HOLISTIC APPROACH AT PATUK COMMUNITY HEALTH CENTER GUNUNG KIDUL YOGYAKARTA: TREATING ANXIETY WITH PSYCHORELIGIOUS DZIKIR

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Abstract

Anxiety Disorder is a mental disorder characterized by excessive anxiety, with symptoms such as restlessness, difficulty concentrating, palpitations, tremors, and dizziness. Psycho-religious dzikir therapy can be a non-pharmacological intervention to help reduce anxiety through a calming and relaxing spiritual approach. This study aims to describe the application of dzikir psychoreligious therapy in reducing anxiety levels in patients with Anxiety Disorder. This study uses a descriptive case study on two outpatient respondents at Puskesmas Patuk I Gunungkidul. The level of anxiety was measured using the Depression Anxiety Stress Scale-21 (DASS-21) questionnaire before and after the intervention. The dzikir therapy was administered for three consecutive days, with a duration of 10-20 minutes per session, according to the Standard Operating Procedure. Data were collected through interviews, observation sheets, evaluation sheets, assessments, and documentation. Both respondents complained of palpitations, overthinking, restlessness, tremors, panic, and difficulty concentrating, dizziness. The nursing diagnosis established is anxiety related to situational crisis (D.0080). The DASS-21 scores before the intervention for both respondents were 15 (moderate category). After the dzikir psychoreligious therapy, the DASS-21 questionnaire scores decreased to 8 and 7 (mild category). The respondents appeared calmer, more relaxed, with reduced tremors, decreased complaints of dizziness, and improved concentration. The three-day dzikir psychoreligious therapy effectively helps reduce anxiety in patients with Anxiety Disorder and can be applied as a non-pharmacological nursing intervention..

Keywords: Anxiety Disorder, Dzikir, DASS-21

1. INTRODUCTION

Mental health is an important component of overall well-being, enabling individuals to function adaptively and respond appropriately to psychological and environmental demands. In mental health nursing, anxiety disorder is a psychological condition commonly characterized by fear, worry, excessive tension, and physiological responses to perceived threats. Symptoms may include restlessness, difficulty concentrating, palpitations, tremors, dizziness, sleep disturbances, and persistent feelings of insecurity, which can disrupt daily functioning and quality of life [1], [2]. Persistent or severe anxiety can further impair psychological and social functioning and increase vulnerability to other mental health issues.

The prevalence of anxiety has significantly increased worldwide. In 2021, anxiety disorders affected approximately 76.2 million people, an increase from 53.2 million people, with women contributing a larger proportion compared to men [3]. Southeast Asia accounts for approximately 29.1 million cases, making anxiety one of the most prevalent mental health conditions in the region [3]. In Indonesia, the Basic Health Research of 2018 reported that emotional mental disorders characterized by symptoms of depression and anxiety were experienced by 9.8% of the population aged 15 years and older, equivalent to around 14 million people, an increase from 6.0% in 2013 [4]. In the Special Region of Yogyakarta, the prevalence reached 10.07% in 2018, compared to 8.10% in 2013, while

Gunungkidul Regency recorded a figure of 13.60%, indicating a significant burden of mental health issues at the regional level [5].

The local situation indicates the need for easily accessible and comprehensive interventions. According to the Gunungkidul Health Profile, mental health services for people with severe mental disorders reached 89.4% in 2023. As of May 2026, Puskesmas Patuk One has provided services to 36 out of 47 patients with severe mental disorders who are the target, representing 76.60% of the annual target. The existing gap emphasizes the importance of strengthening community-based interventions alongside conventional treatment. Although pharmacological and psychological approaches are important in the management of anxiety, their application can be limited by stigma, limited access to mental health services, medication-related side effects, and differences in cultural and religious beliefs. Therefore, complementary interventions that are easily accessible, culturally acceptable, and aligned with patients' values are needed to support holistic mental health care [6].

Spirituality is one of the potential components in holistic care for individuals experiencing psychological stress. Spiritual practices can enhance inner peace, strengthen coping mechanisms, and help individuals face stressful experiences. In the context of Islam, dzikir or the remembrance of Allah can be integrated into nursing care according to the beliefs and preferences of the patient. Dzikir therapy involves the repetition of religious phrases with focused attention and spiritual reflection, aimed at enhancing tranquility, relaxation, positive thinking, and spiritual coping [7], [8]. Its repetitive and focused nature can divert attention from excessive worries and negative thoughts, while the relaxation response can reduce physiological arousal related to anxiety [9], [10].

Previous research has reported the benefits of dzikir and other Islamic spiritual interventions on anxiety. Hafil and Ningrum [11] found that dzikir therapy for 10–15 minutes can reduce anxiety in hospitalized patients, with anxiety levels decreasing from moderate to mild and, in some cases, becoming nonexistent. Jaelani et al. [12] also reported a decrease in anxiety and an increase in psychological calmness among students after participating in regular dzikir sessions, while Fitria et al. [13] found a decrease in anxiety after administering dzikir therapy for 10–15 minutes to hospitalized patients. Massuhartono and Mulyanti [14] also reported improvements in behavioral and psychosocial functions after the administration of religious therapy involving dzikir. These findings support dzikir as a potential complementary intervention, although evidence regarding its direct application in community-based nursing care for patients with anxiety disorders is still limited.

Therefore, this study examines the application of psychoreligious dzikir therapy as a complementary nursing intervention for patients with anxiety disorders in the community health service environment. This study aims to describe the application of the therapy and the changes in anxiety levels among patients with anxiety disorders at Puskesmas Patuk One, Gunungkidul, Yogyakarta, Indonesia. The research results are expected to provide practical evidence regarding the potential use of culturally relevant, low-cost, and easily accessible spiritual interventions in community mental health nursing.

2. METHODS

This research is an observational study using a case report design, focusing on two participants. The objective of the study is to describe the clinical response of patients with anxiety disorders to a standardized psychoreligious Dzikir therapy. Patient progress was monitored by comparing anxiety level measurements taken at the initial assessment (pre-test) and the final assessment (post-test)[15]. The research was conducted at Puskesmas Patuk 1, Gunungkidul, Yogyakarta, from May to July 2026. Two patients who have been diagnosed with anxiety disorder and reside within the working area of the health center were selected as research subjects. Inclusion criteria include patients who have been diagnosed with anxiety disorder, Muslim patients who can accept dzikir therapy, and patients or families who are willing to provide informed consent and participate in the intervention until completion. Patients experiencing panic-level anxiety, severe disorientation, or acute agitation that hinders two-way communication are excluded from the study.

The level of anxiety was assessed using the Indonesian version of the Depression Anxiety Stress Scales-21 (DASS-21), specifically the seven anxiety items. The Indonesian version of DASS-21 has demonstrated good psychometric properties, including a Cronbach's alpha value of 0.91, which supports its validity and reliability for mental health screening [16]. Data were collected through interviews, observations, questionnaires, and evaluation sheets. Anxiety was measured before and

after the intervention, while observation was used to document anxiety symptoms and patient responses. Psycho-religious dzikir therapy was administered based on standard operating procedures for 10–20 minutes each session over three days, using a digital rosary to help participants count their dzikir recitations.

The data obtained from the pre-test and post-test results were compared descriptively to identify changes in anxiety levels after the intervention was given. Data collection and nursing care include assessment, diagnosis, planning, implementation, and evaluation, with all findings systematically documented. The ethical principles applied include informed consent, confidentiality, anonymity, and non-maleficence. Participants' identities are protected using codes or initials, and participation is voluntary with consideration for the safety and comfort of the patients.

3. RESULTS

3.1 Respondent Characteristics

This study involves two respondents with anxiety disorder in the working area of Puskesmas Patuk One, Gunungkidul, Yogyakarta. Respondent 1 is a 20-year-old woman diagnosed with Mixed Anxiety and Depressive Disorder, with a history of anxiety for approximately six months and a comorbid condition of gastroesophageal reflux disease (GERD). Respondent 2 is a 34-year-old woman diagnosed with Generalized Anxiety Disorder, with a history of anxiety for approximately four years and GERD. Both respondents experienced moderate anxiety before the intervention and were receiving pharmacological therapy.

Tabel 1. *Respondent Characteristics*

Characteristics	**Respondent 1**	**Respondent 2**
Age	20 years old	34 years old
Gender	Women	Women
History of anxiety	About 6 months	About 4 years
Comorbid condition	GERD	GERD
Diagnostic	Mixed Anxiety and Depressive Disorder	Generalized Anxiety Disorder
Anxiety before the intervention	Moderate	Moderate

3.2 Implementation of Psychoreligious Dzikir Therapy

Psycho-religious dzikir therapy is conducted individually through home visits for three consecutive days. Each session lasts for 10–20 minutes and begins with an explanation of the intervention, informed consent, and an anxiety assessment using the Depression Anxiety Stress Scale-21 (DASS-21). The intervention was conducted on Respondent 1 from June 26–28, 2026, and on Respondent 2 from June 28–30, 2026. The therapy consists of an orientation stage, preparation through ablution, dhuha prayer, deep breathing exercises, and guided recitation of dzikir, followed by evaluation and reinforcement.

This intervention was chosen as a non-pharmacological nursing approach because it can be applied simply and is in line with spiritual care. The duration and frequency are also in accordance with the interventions reported by Fitria et al. [13], while the use of dzikir as a complementary intervention is supported by Permata and Susanto [10].

3.3 Changes in Anxiety Levels

The DASS-21 results show a decrease in anxiety levels in both respondents after three days of psychoreligious dzikir therapy. Both respondents initially scored 15, which falls into the moderate anxiety category. After the intervention, Respondent 1's score decreased to 8 and Respondent 2's score decreased to 7, placing both in the mild anxiety category.

Tabel 2. *Anxiety Levels Before and After Psychoreligious Dzikir Therapy*

Respondent	Pre-test	Category	Post-test	Category	Decrease
Respondent 1	15	Moderate	8	Mild	7
Respondent 2	15	Moderate	7	Mild	8

The decrease in DASS-21 scores is accompanied by a specific reduction in anxiety symptoms. In Respondent 1, the seven anxiety items initially showed symptoms, including dry mouth, difficulty breathing, tremors, palpitations, fear, fear of panic, and a feeling of approaching a panic condition. After the intervention, only dry mouth, difficulty breathing, and tremors were still felt, each with a lower frequency, while fear, fear of panic, feeling of approaching a panic condition, and awareness of palpitations were no longer reported.

The results show that the intervention is specifically related to the improvement of anxiety symptoms and not just changes in the total score. The practice of dzikir, when performed repeatedly and with focus, can help shift attention away from excessive worries and negative thoughts toward a more tranquil mental state. This interpretation is in line with Yasipin [8], who explains that dzikir can strengthen spiritual coping and enhance relaxation. Permata and Susanto [10] also reported that psychoreligious dzikir can contribute to the reduction of anxiety.

3.1 Observational Changes During the Intervention

Daily observation results show gradual changes in behavioral, cognitive-verbal, and affective responses in both respondents. Respondent 1 initially showed tremors in the hands, restlessness, fear, and excessive vigilance. On the second day, the tremors decreased although restlessness was still evident, while on the third day the respondent appeared calmer and more relaxed, with no tremors observed.

Respondent 2 also showed gradual improvement. On the first day, the respondent appeared anxious, fearful, and occasionally experienced panic. On the second day, the anxiety and panic decreased, while on the third day, the respondent appeared relaxed, more confident, and better able to control emotional responses. Negative thoughts and excessive fear also decreased, accompanied by the emergence of more positive and realistic thinking.

Tabel 3. Changes in observations over three days of intervention

Observasi	Day 1	Day 2	Day 3
Motor/behavioral response	Tremor/anxiety	Symptoms are decreasing	Calm and relaxed
Verbal/cognitive response	Fear and negative thoughts	Complaints are decreasing.	More positive thinking
Affective response	Excessive caution/panic	Anxiety decreases	Relaxed and able to control emotions
Facial expression	Neutral	Neutral	cheerful
General condition	Weak/restless	Getting better	Fresher

The observed changes are also reflected in the facial expressions, general condition, and feelings of both respondents. On the third day, both respondents appeared cheerful and reported feeling more comfortable and relaxed. Their ability to recite Arabic dzikir also improved; the difficulties in pronunciation on the first day decreased on the second day and remained smooth on the third day, indicating an increase in concentration and engagement in the intervention.

3.4 Interpretation of Intervention Results

The decrease in anxiety scores and the improvement in behavioral and emotional responses indicate that psychoreligious dzikir therapy can support anxiety management in community-based nursing care. The reduction in tremors, restlessness, fear, and excessive vigilance corresponds to the relaxation response associated with contemplative practices. Crosswell and Mayer [17] explain that practices such as prayer and meditation can enhance parasympathetic activity and reduce physiological stress responses. Similarly, Pihasniwati et al. [19] explain the potential role of psychoreligious dzikir in reducing fear-related activation and supporting relaxation.

Improvement in cognitive and affective responses may also be related to the nature of dzikir performed repeatedly and with focus. Repetition of recitation can provide structured focus, thereby reducing attention to negative thoughts and excessive worries. Calderone et al. [19] reported that contemplative practices can support emotional regulation and reduce anxiety through changes related to relaxation, attention, and emotional response regulation. In this study, this is reflected in the development of respondents who initially showed fear, negative thoughts, and excessive vigilance, becoming calmer, having positive thoughts, and being able to control their emotions.

Overall, the research results show a consistent improvement pattern in subjective anxiety scores and observational indicators. Respondent 1 experienced a score decrease from 15 to 8, while Respondent 2 experienced a decrease from 15 to 7, with both showing a change from moderate anxiety to mild anxiety. These findings support the potential use of psychoreligious dzikir as a non-pharmacological complementary nursing intervention, although the results obtained may also be influenced by the individual's psychological condition, family support, care environment, and the respondent's ability to concentrate during therapy.

4. CONCLUSION

The application of psychoreligious dzikir therapy on patients with anxiety disorder at Puskesmas Patuk One, Gunungkidul, showed a decrease in anxiety levels after three consecutive days of intervention. Both respondents initially experienced moderate anxiety with a DASS-21 score of 15; after receiving psychoreligious dzikir therapy for 10–20 minutes per session, the score decreased to 8 for Respondent 1 and 7 for Respondent 2, indicating a change from moderate anxiety to mild anxiety. The decrease was accompanied by an improvement in anxiety-related symptoms and observable behavioral, cognitive, and emotional responses, including reduced tremors, restlessness, fear, excessive vigilance, and negative thoughts, as well as increased calmness, positive thinking, and emotional control. These findings suggest that psychoreligious dzikir therapy has the potential to serve as a simple complementary non-pharmacological nursing intervention to support anxiety management in community-based mental health services.

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