The Practice of Dhikr as a Complementary Approach in Reducing Anxiety Symptoms: A Case Study

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ABSTRACT

In a challenging modern era, the issue of anxiety is becoming increasingly concerning, particularly among university students facing academic, social, and emotional stress. Hence, alternative and complementary approaches rooted in spiritual values, such as the practice of dhikr (remembrance of God), are viewed as potential methods to help alleviate stress and internal anxiety. This study aims to explore the practice of dhikr as a psychospiritual approach to reducing anxiety symptoms among individuals, specifically university students. The practice of dhikr involves the repetition of specific recitations as a spiritual practice that provides emotional and mental tranquility. A qualitative case study design was employed, focusing on a single respondent clinically diagnosed with an anxiety disorder by a medical specialist. Data were collected through two interview sessions, transcribed verbatim, and analyzed using thematic analysis, yielding five main themes: early trauma history, physical and emotional symptoms, anxiety triggers (external and internal), and coping mechanisms (family support and religious practices). The findings revealed positive changes in emotional stability, a reduction in physical symptoms such as shortness of breath and heart palpitations, and an enhanced capacity to manage life stressors. These results support the potential of dhikr practice as a holistic, complementary approach in addressing mental health issues and strengthening individual psychospiritual wellbeing.

Keywords: Anxiety, Dhikr, Islamic Psychospiritual, Mental Wellbeing.

INTRODUCTION

In an increasingly complex era of globalization, individuals face various life challenges that can adversely affect mental and emotional wellbeing, particularly among university students. Anxiety is one of the primary psychological issues on the rise because of social, academic, and financial pressures, alongside the influence of modern technology. According to the National Health and Morbidity Survey (NHMS) 2019, approximately 2.3% of adults and 9.5% of children aged 10 to 15 experienced mental health problems.

In this context, religious education is recognized as playing a vital role in building mental resilience through an Islamic psychospiritual approach that integrates both spiritual and psychological dimensions. One approach gaining significant attention is dhikr. Dhikr is the practice of repeating sacred recitations such as Subhanallah, Alhamdulillah, and Allahu Akbar that aimed at tranquilizing the soul and drawing closer to Allah SWT. Moreover, dhikr is not merely a verbal act of worship, but rather a form of spiritual fortification capable of instilling tranquility and alleviating inner restlessness. Previous studies have demonstrated the efficacy of dhikr across various contexts, such as reducing blood pressure in hypertensive patients (Sopiah et al., 2024) and improving the quality of life among individuals suffering from insomnia (Purwanto et al., 2023).

Nevertheless, a review of the literature reveals a persistent gap regarding the specific efficacy of dhikr among university students experiencing anxiety. Most prior studies were small-scale and focused on specific populations, rendering the findings difficult to generalize to student demographics who are similarly exposed to high levels of psychosocial stress. The primary problem addressed by this study is the lack of empirical data and in-depth investigation evaluating dhikr as an Islamic spiritual-based approach to managing anxiety within higher education.

Therefore, this study was conducted to explore the experiences of individuals dealing with anxiety and to analyze the impact of dhikr in reducing those symptoms. By centering on the psychospiritual dimension, this research not only contributes to the body of knowledge in Islamic mental health, but also holds potential for introducing an effective, holistic, and easily implementable alternative approach to help individuals enhance their emotional and spiritual wellbeing.

LITERATURE REVIEW

This literature review examines various past studies related to the practice of dhikr in reducing anxiety symptoms, focusing on the effectiveness of this approach compared to other therapeutic methods. Based on the findings of Wilmer et al. (2021), anxiety disorders significantly impact an individual's Quality of Life (QOL), particularly in terms of social functioning, work performance, physical health, and emotional wellbeing. Factors such as avoidance behaviors, subjective stress, social stigma, and a lack of public awareness regarding these disorders prevent individuals from seeking appropriate treatment, thereby worsening their condition.

Within the context of Islamic-based interventions, the concept of dhikr is viewed as an approach that encompasses both spiritual and psychological dimensions. According to Ibn al-Qayyim (2006), the practice of dhikr is not merely a verbal act of worship but serves to soothe the soul and overcome restlessness. A study by Sulistiyowati et al. (2024) found that consistently practicing dhikr can reduce anxiety symptoms, improve psycho-emotional states, enhance sleep quality, and alleviate depressive symptoms. Wahab (2015) added that the mindful repetition of dhikr recitations increases present-moment focus, frees the mind from external distractions, and strengthens self-awareness and emotional stability.

The efficacy of dhikr has also been demonstrated through various empirical studies. Fitri and Nashori (2024) demonstrated a significant reduction in anxiety levels among middle-aged hypertensive patients following a dhikr intervention, whereas Apriliyani (2018) observed a decrease in respiratory rate among university students who engaged in regular dhikr practice. Similarly, Sulistyawati and Setiyarini (2019) reported a marked reduction in anxiety levels among cancer patients following dhikr, proving its effectiveness in clinical settings.

Kamila (2020) explained that dhikr induces a distinct sense of tranquility in overcoming anxiety. The study emphasized that reciting Quranic verses during dhikr sessions not only yields positive psychological effects but also fosters a sense of security and inner peace within the individual. Furthermore, a study conducted by Munjirin et al. (2023) focused on the application of dhikr relaxation therapy within an academic context, demonstrating that the practice of dhikr can serve to reduce academic stress among students.

RESEARCH METHODOLOGY

This study employs a qualitative case study design conducted with a 21-year-old female university student experiencing anxiety symptoms. The respondent was selected via purposive sampling based on specific criteria, namely a clinical diagnosis of anxiety disorder confirmed by a professional. The study adhered strictly to research ethics standards, including obtaining informed consent from the participant, with confidentiality guaranteed throughout the entire research process.

The research was executed across two interview sessions, comprising an exploratory phase of the respondent's practices and a practice reinforcement phase. In the initial stage, an interview session was conducted to identify the respondent's trauma history and anxiety symptoms. This interview also enabled the researcher to understand anxiety-triggering factors, including academic pressures, social relationships, and environmental stress. This semi-structured interview was fully recorded for subsequent transcription and analysis. Following the first interview session, practice reinforcement was monitored, leading to a follow-up interview seven days later. During this period, the respondent was required to maintain a log recording the types of dhikr practiced and the timing of their performance, while engaging in the practice consistently. The second interview session was conducted after this seven-day period to assess the behavioral and emotional changes in the respondent over the course of the intervention.

Data gathered from both interview sessions were transcribed verbatim and analysed using thematic analysis. Themes were inductively generated based on the respondent's lived experiences and interview accounts. This analytical process provided an initial understanding of the impact of dhikr practice on the respondent's psychological and spiritual wellbeing. The total duration across the interview sessions was 1 hour, 38 minutes, and 14 seconds.

RESULTS AND DISCUSSION

In this section, the findings from the thematic analysis of the interviews with the respondent are presented and discussed in detail. The data analysis yielded five main themes reflecting the respondent's experiences and perspectives regarding anxiety symptoms and the methods used to overcome them through her practices, namely: early trauma history, physical and emotional symptoms, anxiety triggers (external and internal), coping mechanisms through family support, and religious practices.

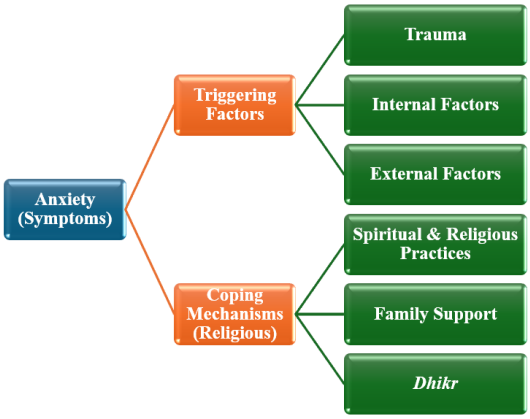

Figure 1: Framework of the Relationship Between Triggering Factors, Anxiety Symptoms, and Religious-Based Coping Mechanisms

Figure 1 illustrates anxiety as a central component of mental health influenced by three triggering factors: trauma, internal factors, and external factors. These three factors serve to trigger and reinforce anxiety symptoms in the respondent's life. Furthermore, the figure depicts the role of religious-based coping mechanisms, which encompass family support, the practice of dhikr, and religious practices. These mechanisms act as protective factors that assist in emotional stabilization and contribute to the alleviation of anxiety symptoms. Overall, this model highlights the interplay between risk factors and religious coping strategies in shaping the respondent's level of mental wellbeing.

Early Trauma History

The respondent shared that her first traumatic experience occurred during Form Six, following the death of a schoolmate in an accident. This incident led to a mass hysteria outbreak in the hostel, triggering spiritual disturbances among the students.

"...what traumatized me... there was a student who was said to be possessed by 'something' who suddenly entered our room, even though I had warned my friends not to let anyone in. I immediately lost consciousness. After that incident, I would vomit every morning at the hostel... I felt traumatized by that event because it was dark..."

This incident had a profound impact on the respondent, instilling a lasting fear of dark environments. Since then, the respondent began experiencing persistent anxiety. The interview findings indicate that her traumatic experience originated following the death of a student, which triggered mass hysteria and spiritual disturbances at the hostel. This trauma left a deep impact, manifested particularly in a fear of darkness and physical symptoms such as daily morning vomiting—highlighting psychological and physiological responses to extreme stress.

Psychological trauma theory posits that traumatic events such as sudden death and collective hysteria can trigger post-traumatic stress disorder (PTSD), emotional distress, and identity shifts, particularly among adolescents

who are actively developing their self-identity (Contractor et al., 2020). Research further demonstrates that trauma involving death and hysteria can lead to prolonged psychological symptoms, including anxiety, depression, and impaired daily functioning (Contractor et al., 2020). In this context, the collective hysterical response in the hostel can be understood through the lens of classical psychological theories of hysteria, wherein extreme emotional stress and deeply held spiritual beliefs influence the manifestation of both physical and psychological symptoms (Gelfand, 2024). These findings confirm that traumatic experiences involving death, hysteria, and spiritual disturbances affect not only mental health, but can also disrupt spiritual wellbeing and self-identity, thereby underscoring the need for a holistic recovery approach that remains sensitive to individual beliefs (Sani et al., 2021).

Physical and Emotional Symptoms of Anxiety Disorder

The respondent described physical symptoms such as dizziness, vomiting, shortness of breath, heart palpitations, and physical weakness. Additionally, emotional disturbances such as unexplained crying and sudden mood swings were frequent occurrences.

"It starts with dizziness, weakness, feeling lifeless... crying uncontrollably... difficulty breathing, and sometimes my body feels a bit cramped."

These disturbances impaired academic concentration and made it difficult to function normally in daily life. In-depth interviews with the respondent revealed that her anxiety disorder encompassed a range of physical and emotional symptoms that significantly impacted her day-to-day life. Identified physical symptoms included dizziness, vomiting, shortness of breath, heart palpitations, and physical weakness. Furthermore, the respondent reported emotional symptoms such as crying without a clear cause and abrupt mood fluctuations. These symptoms not only compromised her physical and emotional health, but also hindered her ability to concentrate on her studies and function normally in daily activities.

These findings align with the general characteristics of anxiety disorders as discussed in the literature. Physical symptoms such as palpitations, shortness of breath, fatigue, and dizziness are frequently reported among individuals with anxiety disorders (Liu, 2025). A study by Akhtar et al. (2016) found that 98.3% of patients with conversion disorder reported symptoms of feeling "light-headed and weak," while 96.6% experienced palpitations—symptoms also reported by the respondent in this study. Emotional symptoms such as emotional instability, excessive anxiety, and sudden crying reflect deep psychological distress, consistent with Generalized Anxiety Disorder (GAD) symptoms involving "excessive and uncontrollable worry" and emotional tension (Hoge et al., 2012).

These symptoms can be explained through the biopsychosocial model, which integrates biological, psychological, and social factors to understand the etiology of anxiety disorders. This model emphasizes that anxiety disorders do not stem from a single factor, but rather from multidimensional interactions. From a biological perspective, neurotransmitter imbalances in the brain can disrupt central nervous system functioning. Psychologically, negative thought patterns and traumatic experiences play a critical role. Socially, environmental stressors and challenging life experiences can exacerbate the condition (Jokinen & Hartshorne, 2022; Gilboa-Schechtman, 2020). In the context of this study, the traumatic experience at the hostel served as the initial trigger for the respondent's anxiety disorder, which subsequently evolved into persistent physical and emotional symptoms.

Emotional disturbances such as unexplained crying and sudden mood swings also directly impact social relationships and individual psychological wellbeing. These symptoms can trigger low self-esteem, social isolation, and prolonged emotional distress. A study by Ioan and Oraviţan (2022) demonstrated that anxiety exerts a comprehensive effect on an individual's thoughts, behaviors, motivation, and emotions.

Overall, untreated anxiety disorders have the potential to degrade quality of life, including academic performance, social functioning, and physical health (Otieno, 2025). The study respondent reported difficulty concentrating on her studies and an inability to function normally, illustrating the direct impact of anxiety on

cognitive and motivational domains (Sperling et al., 2020). Therefore, mitigating anxiety symptoms is crucial in efforts to reduce the long-term impact of anxiety disorders on individuals.

Treatment approaches recommended in the literature include Cognitive Behavioral Therapy (CBT), which works to modify negative thought patterns, as well as the use of medications such as Selective Serotonin Reuptake Inhibitors (SSRIs) and Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) depending on symptom severity (Sperling et al., 2020). In addition, continuous psychosocial support from family, peers, and educational institutions can help individuals manage anxiety symptoms more effectively and restore their psychological wellbeing and social functioning.

Anxiety Triggers: External and Internal

i) External

The respondent explained that anxiety was typically triggered by stress from co-curricular activities, noisy environments, crowded places, and social pressures such as presentations or performing in front of an audience.

"When there are a lot of people... shaking... my hands start getting cold... then dizzy, bloated, and vomiting again."

Other factors contributing to these anxiety symptoms included overthinking, academic stress, and excessive concern regarding the perceptions of others. Based on the findings from the interview sessions, the respondent identified several anxiety triggers associated with psychosocial and environmental factors. Among the factors mentioned were workload stress, fatigue, noisy environments, crowded places, and social pressures such as public speaking. In specific situations, the respondent reported experiencing physical symptoms such as trembling, cold hands, dizziness, vomiting, and stomach discomfort ("masuk angin"), particularly when surrounded by large crowds.

These factors demonstrate that anxiety is not only influenced by internal aspects but is also closely linked to external pressures from work and social environments. This finding is supported by a study by Harahap and Widanarko (2021), which indicated that psychosocial factors such as work stress, excessive workload, sleep disturbances, inadequate salary, lack of recognition, and family conflicts have a significant relationship with work-related musculoskeletal disorders (WMSDs). Although WMSDs are physical conditions, the study emphasized that psychosocial factors exert a substantial impact on physical health, thereby serving as indicators of the stress experienced by individuals within work and daily life contexts.

In addition to environmental factors, the respondent also cited pressures such as academic stress and concern regarding the views of others as primary triggers of anxiety. This illustrates how cognitive and emotional dimensions also play a role in triggering anxiety disorders. Previous research has similarly found that work stress, family demands, and work-life conflict are psychosocial factors that affect mental health (Harahap & Widanarko, 2021). For instance, work stress has a significant relationship with WMSDs among working women, whereas work-life conflict is linked to psychosocial stress among both men and women.

Among adolescents, academic pressure and concern over social evaluation can trigger various emotional and psychosocial issues. Fitri (2023) explained that factors such as parental divorce also impact adolescents' emotional stability, leading to disturbances such as negative self-perception and profound emotional distress. An interpretation of these findings demonstrates that anxiety disorders do not occur in a vacuum; rather, they are often triggered by external stressors such as crowded environments and demanding tasks, alongside internal stressors like overthinking and self-doubt. Therefore, it is essential to recognize that environmental factors and individual cognitions interact in triggering anxiety disorder symptoms.

From a stress-management perspective, emphasis must be placed on psychosocial support centered on stress management strategies and the regulation of negative thinking. Miardi et al. (2024) emphasized that effective psychosocial support enables individuals to better identify and manage triggering factors, ultimately mitigating the impact of anxiety disorders on their daily lives.

ii) Internal

One of the internal factors contributing to elevated anxiety levels is the inclination to overthink. Based on the interview, the respondent stated:

"When overthinking kicks in, I start asking all sorts of 'why? why? why?' questions... I get so exhausted with my own thoughts."

This condition illustrates overthinking as a cognitive process wherein an individual excessively dwells on things, ultimately leading to mental exhaustion and heightened anxiety levels. Overthinking not only affects mental wellbeing but can also impair academic performance. Studies show that rumination—defined as repetitive negative thoughts—coupled with excessive worry, acts as a primary trigger that compromises mental health. This state is often exacerbated by self-doubt, uncertainty, and social pressures faced by the individual (Qasim et al., 2022; Arrasyid, 2024).

In psychological research, overthinking is often explained through the metacognitive model, in which repetitive negative thinking like rumination (dwelling repeatedly on negative aspects) and worry are closely tied to anxiety issues. When an individual believes that overthinking aids in finding answers, or conversely believes that it is uncontrollable, both beliefs can cause emotional distress and ultimately lead to depressive symptoms (Qasim et al., 2022). The phenomenon of prolonged overthinking can cause mental exhaustion through several key mechanisms. First, excessive rumination and worry deplete the brain's cognitive resources, forcing the brain to work excessively hard to the point of severe fatigue (Qasim et al., 2022). Second, overthinking often involves focusing on perceived threats or potential negative consequences, which in turn elevates stress and anxiety levels (Jamshaid et al., 2020). Third, negative beliefs about overthinking itself can worsen the situation, as the more an individual overthinks, the more exhausted and anxious they feel, thereby creating a vicious cycle that is difficult to break (Qasim et al., 2022).

These findings align with previous studies showing that overthinking, particularly in the forms of rumination and worry, shares a positive relationship with poor mental health. For instance, a study on university students in Multan found that increased rumination and worry not only disrupt mental health but also act as primary drivers for overthinking habits. This condition can be aggravated when an individual is exposed to stressful events such as the COVID-19 pandemic, which has been proven to trigger worry and repetitive thinking that compromise mental wellbeing (Qasim et al., 2022; Jamshaid et al., 2020).

Coping Mechanisms: Family Support

The family, particularly the respondent's mother, provided high levels of emotional support, including encouraging spiritual practices such as reciting dhikr and taking care of health.

"My mom always tells me not to get too tired, not to leave my stomach empty... after STPM, my mom always advised me to practice reciting dhikr."

This support served as the foundation for the respondent's awareness regarding the importance of spiritual emotional management. Interview findings indicate that the respondent received substantial emotional support from her family, especially her mother. The respondent's mother frequently reminded her to maintain her physical health and encouraged spiritual practices. Among the advice given were "do not get overly exhausted," "do not leave your stomach empty," and encouragement to practice dhikr recitations following the Malaysian Higher School Certificate (STPM). This encouragement not only provided emotional tranquility to the respondent but also helped foster self-awareness regarding emotional management and life stressors.

Support from immediate family members, such as parents, has been identified in various studies as a vital protective factor for an individual's emotional wellbeing and mental health (Dudgeon et al., 2025). The family not only provides a practical support system but also acts as a source of emotional strength that fosters feelings of safety and being loved (Mirela, 2025). In the context of psychological trauma, the role of family and friends as emotional supporters is viewed as an essential component in the recovery process.

The support received by the respondent, particularly in the form of religious advice and physical self-care, also shaped her self-awareness in managing stress and emotions through a spiritual approach. Self-awareness refers to an individual's ability to identify internal changes, understand reactions to stress, and manage emotional responses reflectively. It serves as the foundation for effective self-management processes (Saavedra et al., 2025). Studies indicate that individuals possessive of awareness regarding their own strengths and weaknesses are better equipped to build management strategies tailored to their emotional needs (Mirela, 2025).

From a theoretical perspective, spiritual and religious practices such as prayer, dhikr, and the recitation of holy scriptures have been proven effective in supporting emotional stability and psychological wellbeing. Studies show that spirituality can function as a coping strategy that helps individuals cope with life stressors (Jonese & Best, 2025). For instance, during the COVID-19 pandemic, Japanese women utilized spiritual practices like meditation and yoga as self-care mechanisms to build emotional resilience (Cavaliere, 2021). Within educational contexts, religion-based approaches are reported to influence the development of positive behaviors, self-discipline, and emotional regulation.

The respondent's mother's approach, which integrated both physical and spiritual dimensions in offering support, reflects a holistic approach to emotional wellbeing. This aligns with the perspective that physical and mental health are interconnected and mutually influential (McGrady et al., 2021). The spiritual practices recommended by the respondent's mother helped cultivate a spiritual-based coping mechanism, which subsequently heightened the respondent's level of self-awareness in managing stress through religious and reflective approaches.

Religious Practices

The findings of the study demonstrate that dhikr serves as the primary spiritual practice for the respondent to manage her emotions and attain tranquility. The respondent shared:

"When I am just sitting quietly, I just recite istighfar... I don't even count it... but within a day, I will definitely recite istighfar."

This indicates that the practice of istighfar (seeking forgiveness) was performed spontaneously, whether before sleeping, during class, or during leisure time. After engaging in dhikr, the respondent felt calmer and fell more motivated.

"After dhikr, I feel more cooled down and aware... like I don't really need to entertain those thoughts. I'm also feel self-motivated."

These findings align with previous research indicating that dhikr can help soothe the heart, regulate negative emotions, and reduce anxiety (Asa & Hakim, 2021). Similarly, a study by Rivaldi et al. (2020) found that dhikr can lower depression levels and assist in restoring emotional stability. This finding is consistent with a study by Ma'rufa et al. (2023), which showed that university students experienced a decrease in depression scores after consistently practicing dhikr. Studies by Razak et al. (2022) and Zabidi et al. (2020) also demonstrated that dhikr helps cultivate positive thinking and better manage internal thoughts.

Furthermore, research by Nawawi et al. (2022) and Umami et al. (2024) revealed that dhikr is effective in reducing stress and preventing anxiety symptoms from worsening. In cases of more severe mental illnesses, such as schizophrenia, studies by Yassin and Ahmad (2023) as well as Novianty et al. (2024) proved that dhikr aids in stabilizing patients' emotions. Indeed, during the COVID-19 pandemic, patients who practiced dhikr individually were reported to be spiritually stronger (Khusni et al., 2022).

In terms of physical and mental health, a study by Zulkipli and Sulaiman (2023) showed that dhikr helps stabilize brainwaves, subsequently enhancing focus and self-control. Additionally, research by Hussin et al. (2022) stated that dhikr contributes to overall psychological wellbeing. In conclusion, the consistent practice of dhikr as performed by the respondent is not only an act of worship, but also an effective strategy for managing stress and anxiety holistically.

Accordingly, future research is recommended to involve larger and more diverse samples to enhance the validity and generalizability of the findings. Additionally, the adoption of a mixed-methods approach is encouraged to obtain more robust empirical evidence through the triangulation of qualitative and quantitative data. For instance, psychometric instruments such as the GAD-7, DASS-21, or Beck Anxiety Inventory (BAI) could be utilized to objectively evaluate anxiety levels pre and post-intervention. Further research could also compare the efficacy of dhikr practice against other alternative interventions such as art therapy, exercise, yoga, or mindfulness to evaluate the relative effectiveness of dhikr within the context of mental health.

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