

Prayer Therapy as an Alternative Treatment for Anxiety in College Students

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ABSTRACT

This study aims to examine the effectiveness of prayer therapy as an alternative treatment in reducing anxiety levels in students. The background of the research is based on the high prevalence of anxiety among college students, which can interfere with their academic and social functioning. The study uses a quantitative method with a quasi-experimental approach of one-group pretest-posttest design. A total of 30 students in Palembang were sampled through purposive sampling techniques. The intervention provided was in the form of peace of mind prayer therapy, which was carried out for one week routinely before going to bed, waking up, and after praying five times. Anxiety level measurements were carried out before and after treatment using questionnaires, and data were analyzed by paired sample t-test using SPSS. The results of the analysis showed a significant difference between the level of anxiety before and after prayer therapy was given ($p < 0.05$), indicating that prayer therapy was effective in reducing anxiety. The study also found that the effectiveness of prayer therapy did not differ between male and female college students. These findings reinforce that prayer therapy can be a simple, affordable, and contextual alternative to spiritual-based psychological interventions for college students experiencing anxiety. Therefore, prayer therapy is recommended as one of the companion approaches in counseling services or mental strengthening of students, especially in a religious environment.

Keywords : Psychology, Psychotherapy, Anxiety, Prayer therapy, Students.

Introduction

The incidence rate of newly diagnosed anxiety disorders globally shows an increase of about 50% between 1990 and 2019, from 31.13 million to 45.82 million (Yang et al., 2021 in Alibudbud, 2024). Intense anxiety can trigger nonadaptive behaviors and inhibit recovery (Ramesh et al., 2015; Prado-Olivares & Chover-Sierra, 2019). Symptoms of anxiety were reported in 90% of patients treated in the cardiac department, and about 20% of these patients suffered from fatigue and depression, which are associated with symptoms such as disappointment (Sadeghimoghaddam et al, 2019). In general, the prevalence of emotional disorders in Indonesia is 9.8%, while the prevalence according to the age group of 15-24 years is 10%. However, this figure is higher than the national figure in West Java, one of the provinces in Indonesia with a prevalence of 12.1%. A study of 315 elementary school students in Manado reported that 13.02% experienced mild anxiety, 6.67% experienced moderate anxiety, and 2.22% experienced severe anxiety. Anxiety is a subjective experience of a person and is not directly observed as an emotional state without a specific object. This occurs due to a threat to self-esteem which is fundamental to the existence of individuals.

Anxiety communicated interpersonally produces valuable cues that are important for maintaining balance and protecting life (Niman et al, 2022).

Factors associated with performance and mental health include depression, anxiety, low support, work stress, decreased productivity, financial anxiety, and burnout (Nowrouzi-Kia et al in Zani, P., & Shari, W. 2024). Anxiety comes from the fear of failing or being judged, exam anxiety manifests through symptoms such as difficulty concentrating, worrying, physical discomfort, negative self-talk, forgetfulness, and fear, which can prevent a person from achieving a set academic goal or potential. Anxiety disorders are often characterized by overactivation and sympathetic dysfunction (Kishimoto, Hao, & Bai, 2025). Although anxiety disorders are recognized as a significant public health problem, there are few recent studies that comprehensively assess the global burden of anxiety disorders among older adults at regional, national, and sociodemographic (SDI) index levels. (Wang, et.al. 2025). Mental health issues such as anxiety disorders are a significant public health problem globally. The disorder can greatly affect a person's quality of life and interfere with daily functioning. The World Health Organization (WHO) estimates that anxiety disorders affect approximately 264 million people worldwide, highlighting the critical need for effective assessments and interventions (Yang, et.al. 2025). Anxiety disorder is a mental condition in which a person experiences excessive anxiety continuously, is difficult to control, and negatively impacts daily life (Ministry of Health). Data from the 2018 Riskesdas survey shows that around 2 million Indonesians over the age of 15 suffer from some form of mental and emotional disorders, such as depression or anxiety (Alifia in Sakti, M, R. 2024). Spiritual interventions help patients use strategies based on their spirituality; build good relationships with yourself, family, and friends; improving self-care practices; performing religious practices; increase positive thoughts and attitudes; actively listening; and build patient confidence (Kamali in Nasution, A, L. 2021)

One of the interventions to reduce anxiety is prayer therapy, which is believed to trigger positive emotions, stimulate endorphins, provide a relaxing effect, and reduce pain and anxiety (Awaludin et.al. 2024). Islamic psychotherapy is a therapeutic process that aims to provide a psychological approach through the Qur'an and Hadith, offering solutions to individual psychological and spiritual problems while maintaining mental health. Mental health is a condition that allows for the holistic development of the physical, emotional, and intellectual aspects of an individual, as well as throughout their developmental stages in relation to others. (Salman, Sitorus, & Nasution, 2025). Psychological therapy is one of the most effective treatments for anxiety disorders, with most of the evidence focusing on cognitive behavioral therapy (Hofmann and Smits, in Fischer & Cleare, 2017). However, in Islamic psychology, there is a paradigm of illness that all originates from Allah. This previous research also revealed that belief in the psychotherapeutic process believes that illness comes from God and that God will provide healing. These basic assumptions are related to basic assumptions about humans having the potential to apply God's Name in everyday attitudes, behaviors, and thoughts (Trimulyaningsih, et.al. 2017). Some researchers note that prayer is used to manage negative emotions (Carver et al., 1989; Thompson et al., 1993; Thoits, 1990; Koenig et al., 1988), but the mechanism has not been described in detail. Pargament et al. (1997, 1998, 2001) refer to prayer as a form of spiritual support in dealing with emotional stress, but the theory and supporting data are still limited. Other researchers such as Bänziger et.al and Harris et.al 2008 have highlighted the results of prayer such as comfort in Hawely & Irutia, 1998 and Bade & Cook, 2008, but this is more of an effect, rather than an

explanation of the process. Therefore, it takes a theory based on real life experiences to understand how prayer manages negative emotions.

Method

The quantitative research method is used on data obtained from questionnaire answers and is carried out to analyze data in the form of numbers and calculations using statistical methods (Ramadhan, 2021). The research method used in this study uses quantitative methods. This method is a scientific method that is objective, measurable, rational, and systematic. The quantitative method is a research method based on the philosophy of positivism, used to research a specific population or sample, data collection using research instruments, quantitative or statistical data analysis, with the aim of testing predetermined hypotheses (Saputri, AN, 2020).

Quantitative research is an approach that focuses on collecting and analyzing numerical data to test hypotheses or answer research questions. This method uses structured instruments such as surveys, questionnaires, or experiments to generate objective and generalizable data. Data analysis in quantitative research often uses statistics, both descriptive and inferential. Indicators or dimensions contained in quantitative variables include: (1) Numerical Measurement: Data is expressed in numbers for easy statistical analysis. (2) Hypothesis: The research begins with an initial assumption that needs to be tested. (3) Structured Instruments: The use of questionnaires or surveys with a fixed format. (4) Replication: Research can be repeated to verify findings. (5) Objectivity: The results are not influenced by researcher bias. (6) Generalization: Results can be generalized to larger populations. This study uses a quantitative method with a quasi-experiment approach which aims to test hypotheses objectively, systematically, and measurably (Sawitri, N., 2025).

The experimental design used is a one-group pretest-posttest design, which is a design in which one group of subjects is given an initial measurement (pretest), then given a treatment (treatment), and ended with a re-measurement (posttest). This design allows researchers to determine the effect of treatment by comparing results before and after treatment. The treatment provided in this study is in the form of prayer therapy, treatment is also carried out for 1 week in the form of reading prayer therapy for peace of mind when you fall asleep, wake up, and after performing 5 prayers. It is hoped that with this prayer therapy treatment, students can be more able to intro themselves when experiencing anxiety. While the observed variable was the level of anxiety. Thus, the independent variable in this study was prayer therapy, and the dependent variable was the participants' anxiety levels.

The population in this study is students throughout Indonesia, while the sample is taken from students who live in the city of Palembang. Sample selection is carried out by purposive sampling technique, which is to select subjects based on certain criteria that are relevant to the research objectives. Data collection was carried out through the distribution of questionnaires to respondents before and after being given prayer therapy treatment. The questionnaire is designed to measure participants' anxiety levels. The data obtained was analyzed using SPSS software to see significant changes between pretest and posttest and to test the effectiveness of the treatment statistically.

Results

A. Normality Test

The normality test is used to find out whether the population is normally disinfected or not. If the analysis uses a parametric method (data analysis that uses parameters such as mean, median, standard deviation, normal distribution, and others), then the prerequisite for normality must be met, namely that the data comes from the normal distribution. If the data is not normally distributed, then an alternative that can be used is non-parametric statistics (priyanto in shadiqi, M, A. 2023).

a. Normality Test Table						
Tests of Normality	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Pre test	.100	30	.200*	.976	30	.710
Post Test	.116	30	.200*	.952	30	.191

*. This is a lower bound of the true significance.

a. Lilliefors Significance Correction

In the Shapiro-wilk column, a significance value of 0.710 for pre-test results and 0.191 for post-test results. It can be concluded that the distribution of the pre-test scores of peace of mind prayer therapy to reduce student anxiety ($D(30) = 0.976$; $p = 0.710$) and the post test of prayer therapy to reduce student anxiety ($D(30) = 0.952$; $p = 0.191$) were distributed normally.

B. Test Paired Sample T-test

According to shadiqi, the hypothesis testing criteria for the two-paired sample t-test is no different from the one-sample t-test and the two-sample unpaired t-test. These three tests use the same criteria of significance value and t-value, The summary is:

- If **-t counts < -t table** or **t counts > t table** or **significance < 0.05**, then H_a is accepted (there is a difference). Reminded again, the minus value does not directly indicate that the result is no difference or insignificant, because the decision of this hypothesis test depends on the amount of the t-value itself.
- If **-t of the table \leq t computes \leq t of the table** or the significance of **> 0.05**, then H_o is accepted (no difference).

Before answering whether H_o is accepted or rejected, it is necessary to determine the value t of the table. First of all, we determine $df(n-1) = 29-1 = 27$, in the table of pair 1, we can see the value of t calculated = 2.181 and the significance of 0.37. Through these results, it can be seen that t calculates $>$ t table ($2,181 > 2,048$) and the significance is $0.000 < 0.37.$, so it can be interpreted that there is a difference in the average value of prayer therapy as an alternative to anxiety treatment before and after following the treatment given.

a. Tabel Paired Sample Statistic

Paired Samples Statistics					
		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Pre test	40.9333	30	11.18784	2.04261
	Post Test	35.8333	30	9.79473	1.78827

b. Tabel Paired Sample Test

Paired Samples Test

		Paired Differences			95% Interval Difference		Confidence of the		Sig. (2- tailed)
		Mean	Std. Deviation	Std. Error Mean	Lower	Upper	t	df	
Pair 1	Pre test - Post Test	5.10000	12.80988	2.33875	.31671	9.88329	2.181	29	.037

Based on the results of the t-test, it was shown that there was a significant influence of prayer therapy on student anxiety, so an alternative hypothesis was accepted. The results of the statistical descriptive test showed that students' anxiety decreased after participating in prayer therapy ($M = 40.9333$; $SD = 9.79473$) than before doing the activity ($M = 40.93333$; $SD = 11.18784$).

Discussion

In this study we conducted prayer therapy for the participants who participated in this study, prayer provided a medium for healing of depression or anxiety, but the prayers were prayers that went back in time to ask God for healing from the stressors of life combined with prayers for forgiveness. Both of these prayers result in the separation of traumatic memories from associated negative emotions. In addition, various forms of prayer are used if needed. Research driven by this theory examined explanatory models of how to use personal prayer to address issues affecting mental health (Amy, L, et.al 2007). Direct interpersonal contact prayer can be beneficial in addition to standard medical care for patients with depression and anxiety. Further research in this area is indicated.

According to the language of prayer, it means to beg, ask, call and hope. While definitively prayer is an expression of a servant's request to Allah in asking for something he wants. Prayer is divided into two types: first, prayer is worship, meaning that when we pray, it means that we have fulfilled God's commands, just as we fulfill other commands. Such as prayer, zakat, fasting, and hajj. Second, prayer is a request, meaning that prayer is a person's need for Allah's help, so that in addition to being a habit, prayer is also a need (Isnawati, et.al. 2023). In this study, we used prayer therapy, which is more specifically prayer for peace of mind. The prayer for peace of mind is

لَا إِلَهَ إِلَّا أَنْتَ سُبْحَانَكَ إِنِّي كُنْتُ مِنَ الظَّالِمِينَ

La ilaha illa anta subhanaka inni kuntu minadzolimin.

Meaning: "There is no God but You. Blessed are You, indeed I am among the unrighteous."

This prayer was taught by the Prophet Jonah when he was in the belly of a whale, as a form of confession of guilt and asking for forgiveness to God. The researcher uses this prayer because it is relevant to the meaning and story behind this prayer. The prophet Jonah was in a time of pressure and hardship so he read a prayer to calm himself. Likewise, our purpose is to give this prayer to students who are anxious about calming themselves.

Prayer is defined as a deep human instinct in which a person becomes aware of his relationship with the source of life. The relationship between the use of prayer therapy and reduced anxiety in patients. (Sadeghimoghaddam et al, 2019). Overall, the results suggest that relaxation and spiritual development, especially with the use of prayer, may be important predictors of mental health in chronic illness, but the specific effects of using these interventions to reduce anxiety and increase hope are less appealing to patients.

Anxiety is the result of psychological and physiological processes in the human body that indicate a reaction to danger that alerts the person instinctively/from within that there is danger and the person concerned is likely to lose control of the situation (Handayuni, S, T., & Ifdil, I. 2020). According to Rizal, anxiety is basically a normal reaction that occurs in everyone when facing pressure, but in some conditions anxiety can become a pathological condition if the anxiety experienced is very excessive (Dhamayanti, P, T., & Yudiarso, A. 2020).

The characteristics of individuals who experience anxiety are as follows (1) Nervousness, sweaty limbs, restlessness, shaking or shaking, dry mouth or esophagus, difficulty breathing, difficulty speaking, heart palpitations, feeling weak, dizziness, tingling, feeling sensitive and constantly urinating (physical anxiety), (2) Dependence on others, feeling shaken, and avoidant (behaviorally), (3) Believing that something bad is going to happen, fear of something happening in the future, fear of losing self-control, fear of not being able to overcome problems, difficulty focusing thoughts or concentration, worrying about things (cognitively) (Handayuni, S, T., & Ifdil, I. 2020). Anxiety disorder is characterized by excessive worry, anxiety, and fear of future events. Anxiety is an emotional feeling that arises as an initial response to psychological stress and threats to a person's important values (Niman et al, 2022). In the findings of Gallerani, Garber, & Martin in 2010, it was found that pre-existing anxiety increased the risk of depression among boys but not in girls, who had a higher risk of depression compared to boys regardless of pre-existing anxiety (Viana, 2018).

After knowing the results of the normality test and the paired sample t-test, it can be concluded that there is a difference between before and after the application of prayer therapy as an alternative to anxiety treatment has proven to be effective. The researchers also found that there was no significant difference between the reduction in anxiety in men and women, with both having the same chance of reducing anxiety.

Conclusion

The results of this study reveal that prayer therapy has a significant influence in reducing anxiety levels in students. These findings suggest that the spiritual aspect, especially prayer, can be

used as an effective therapeutic approach in helping students manage the emotional pressures they face in their academic and personal lives. The prayer therapy used in this study is the prayer of peace of mind, which was specifically chosen because of its meaning that is relevant to the mental condition of students who are experiencing anxiety. The prayer, taught by the Prophet Jonah in a situation of stress and fear, is able to create a sense of peace, self-recognition, and sincerity that is indispensable in facing life's challenges. With the implementation of structured prayer therapy, which is done before going to bed, after waking up, and after praying five times for one week, students experience a significant reduction in anxiety. This is evidenced by the results of the paired sample t-test which shows a significant difference between anxiety levels before and after the intervention. In addition, no significant differences were found between men and women in response to this therapy, suggesting that the benefits of prayer therapy are equitable and inclusive. Based on the results of the research, it is recommended that students make it a habit to read prayers regularly as an independent effort to manage anxiety, especially in the face of academic pressure. Institutions of higher education are also expected to integrate prayer therapy or similar spiritual approaches into campus guidance and counseling services. For future researchers, it is recommended to conduct further research by adding control groups, expanding the sample, and extending the duration of the intervention to gain a deeper understanding of the effectiveness of prayer therapy against various psychological conditions.

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