" (score 1) to "very like me" (score 5) responses. This scoring pattern was applied by the researcher to ensure that the higher the total score obtained, the lower the level of *self-control* possessed by the subject, and vice versa.

After the response from the subject has reached the target, the data from the subject is then processed using the *excel* application to facilitate the coding and calculation process. After going through the *excel* stage, the data that has been in the form of numbers will be analyzed using the help of the SPSS program. The analysis is carried out using descriptive statistical tests first to find out an overview of the mean, standard deviation, minimum, and maximum values of the *pre-test* and *posttest* scores. Furthermore, the data will be tested for normality to determine whether the two data (*pretest* and *post-test*) are normally distributed or not. Once known, the next stage will enter into hypothesis testing to see how the effectiveness of dhikr therapy on *self-control* scores between before (*pre-test*) and after (*post-test*). This test is used because the research design uses *one group pretest-posttest*, making it possible to measure changes that occur in the same group. The results of the analysis are then presented in numerical form along with a data description analysis that illustrates whether there is a significant change in the level of *self-control* as a result of dhikr therapy that is carried out consistently.

Results

The results of data analysis in this study were obtained through quantitative data processing using *Statistical Package for the Social Sciences* (SPSS) software version 22.0. The data analyzed are the results of measuring *self-control* scores that have been collected through *pre-test* and *posttest* questionnaires on subjects who have participated in dhikr therapy interventions. The analysis process begins with descriptive statistical tests to see an overview of the data, followed by normality tests to determine the appropriate type of inferential analysis, as well as hypothesis testing. This series of tests is used to ensure that the interpretation of the results is valid and in accordance with the characteristics of the data.

Descriptive Statistical Analysis

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Pretest Self Control	25	31	51	39.56	5.284
Posttest Self Control	25	17	41	24.60	7.251
Valid N (listwise)	25				

The results of descriptive statistical analysis of *self-control* scores showed a high difference between the conditions before and after the intervention was given. In the *pre-test* score, the *mean* value was 39.56 with a *standard deviation* of 5.284, a minimum value of 31, and a maximum of 51. Meanwhile, the *post-test* score showed a decrease in the mean to 24.60, with a *standard deviation* of 7.251, a minimum value of 17, and a maximum of 41. When associated with the direction of the

scale used (i.e., where lower scores reflect higher levels of *self-control*), this decrease in score indicates that there is an increase in *self-control* ability in the subject after participating in the intervention in the form of dhikr therapy.

Normality Test

Tests of Normality

	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Pretest Self Control	.182	25	.032	.935	25	.116
Posttest Self Control	.240	25	.001	.834	25	.001

a. Lilliefors Significance Correction

To ensure the feasibility of the statistical test to be used, a normality test was conducted on the *pre-test* and *post-test* data using the Kolmogorov-Smirnov and Shapiro-Wilk methods. However, since the sample size in this study is relatively small ($N = 25$), the main interpretation is based on the Shapiro-Wilk test results. The test results showed that the *self-control pre-test* score had a significance value of $p = 0.116$ (Shapiro-Wilk), which is above the 0.05 threshold, so it can be concluded that the *pre-test* data is normally distributed. In contrast, the *post-test self-control* score showed a significance value of $p = 0.001$, which means that the data was not normally distributed. Therefore, since one of the two groups of data did not meet the normality assumption, nonparametric tests will be used as the next analysis approach.

Hypothesis Test: Wilcoxon Signed Ranks Test

Ranks

		N	Mean Rank	Sum of Ranks
Post Test - Pre Test	Negative Ranks	23 ^a	13.00	299.00
	Positive Ranks	1 ^b	1.00	1.00
	Ties	1 ^c		
	Total	25		

- a. Post Test < Pre Test
- b. Post Test > Pre Test
- c. Post Test = Pre Test

Test Statistics^a

	Post Test - Pre Test
Z	-4.260 ^b
Asymp. Sig. (2-tailed)	.000

- a. Wilcoxon Signed Ranks Test
- b. Based on positive ranks.

Hypothesis testing was carried out using the *Wilcoxon Signed Ranks Test* for data that was not normally distributed, this was intended to determine the significance of the difference between *pre-test* and *post-test* scores. The results of the analysis showed that as many as 23 subjects experienced a decrease in *post-test* scores compared to *pre-test* (*negative ranks*), there was only 1

subject who experienced an increase (*positive rank*), and 1 subject showed the same score between *pre-test* and *post-test* (*tie*). The statistical value shows $Z = -4,260$ with a significance level of $p = 0.000$ ($p < 0.05$), which indicates that there is a statistically significant difference between before and after the intervention. With the dominance of the decrease in *post-test* scores, as well as based on the interpretation of the direction of the scale, it can be concluded that dhikr therapy is an effective intervention in improving *self-control* in individuals with psychological disorders who are the subjects of this study.

Hypothesis Assumptions and Conclusions

Based on the results of the Wilcoxon hypothesis test that has been carried out and shows a significance value of $p = 0.000 < 0.05$, it can be concluded that H_0 is rejected and H_1 is accepted. Thus, there is a significant difference between before and after the intervention. With the direction of score change showing a decrease (in the context that lower scores indicate better *self-control*), it can be concluded that dhikr therapy is effective in improving *self-control* in individuals with psychological disorders.

Discussion

Based on the results of the description of the statistical analysis above, this study has found that the majority of subjects showed linear answers to what the researcher expected. There are only 2 subjects who have a variety of final results that are different from other subjects. Even so, the overall percentage of answers from each subject still shows a diverse percentage. Some are quite balanced between the points of the questionnaire choices, until there are zero in the percentage of points. The results of this study indicate that the intervention in the form of dhikr therapy has a significant effect on increasing *self-control* in individuals who experience mild psychological stress. This finding is indicated by a significant decrease in the *post-test* score ($p = 0.000$), which indicates that there is a positive change in the subject's ability to manage emotions and impulsive urges after participating in the dhikr therapy intervention. Descriptively, the mean score of *self-control* decreased from 39.56 to 24.60, which in the context of this instrument means that there was an increase in *self-control* ability. This suggests that spiritualized psychological practices such as dhikr can be an effective *coping* strategy in strengthening self-control, especially in individuals with a background of mild emotional and psychological burden.

This finding is in line with the research of Anggun et al. (2021) which showed that dhikr therapy significantly reduced anxiety and depression levels in hemodialysis patients, with a decrease in anxiety scores from 5.83 to 1.67 and depression from 9.67 to 4.67 after the intervention. Similarly, in the research study of Ayuni et al. (2024) on the congregation of Tarekat Qodiriyah Naqsabandiyah revealed that the practice of structured dhikr is able to calm the soul, strengthen emotional resilience, and increase spiritual stability amid the moral crisis of *modern* society. Mulyadi et al. (2024) also emphasized the importance of dhikr in maintaining the emotional health and professionalism of counselors, stating that dhikr supports the balance of the five dimensions of *wellness*, including emotional and social aspects. In addition, research by Ragayasa, A. (2022) also revealed that religious counseling that integrates dhikr is able to reduce the anxiety experienced by the subject. Dhikr as a form of heart and oral worship without time limits can help individuals to be

more patient, sincere, and get closer to God, so that the anxiety felt can be significantly reduced, and improve *self-control* (Cholili, A. H. et al., 2024).

In addition, the relevance of these findings is reinforced by the research of Mayangsari et al. (2024) who reviewed effective intervention strategies in improving adolescent *self-control*. They emphasized the importance of *mindfulness* and spirituality-based interventions, such as *mindfulness* and group counseling, in building healthy self-regulation. Dhikr is also a form of spiritual *mindfulness* in Islam, with meaningful repetition of sacred texts, a means to organize thoughts, manage impulses, and reduce emotional distress holistically (Aziz & Wahyuni, 2021). By practicing *mindfulness*, one can develop inner calm, clarity of thought, and stronger emotional resilience. In a psychological context, *mindfulness* serves as an effective therapeutic approach to help individuals manage stress, improve focus, and create healthier relationships with themselves and the environment (Kabat-Zinn, 2018). From a theoretical perspective, these results are also in line with the Islamic psychotherapy approach that emphasizes the integration between spiritual aspects and emotional awareness and self-reflection as a path to inner calm and self-control (Sudan, 2017). Dhikr has been shown to improve self-control through the cultivation of the values of patience, sincerity, and peace of mind, which are the foundation for long-term emotional regulation (Rahman & Saifullah, 2019).

Thus, this study not only provides empirical evidence on the effectiveness of dhikr therapy in an individual context, but also strengthens the conceptual framework of Islamic psychotherapy as an approach worthy of implementation and more attention in psychological services, especially for individuals with mild or vulnerable psychological or psychosocial conditions. This finding is important to be followed up through further studies with a control design and a wider population for stronger external validity. The findings are important to discuss further as they contribute to the model of spiritually-based interventions in the context of clinical and Islamic psychology, and open up opportunities for the development of similar approaches in populations experiencing emotional distress with limited access to formal psychological services.

Conclusion

Based on the results of data analysis and discussion, it can be concluded that dhikr therapy is an effective intervention in improving *self-control* skills in individuals with mild psychological disorders. This therapy provides a reflective and spiritual space that can help individuals further develop self-awareness with reflection, reduce emotional distress, and manage impulsive urges more adaptively. Thus, the research objective to test the effectiveness of dhikr therapy in building *self-control* proved to have a good effect and succeeded with a high percentage. This approach is not only clinically relevant, but also spiritually and culturally contextualized, making it a viable alternative that deserves more attention in psychotherapy practice, particularly for individuals who are Muslim and are facing emotional distress.

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