

The Effectiveness of Istighfar Dhikr Therapy in Reducing Anxiety in Female Breast Cancer Patients

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Abstract / Abstrak

Women with breast cancer face physical and psychological impacts, including anxiety characterized by fear of not being able to do activities, lack of self-confidence, fear of being in crowds, and fear of death. To reduce this anxiety, the study used istigfar dhikr therapy as an intervention. This study aims to evaluate the effectiveness of istigfar dhikr therapy in reducing anxiety in women with breast cancer. The study was conducted with a quantitative quasi-experimental approach, using a control groups pretest-posttest with follow-up design. A total of 12 participants were divided into control groups (n=6) and experiments (n=6), selected by purposive sampling. Measurements were taken using the Hospital Anxiety and Depression Scale (HADS), while therapy referred to the Ruidahasi et al. module. Analysis using Anova Mixed Design showed significant results (Sig. 0.000, $p < 0.05$), with an effective contribution of 91.4%, proving that this therapy is effective in reducing anxiety.

Perempuan dengan kanker payudara menghadapi dampak fisik dan psikologis, termasuk kecemasan yang ditandai oleh ketakutan tidak dapat beraktivitas, kurang percaya diri, takut berada di keramaian, hingga takut akan kematian. Untuk mengurangi kecemasan ini, penelitian menggunakan terapi zikir istigfar sebagai intervensi. Studi ini bertujuan mengevaluasi efektivitas terapi zikir istigfar dalam menurunkan kecemasan pada perempuan dengan kanker payudara. Penelitian dilakukan dengan pendekatan kuantitatif quasi experiment, menggunakan desain control groups pretest-posttest with follow up. Sebanyak 12 partisipan dibagi dalam kelompok kontrol (n=6) dan eksperimen (n=6), dipilih secara purposive sampling. Pengukuran dilakukan dengan Hospital Anxiety and Depression Scale (HADS), sementara terapi mengacu modul Ruidahasi dkk. Analisis menggunakan Anava Mixed Design menunjukkan hasil signifikan (Sig. 0,000, $p < 0,05$), dengan kontribusi efektif 91,4%, membuktikan terapi ini efektif menurunkan kecemasan.

Keywords / Kata kunci

Anxiety;
Breast cancer;
Istigfar dhikr therapy

*Kanker payudara;
Kecemasan;
Terapi zikir istigfar*

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Introduction

In today's modern era, many lifestyles have various impacts on individual health. Unhealthy modern lifestyles, such as low-fiber, high-fat, preservative-rich diets, and lack of exercise, carry the risk of various diseases, including cancer. Cancer is a non-communicable disease with the second highest mortality rate worldwide after heart disease. This disease is characterized by abnormal cell growth that can damage body tissue and spread to other parts of the body. (Istianah & Wati, 2020). The cancer process begins when normal cells are altered by genetic mutations in cellular DNA, causing damage to the genes that regulate cell growth and differentiation. This

results in uncontrolled cell growth and development. (American Cancer Society, 2017).

American Cancer Society (2017) The U.S. estimates that there are 276,480 new cases of invasive breast cancer and 48,530 cases of carcinoma in situ (CIS). Approximately 42,170 women die from breast cancer. According to IARC Global, approximately 138 million new cases of breast cancer account for 16.85% of inpatients in Indonesia (DEPKES, 2012). In Indonesia, breast cancer is the most common type of cancer among women, with cases reaching 42.1 per 100,000 people, followed by cervical cancer, which was 23.4 per 100,000 people in 2018. In Indonesia, breast cancer is the leading cause of death in women, with cases reaching 17 per

100,000 people in 2018 (Tania et al., 2019). In Indonesia, breast cancer cases in women reach 30.8% of all reported cancer cases (Globocan, 2020). Furthermore, the number of deaths caused by breast cancer has reached more than 22,000. This is due to unhealthy behavior and diet (Kemenkes data kanker Indonesia, 2022). A total of 39,520 deaths occurred among women who survived breast cancer in the United States in 2011. In 2013, the National Cancer Institute revealed that there were 3,053,450 women with breast cancer in America (Mardiana & Kurniasari, 2021).

In Indonesia, breast cancer is the most common cancer among women. The number of cases reached 1.67 million in 2012. In 2018, the number of breast cancer survivors increased to 2.09 million. This is supported by data from Globocan, which shows that breast cancer affects 24.2% of women. This figure indicates that breast cancer is the fifth leading cause of death worldwide, reaching 627,000, or 6.6% (World Health Organization, 2018). In 2020, the leading cause of death worldwide was breast cancer, with 2.3 million cases, while the cause of breast cancer deaths in 2020 was 685,000 deaths (World Health Organization, 2018). The prevalence of breast cancer peaked in Indonesia in the Special Region of Yogyakarta Province, reaching 2.4% (Risikesdas, 2018).

The prevalence of breast cancer sufferers occurs in women from early adulthood to middle adulthood (Zhu et al., 2017). Female breast cancer patients are generally aged 25–54. This is due to behavioral factors such as an unhealthy lifestyle and diet (Kemenkes data kanker Indonesia, 2022). Apart from lifestyle factors, breast cancer can also occur due to genetic factors, so if you have a family history of breast cancer, you should be more vigilant with regular health checks and adopt a healthy lifestyle (Carreira et al., 2018).

Breast cancer in women often has a significant impact on the lives of survivors, both physically and psychologically. In addition to experiencing physical suffering, individuals facing the disease are also susceptible to psychological disorders, such as anxiety. According to Tania et al. (2019), anxiety is a reaction to a potential threat. It often manifests as tension, vigilance about potential danger, and avoidance behavior. In individuals with breast cancer, anxiety may be triggered by concerns about the spread of the cancer and the effectiveness of treatment (Tania et al., 2019). The anxiety dimension consists of indicators of

tension, fear, calmness, physical response, restlessness, and panic. The Hospital Anxiety and Depression Scale (HADS) is administered to breast cancer survivors to assess their level of anxiety. After administering the scale, the survivors' anxiety levels can be determined before and after the intervention (Tania et al., 2019). Following a breast cancer diagnosis, anxiety is often a common response, which can lead to confusion about the changes taking place. Based on previous research findings (Subekti, 2020; Susanto et al., 2022; Ratnaningsih et al., 2021; Setyani et al., 2020). It is known that many cases of anxiety occur in female breast cancer patients. Mental disorders in the form of anxiety are experienced by women with breast cancer under the age of 65 (Zhu et al., 2017). Pratiwi et al (2017) showed that 59.8% of breast cancer patients experienced moderate state anxiety and 54.6% experienced moderate trait anxiety. Similarly, research by Civilotti et al. (2020) showed that 52.1% of breast cancer patients experienced anxiety symptoms. This anxiety can affect health function and even worsen health conditions if not managed properly. (Hasan, 2008).

Medical procedures for breast cancer patients include radiation therapy, chemotherapy, systemic therapy, hormonal therapy, targeted therapy and surgery (American Cancer Society, 2017). One frequently performed medical procedure is chemotherapy. Chemotherapy is a systemic therapy that uses cytotoxic drugs to eliminate cancer cells (Smeltzer & Bare, 2013). Chemotherapy aims to shrink tumors and stop the spread of cancer cells, but it often causes side effects such as hair loss, nausea, vomiting, mucosal inflammation, decreased hemoglobin, and constipation. These effects often cause concern for breast cancer patients. (Setyani et al., 2020). Freud stated that anxiety is an uncomfortable feeling accompanied by physical symptoms and appears when someone faces an unpleasant situation, although it is difficult to explain, it can be felt by anyone (Kamila, 2022).

One way to address various psychological disorders, such as anxiety, is through the practice of dhikr (recitation of istighfar). Islamic psychology utilizes two approaches to Islamic psychological intervention to improve quality of life and address individual psychological problems: original Islamic psychological intervention and integrative Islamic psychological intervention (Nashori et al., 2019). One of the original approaches to Islamic psychology is the therapy of dhikr (remembrance and remembrance

of Allah). Dhikr is a practice that involves remembering, mentioning, and understanding the greatness of Allah, as well as offering praise, gratitude, and prayer according to Islamic teachings. The goal is to achieve inner peace, draw closer to Allah, and hope for salvation and protection from His punishment (Mardhiyah & Khaerani, 2017). Zikir therapy is a spiritual method without drugs, free of charge, and without side effects, which is carried out by remembering Allah through personal or group meditation, as well as contemplating His verses (Sulistyawati et al., 2019). Zikir therapy techniques can be used to reduce anxiety and achieve peace of mind, purifying the heart from all negativity, both in attitude and emotion, as stated by Allah SWT in the Qur'an, Surah Ar-Ra'd, verse 28, that zikir can bring peace to the heart. The verse reads, among other things: "(Namely) those who believe and whose hearts find peace with the remembrance of Allah. Indeed, only in the remembrance of Allah do hearts find peace."

Zikir can be a link and helper between the servant and his God. Allah SWT says in the Koran QS Al-Fath verse 4 (Damanik et al., 2021): "It is He who has sent down calm into the hearts of the believers to increase their (existing) faith. And to Allah belong the armies of the heavens and the earth, and Allah is All-Knowing, All-Wise" (QS. Al-Fath: 4). In the book of sharia Riyadhus Sholihin Volume 4, it is explained that dhikr is an act of obedience that is very easy but the scales are heavy in yaumul mizan. Thus, Rasulullah SAW recommended that we always recite the dhikr of Allah SWT. This is because dhikr has the power to revive and cleanse the heart (Widianengsih, 2021).

Dhikr performed with full concentration can calm the mind, bring peace, and evoke positive emotions, as it induces alpha waves, a sign of a relaxed state of the body. Dhikr therapy can also shift a person's consciousness from a normal level to what is known as an altered state of consciousness (ASC). Changes in an ASC include changes in thoughts, time perception, self-control, self-perception, and experiences that are difficult to describe in words (Umamy et al., 2021). The Islamic health world includes dhikr (remembrance of God) as a way to overcome anxiety. Remembering that everything in this world is under the power of Allah SWT can help reduce anxiety. Dhikr is not only performed after performing obligatory worship (the five daily prayers), but can also be done when someone feels distant from God and forgets about Him, is

stressed, anxious, or is trying to control their desires, or even when experiencing pain.

One of the dhikr recitations is the istighfar sentence. Istighfar literally means asking for forgiveness. The Arabic word "maghfirah" has the same meaning as "mighfar," which is a protective device or head covering during war (Kharisman, 2015). There is an alternative view which states that the istighfar phrase "Astaghfirullah" comes from a combination of the words "astaghfiru" and "Allah". The "astaghfiru" part refers to the gift of forgiveness from Allah to individuals who regret and hope to receive forgiveness for their sins. Thus, seeking forgiveness for those sins brings spiritual healing to the individual (Shihab, 2018). Regularly reciting Istighfar can bring inner peace, reduce fear, and provide strength in facing breast cancer. Istighfar also helps individuals feel more relaxed, happier, and free from stress, as it is believed to help overcome sadness and past negative experiences. Furthermore, by reciting Istighfar "Astaghfirullah wa atubu ilaih," individuals become more aware that unpleasant events, whether illnesses or other distressing events, are tests from Allah, solely the result of their own actions and sins (Ruidahasi & Nashori, 2021). Every time we recite dhikr, we express our acknowledgment, trust, and confidence in Allah SWT. A person's spiritual level is reflected in their firm belief in Allah SWT alone, who is able to provide strong control and guide individuals towards positive things (Kumala et al., 2017).

So far, there have only been two empirical studies that have examined the effect of istighfar dhikr on reducing anxiety. Karakaş and Geçimli (2017) showed that the experimental and control groups, consisting of 20 students with high levels of anxiety, performed istighfar 100 times daily for one month. The month-long istighfar dhikr treatment was shown to reduce anxiety. However, there were differences in the treatment between this study and the study conducted by Karakaş and Geçimli (2017). This study employed a more systematic treatment, not simply reciting istighfar 100 times a month, but also incorporating psychoeducation, dhikr, self-presentation, group dhikr exercises, dhikr practice and diary entries, and self-reflection. Furthermore, the research results Tasyakuranti et al. (2024) The research results show that the istighfar dhikr is effective in reducing adolescent anxiety.

The results of other studies related to the general practice of zikir treatment showed a decrease in anxiety in the experimental group. Research by Anggun et al. (2021) shows that dhikr

can effectively reduce anxiety and depression levels in hemodialysis patients. The results of Sulistyawati's (2019) research showed the influence of dhikr therapy on reducing anxiety in cancer patients with an effect size of 0.87. Research by Mardhiyah and Khaerani (2017) showed that dhikr training was successful in reducing the anxiety of first-time pregnant women. Research by Pujowati and Sarjono (2023) This study demonstrated the effectiveness of dhikr therapy in reducing anxiety levels in pre-major surgical patients at Bandung Central General Hospital. The method used was reciting istighfar (recitation of the will) and reciting the phrase "Baqiyaatush Shalihah" (the phrase "recitation of the will of Allah"). This was first performed with a practitioner, then the participants were instructed to apply it independently. The results showed a decrease in anxiety levels in the individuals.

Several studies have shown that dhikr therapy, including istighfar, is effective in reducing anxiety, although there are differences in participants and measurement tools used. These findings strengthen empirical evidence that dhikr therapy can help reduce individual anxiety levels. This is in accordance with the urgency of this research, namely that dhikr istighfar therapy is very important to be given to female breast cancer survivors in the Special Region of Yogyakarta with an Islamic psychological approach to influence the treatment process and the development of individual healing. This is as stated by Allah SWT in Q.S. Al Ahzab [33] verse 41: "O you who believe, remember Allah, remember Him much" and the word of Allah in Q.S. Al-Kahfi [18] verse 24): "And remember your Lord when you forget." In addition, there is a hadith of the Prophet narrated by Abu Hurairah that the Messenger of Allah said, Allah has said, "I am with My servant as long as he remembers Me and his lips move mentioning Me" (Narrated by Ibn Majah, Ibn Hibban, Ahmad, and Hakim) (Astuti et al., 2019). The purpose of this study was to determine the effectiveness of istighfar dhikr therapy in reducing anxiety in female cancer patients.

Method

Research design

This study is a quasi-experimental study using a control group pretest-posttest design with follow-up. There are two groups in this study: the experimental group and the control group (Saifuddin, 2019). The experimental group received a treatment in the form of istighfar dhikr

therapy, while the control group received no treatment until the follow-up. The control group received a handout of istighfar dhikr therapy materials that could be applied independently after the follow-up data collection process was completed. The pre-test was conducted before treatment, while the post-test was conducted immediately after treatment completion. The time interval between post-test and follow-up in the treatment group (O3) and post-test and follow-up in the control group (O6) was 14 days.

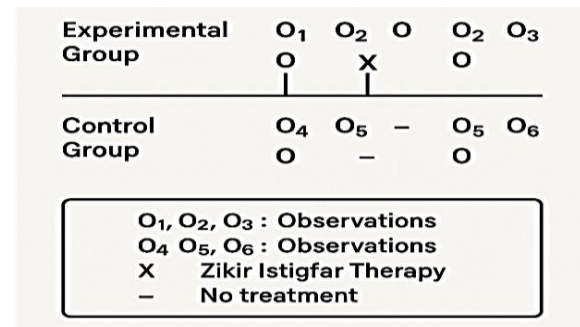


Figure 1. Experimental research design

Research participants

The characteristics of the research participants used in this study were female early adulthood to middle adulthood with an age range of 18-60 years, Muslim, breast cancer survivors in remission for 1-5 years, domiciled in Yogyakarta, and experiencing several anxiety symptoms that can be measured using the Hospital Anxiety and Depression Scale (HADS). The location of the research participant data collection was in Yogyakarta City, Yogyakarta Special Region, Indonesia. The use of participant age refers to the research Diahpradnya et al. (2018) Studies show that most breast cancer patients are of productive age. The ages of 18 to 60 represent the developmental period of adulthood, characterized by individuals beginning to explore themselves and establish their life goals. At this age, individuals face developmental tasks such as working, getting married, starting a family, and playing a role in society. (Santrock, 2019).

The initial screening of research participants involved 60 people. The number of participants who met the criteria was 20 participants. Of the 20 participants, several individuals experienced certain physical health problems such as post-surgery, then the cancer had spread, making it difficult to move. These conditions caused the participants to declare they could not participate in the istighfar dhikr therapy, so the number of research participants who were taken and able to complete the therapy process was 12 people.

Based on the predetermined criteria, those who finally entered as participants were those who had anxiety symptoms with a score of 8-10 to the category of anxiety disorders with a score of ≥ 11 . A total of 6 participants entered the experimental group and 6 participants in the control group. The determination of the experimental and control groups was based on similarities in the criteria for categorizing anxiety scores, age, and marital status of individuals. Data obtained between the experimental and control groups were equal. A purposive sampling technique was used in this study. Research participants were drawn from the breast cancer community in Yogyakarta City. The selection of research participants was carried out by randomization using randomizer tools, where the distribution of scales was given to each individual breast cancer survivor who lives in Yogyakarta, then the researcher screened the results of the highest anxiety scale who would receive further intervention.

Method of collecting data

The data collection method in this study used purposive sampling with an experimental control group pretest posttest with follow-up design. This study used an adaptation of the Hospital Anxiety and Depression Scale (HADS) measuring instrument compiled by Zigmond and Snaith (1983) and translated by Tiksnadi et al. (2023) into Indonesian according to procedures. The HADS consists of 14 statements. The statements are divided into two subscales: one measuring anxiety (7 statements) consisting of tension, fear, calmness, physical response, restlessness, panic, and the other measuring depression (7 statements), where survivors classify each statement on a 4-point scale, from 0 (not at all) to 3 (very often). Higher scores indicate problems. The patient's answers are summed separately, namely the assessment for anxiety and the assessment for depression, with the minimum and maximum numbers being 0 and 21 for each scale, with the normal score criteria if the total score is in the range of 0-7, a score of more than 7 indicates the presence of symptoms that refer to anxiety. The score range of 0-7 indicates no anxiety symptoms, while 8-10 indicates cases that represent several symptoms, ≥ 11 indicates the presence of an anxiety disorder (Tiksnadi et al., 2023). HADS has been proven to have validity. The significant Spearman rank correlation coefficient value ($p < 0.050$) indicates the convergent validity of the Indonesian version of HADS, and reliability that shows excellent internal consistency, namely 0.85

for HADS-A and 0.80 for HADS-D (Zigmond & Snaith, 1983).

The anxiety dimension consists of indicators of tension, fear, calmness, physical responses, restlessness, and panic. Some examples of items include: I feel tense or "anxious," I feel a sense of dread as if something bad is about to happen, worries are often in my mind, I can sit quietly and feel relaxed, I feel a kind of fear that makes my stomach feel uncomfortable (heartburn/nausea), I feel restless so that I feel like I have to keep moving, such as pacing or shaking my legs, I suddenly feel panic to the point of experiencing cold sweats/palpitations, etc (Tiksnadi, et al., 2023).

This study also used observation and interview methods to collect data. Qualitative observation in this study involved direct observation of participants to obtain various information related to behavior, social interactions, and other relevant aspects of the research context (Ardiansyah et al., 2023). In this study, observations were made of physical conditions, body gestures, and reactions seen during the research process. Interviews were conducted using semi-structured interviews. This method was conducted based on a guideline appropriate to the main research topic (Ruslin et al., 2022). Semi-structured interviews can be more in-depth because questions can be developed according to the context of the research being conducted (Magaldi & Berler, 2021). Some questions given to participants were: *"How did the participants feel during the istighfar dhikr training session? What did the participants understand from this training activity? How did the participants feel after understanding the material during the training? Tell us about your experience during the istighfar dhikr? What differences did you feel before and after participating in the entire istighfar dhikr therapy? What next steps will the participants take after undergoing the istighfar dhikr therapy process?"*

Research procedures and design intervention

Regarding research procedures, the first step before conducting the research is to prepare a research proposal. After preparing the measurement tools and intervention modules, the researcher applies for ethical approval to undergo an ethical feasibility review by the institution's ethics review officer. Ethical approval is issued by the Research Ethics Committee of the Faculty of Psychology and Social and Cultural Sciences, UII, under Decree No. 2179/DEK/70/DURT/XI/2023.

Researchers conducted an initial screening by distributing questionnaires via Google Forms to determine the psychological condition of potential participants. Participants who met the criteria were then contacted to confirm their willingness to participate in the study. A total of 12 female breast cancer patients passed the screening. Researchers explained the informed consent process, which outlined the participants' rights and obligations, and emphasized that participation was voluntary. Group assignment was carried out randomly using randomizer tools based on score and age, resulting in two groups: 6 in the experimental group and 6 in the control group. After the assignment, both groups received informed consent, a pre-test, and a manipulation check scale as part of the initial intervention procedure.

The experimental group was then given treatment according to the intervention plan by a competent psychologist. Therapy was conducted once a week for three weeks. Treatment was delivered in a natural setting, allowing participants to continue with their daily activities (Saifuddin, 2019). After the therapy session was completed in the experimental group, a post-test using the HADS scale and manipulation check was given which had been prepared by the researcher with reference to the scale in the research (Rusdi, 2018). The manipulation check administered to participants was the Zikr Quality Scale (ZQS). The final stage of the study was a follow-up, conducted 14 days after the post-test. The follow-up phase aimed to assess the participants' progress and the effectiveness of the intervention.

In the control group, follow-up was conducted 14 days after the post-test. For fairness, they were offered the same istighfar dhikr therapy as the experimental group. However, participants opted for a simpler intervention, namely psychoeducation. Researchers then provided one psychoeducational session on dhikr and managing psychological conditions in breast cancer patients.

Istighfar remembrance therapy plan

This study used the istighfar dhikr therapy module compiled by Ruidahasi and Nashori, (2021). The module has an Aiken's V validity coefficient ranging from 0.83 to 0.93. Meanwhile, the readability test was conducted by eight adults who met the criteria for module users. The results of the Aiken's V validity coefficient of the readability test ranged from 0.83 to 0.88. This indicates that this module has good content validity and readability.

Table 1.

Design of Istighfar Dhikr Therapy

Component	Information
Number of Meetings	3 meetings (with a 1 week break)
Duration of Each Meeting	±120 minutes
Total Sessions Worksheet	12 sessions Given at each meeting as an assignment and reflection
Meeting Contents 1	<ul style="list-style-type: none"> - Introduction and familiarization - Informed consent - Hope and sharing - Psychoeducation on dhikr (remembrance of God) - Homework: dhikr diary
Meeting Contents 2	<ul style="list-style-type: none"> - Self-presentation - Review of previous material - Group dhikr practice - Homework explanation
Meeting Contents 3	<ul style="list-style-type: none"> - Self-presentation - Review of understanding - Group dhikr practice - Self-reflection
Psychological Assistance	Prepared in case of discomfort or anxiety, but not required during the study.

Data analysis techniques

Data analysis in this study used a quantitative approach to analyze the difference in scores between the experimental group and the control group and between participants in the experimental group. Quantitative data analysis used Statistical Product and Service Solution (SPSS) software version 25. The analysis used was ANOVA Mixed Design. The Mixed Design method combines two sub-analyses, namely within-subject test and between-subject test. Within Subject Test is a test of score differences in one group (pre-test and post-test) and Between Subject Test is a test of score differences between the experimental group and the control group (Murrar & Brauer, 2018). The use of Mixed Design ANOVA analysis proposed by Widhiarso et al (Rahmania & Rumiani, 2022), it can be used on small sample sizes and has power. Therefore, with small sample sizes, normality testing is not necessary because it does not have much power to detect abnormal distributions. Several other studies have used ANOVA Mixed Design analysis with small samples (Suargani et al., 2022; Muslaini & Sofia, 2020; Ruidahasi & Nashori, 2021).

Table 2.
Description of Research Data

Group	Initials	Age	Cancer Stage	HADS (Anxiety) Score		
				Pra tes	Pasca tes	Tidak lanjut
Eksperimen	YD	51	2B	9	7	8
	B	59	3	14	8	9
	Su	44	2	9	3	3
	D	43	3	11	6	7
	V	54	2A	11	6	5
	FY	47	Awal	11	7	7
	FA	45	2B	9	8	11
	DP	38	3B	12	10	11
	T	35	2	11	10	9
	Yu	47	3	11	10	10
Control	R	42	3	14	12	13
	L	57	2A	10	9	10

Results

The data obtained from the pre-test, post-test, and follow-up are presented in the form of anxiety scores for breast cancer patients. The following table summarizes the overall research data, as shown in Table 2.

Based on Table 3, data on age, cancer stage, and pre-test, post-test, and follow-up scores are available in this study. The data above indicates differences in scores across the pre-test, post-test, and follow-up. Participants were divided into two groups: the experimental group and the control group, using a random sampling method. Detailed descriptions of the participants are shown in Figures 2 and 3.

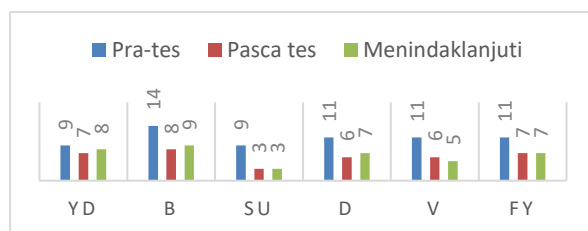


Figure 2. Description of Treatment Group Participants

Descriptive Analysis Results

This study provides descriptive statistical information for each group. The data obtained from the pre-test, post-test, and follow-up analyses illustrate the anxiety scores of the female breast cancer patients who participated in the study. The results of the descriptive analysis are presented in Table 3.

The average anxiety scores obtained by the experimental and control groups were not significantly different in the pre-test (XKE=10.83)

and (XKK=11.17), with the standard deviation of the control group being lower than that of the experimental group (SKK=1.722 and SKE=1.835). Furthermore, in the post-test, the average anxiety scores obtained by the two groups showed a difference. The average post-test anxiety score in the experimental group (XKE=6.17) was smaller than the average post-test control group (XKK=9.83) which had a smaller standard deviation than the experimental group (SKK=1.329 and SKE=1.722). The average score of the experimental group in the follow-up (XKE=7.00) also showed a lower standard deviation than the average score of the control group (XKK=10.67), with the standard deviation of the control group being significantly lower than the standard deviation in the experimental group (SKK=1.366 and SKE=2.098). Based on the standard deviation value, the experimental group was higher than the control group. However, the mean score in the experimental group was lower than the control group.

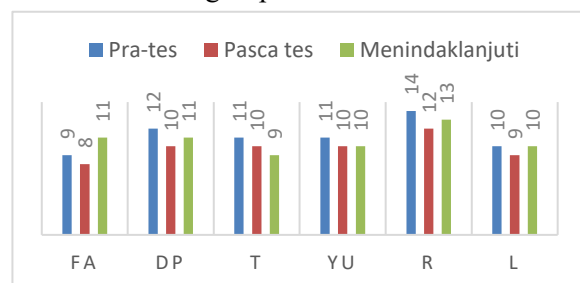


Figure 3. Control Group Description Graph Description

Hypothesis Test Results

The hypothesis proposed in this study is that dhikr therapy is effective in reducing anxiety in female

breast cancer patients. Based on the standard deviation, the experimental group's score was higher than the control group's. However, the mean score in the experimental group was lower than the control group's.

Table 3.

Descriptive Analysis Results

	Group	Mean	Std. Deviation	N
Pre	Eksperimen	10.83	1.835	6
	Kontrol	11.17	1.722	6
	Total	11.00	1.706	12
Pos	Eksperimen	6.17	1.722	6
	Kontrol	9.83	1.329	6
	Total	8.00	2.412	12
Follow up	Eksperimen	7.00	2.098	6
	Kontrol	10.67	1.366	6
	Total	8.83	2.552	12

Significant results were identified based on the time*group row in Sphercity Assumed (Leech et al., 2015). The results showed that the F value = 13.699 and Sig. 0.000 ($p < 0.05$). This means there is an interaction between time (pretest-posttest-follow-up) and group (experimental-control). This interaction indicates that there is a change in the pretest to follow-up scores in the two groups (experimental-control) that is significantly different. There is a difference in anxiety scores from participants in the experimental group and participants in the control group.

The pairwise comparison table shows that in the experimental group, anxiety scores from pre-test to post-test ($MD = 4.667$) experienced a significant decrease ($p < 0.05$). Meanwhile, there was an increase in anxiety scores from post-test to follow-up ($MD = -0.833$) but not significant ($p > 0.05$). Then the anxiety score of the control group increased ($MD = -0.833$) but not significant ($p > 0.05$). Thus, it can be seen that the research hypothesis is accepted with the difference in anxiety scores between the experimental and control groups. This can mean that istighfar dhikr therapy can help reduce anxiety symptoms in female breast cancer patients in the experimental group.

The multivariate test table states that there is an effectiveness as seen in the Wilks' Lambda column (Leech et al., 2015). The value of Partial Eta Squared in the experimental group is 0.914, indicating that istigfar dhikr therapy can reduce anxiety by 91.4%.

Manipulation Check

Manipulation check was conducted to see whether the level of dhikr of each participant was manipulated or not after being given treatment. Paired Samples Test and the Paired Samples Effect Sizes calculation, the experimental group has a std score of 3,521 where the experimental group's value experienced an average increase in the quality of dhikr score of 12 points. This shows that the istighfar dhikr therapy succeeded in significantly improving the quality of dhikr of the experimental group ($p < 0.05$). In addition, the results of the paired samples effect size analysis show that dhikr therapy is able to provide a large effect because it has a d value > 0.8 (Cohen, 2013). With this value, it can be seen that the istigfar dhikr therapy is able to manipulate the quality of dhikr in the experimental group.

Qualitative Results

Qualitative analysis was obtained from observations and interviews during the dhikr therapy session. Qualitative data collection was conducted on participants in the experimental group. Based on the qualitative analysis, participants generally stated that the most memorable therapy process was the sharing session and the dhikr practice according to the psychoeducation provided by the facilitator during the training. Participants gained reinforcement, knowledge, and new understanding related to the dhikr istigfar therapy training they had undergone. Thus, participants were able to better understand the meaning of the dhikr istigfar sentence.

The pre-test to follow-up data for each research participant showed a significant decrease in anxiety scores. This indicates a change, namely a decrease in anxiety levels in research participants, but in the post-test to follow-up, some participants experienced an increase in scores. This was caused by several things such as external factors that cannot be controlled, namely sad news from fellow breast cancer patients, then the time approaching the routine check-up schedule every 6 months, this in some research participants greatly affected the level of anxiety, where the intensive dhikr therapy was still unable to fully affect the psychological condition of some research participants when faced with the news of the death of a close friend with breast cancer, and the schedule of check-ups for some participants who experienced the spread of cancer cells in the body. One of the participants with the initials V, aged 54 years, said that "it felt very impressive to participate in the dhikr therapy and the sharing

session together, by doing dhikr therapy according to the material provided by doing it in a focused, calm and consistent manner, the heart becomes calmer, feelings of anxiety are reduced by surrendering to Allah and believing in Allah that every problem will definitely have the best way out, and must continue to be consistent in carrying out the dhikr istigfar every time with sincere intentions for Allah SWT."

During the research process that has lasted for 3 sessions, at each meeting the participants were seen experiencing some sad emotions to the point of crying, especially when practicing the istighfar dhikr together calmly and focused on the dhikr being done. Some participants said that feeling sad and crying because of remembering sad past events, remembering the illness they are experiencing while trying to sincerely, to the sins they have committed in the past. Participants said that by doing istighfar makes individuals realize and confess every sin they have ever committed, this has a calming effect, more sincere surrender to Allah with the illness they are feeling and efforts to heal the participant's breast cancer. One participant with the initials S, aged 44 years said *"Regularly performing istighfar dhikr feels like gaining mental strength and useful knowledge, as well as reducing anxiety and being able to find solutions when the heart is restless. Dhikr is a calming medicine for a restless heart, can control emotions, feel more grateful for the blessings in the world, regular dhikr is like eating in our daily lives."*

After undergoing the istighfar dhikr therapy training, each research participant reported feeling calmer, happier, able to face daily activities with sincerity, surrender to Allah SWT, more focused, and accept everything that has happened in life. Furthermore, the sharing session allowed research participants to share, empathize, and strengthen each other. Participants felt more empowered after undergoing the istighfar dhikr therapy, feeling a better relationship with Allah through the istighfar dhikr they had done and receiving support from other research participants.

This is as conveyed by Mrs. FY, aged 47, *"becoming more devout in dhikr for better mental health, and continuing to be consistent in doing it. In addition, dhikr with all my heart with the intention of Allah can make the heart feel calmer, lighter in carrying out daily activities, and a greater sense of gratitude, as well as trust that Allah will provide sustenance, and a feeling of happiness in life."*

Discussions

This study aimed to determine the effectiveness of istighfar dhikr therapy in reducing anxiety in female breast cancer patients. Based on quantitative data analysis, it was found that there was a difference in anxiety levels in the experimental group before and after receiving istighfar dhikr therapy. These results supported the hypothesis that there was a significant change in anxiety scores in female breast cancer patients compared to those in the control group.

This research supports the research of [Karakas and Gecimli \(2017\)](#) and [Tasyakuranti et al. \(2022\)](#). Their results indicate that the istighfar dhikr can reduce anxiety in individuals. The treatment of istighfar dhikr can reduce beta brainwave activity, meaning there is a decrease in anxiety after istighfar dhikr. Furthermore, the findings of this study are also in line with several previous studies ([Binoriang & Pramesti, 2021](#); [Anggun et al., 2021](#); [Damanik et al, 2021](#); [Mardhiyah & Khaerani, 2017](#)) showed a difference in anxiety levels before and after a general dhikr therapy intervention. The use of dhikr as therapy can increase calm and control emotions. Thus, a spiritual approach through dhikr istigfar therapy can support individuals in managing calm, tension, fear, anxiety, panic, and physical responses to anxiety. Another study conducted by [Nopriani and Utami \(2023\)](#) showed that dhikr therapy can influence an individual's psychological state, thereby reducing their anxiety levels. This occurs because dhikr therapy is one way to remember Allah. By surrendering wholeheartedly, individuals develop a sense of surrender that can influence a decrease in their anxiety levels.

The differences between this study and previous research lie in the participants used and the specific dhikr therapy, which utilizes istigfar (recitation of remembrance). Istighfar is described as a spiritual remedy that heals the soul by asking for forgiveness from God. Thus, belief in forgiveness for sins leads to spiritual healing within the individual ([Shihab, 2018](#)). These results are also in line with several previously conducted studies which show the effectiveness of Islamic spiritual-based psychological interventions in improving mental health and overcoming psychological problems ([Safitri et al., 2017](#); [Nafisa et al., 2017](#); [Kumala et al., 2017](#)).

The results of this study also support [Nashori et al.'s \(2019\)](#) opinion that Islamic psychological interventions, both original and integrative, are effective in improving the quality of human life.

Original Islamic psychology is formulated and upheld purely based on Islamic teachings, while integrative Islamic psychology integrates Islamic perspectives and contemporary psychology. Islamic psychological intervention approaches have been shown to play a role in improving individual psychological conditions (Nashori et al., 2019). Therefore, a spiritual approach can help individuals improve their mental health.

Istighfar is described as a healing remedy for the soul, seeking forgiveness from Allah. Istighfar is also defined as regret for sins committed. Thus, belief in the forgiveness of sins leads to spiritual healing in each individual (Shihab, 2018). Research conducted by Ruidahasi and Nashori (2021) demonstrated the influence of istighfar dhikr therapy on an individual's psychological state, and that istighfar is effective in increasing psychological resilience. Spiritual routines, such as istighfar dhikr, incorporated into therapy can facilitate the mental health healing process in individuals (Hasanović, 2017).

The quantitative data analysis in this study, reinforced by qualitative data, showed that all participants in the experimental group experienced differences in their condition and positive benefits after participating in the istighfar dhikr therapy. Prior to the study, most participants experienced fear and anxiety about breast cancer spreading to other parts of the body, as well as fear of leaving their children who still needed parental love. Furthermore, different family backgrounds, such as family problems and divorce, influenced family support for participants in facing the medical treatment process for their breast cancer. After the study, participants experienced several benefits, such as a sense of calm in carrying out activities, increased patience, gratitude, positive thinking, self-confidence, and becoming stronger individuals in facing their illnesses and stronger in undergoing the healing process of their illnesses. During the istighfar dhikr therapy, participants were invited to position themselves as comfortably as possible, asking forgiveness wholeheartedly to Allah SWT for all mistakes, whether done or spoken, and whether intentional or unintentional. Subjects were conditioned to cultivate faith in Allah SWT, to forgive, and to accept that everything that happens is by Allah's will and that there is a better way out from Him. Furthermore, the reduction in participants' anxiety levels was also influenced by the stages provided to them related to their current situation. This enabled participants to directly experience the

benefits of the istighfar dhikr therapy provided at each session.

Prior to the istighfar dhikr therapy, each participant felt anxious about their current health condition. Their concerns related to the progression of their cancer, and negative thoughts about what would happen to their children, husband, and family if they could no longer be with them. Participants developed negative thought patterns accompanied by anxiety due to feelings of unease (Fadilah & Madjid, 2020). In this research, participants were helped in dealing with problems by asking forgiveness from Allah SWT seriously, praying and interpreting them and surrendering to Allah SWT.

After undergoing the istighfar dhikr therapy, participants realized that their worries and anxieties were caused by a distant relationship with Allah SWT. Awareness of the mistakes or sins they had committed, and the distance between them and Allah, gave rise to the belief that every problem experienced by each individual will have a solution because Allah will always provide help to each of His servants, and Allah always forgives His servants who repent (Shihab, 2018). Each participant became calmer and more confident in their ability to face and fight their breast cancer by consistently thinking positively, offering positive affirmations to themselves, and strengthening their relationship with Allah SWT. The group recitation of remembrance and istighfar therapy also helped reduce anxiety levels, as each participant felt less alone in facing their breast cancer diagnosis, thus contributing to the therapeutic effects of Islamic psychology.

This study had limitations in that some participants were unwell due to physical conditions, relocation, and other circumstances. As a result, the training sessions did not meet the initial number of participants determined by the researcher. Furthermore, there were limitations in punctuality, as participants arrived only during the intervention. Late arrivals to intervention meetings can affect their focus and understanding of the material presented, thus affecting the outcome of the intervention. Another limitation lies in the provided dhikr (remembrance) worksheet. Some participants forgot to record their dhikr diaries to monitor the consistency of their dhikr practice. Furthermore, historical threat factors, such as participants' varying experiences or backgrounds, such as family issues, family support, marital status, and frequent exposure to sad news from fellow breast cancer survivors, can impact an individual's psychological well-being.

Conclusion

The results of this study show that dhikr istighfar therapy can have a positive effect on the psychological condition of women with breast cancer, specifically by helping to alleviate the anxiety they experience. Through a structured and reflective process of dhikr, participants demonstrated a sense of inner peace, a deeper feeling of surrender, and increased self-awareness in facing their illness. This intervention not only serves as a form of spiritual coping but also as a means to process emotions and reduce the mental stress felt during cancer treatment.

In addition, the qualitative findings show positive psychological changes in each participant, such as an increased sense of sincerity (ikhlas), hope, and self-acceptance. Nevertheless, the implementation of the intervention also faced several challenges, including participant mortality, scheduling delays, and obstacles in completing the worksheets.

Therefore, future researchers are advised to be more selective in choosing participants based on their psychological and physical conditions, and to be more careful in managing the schedule and monitoring the intervention process. It is also suggested to use more effective monitoring methods and to consider the participants' backgrounds, including marital status, which can influence their psychological response to the intervention.

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