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The Experience of Finding Meaning in Patience through Dhikr Therapy as a Strategy for Coping with Loneliness among The Elderly: A Phenomenological Study

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Abstract:

Loneliness is a common psychological issue among older adults and can negatively affect mental health if unaddressed. *Dhikr*, a spirituality-based non-pharmacological practice, may help older adults cope with loneliness; however, limited research has explored how they derive meaning from it. This phenomenological study explored how older adults interpret patience (*sabr*) through dhikr therapy as a strategy for managing loneliness. Five older adults at the PPSLU Cepiring facility in Kendal, Indonesia, were selected through purposive sampling. Data were collected through semi-structured in-depth interviews, participant observation, and documentation, then analyzed using Colaizzi's seven-step method. The findings show that *dhikr* helps manage loneliness through four mechanisms: redirecting attention from negative thoughts, promoting relaxation through rhythmic recitation, cultivating Islamic mindfulness, and strengthening spiritual closeness to God (*taqarrub*). Participants understood patience as an active stance that involves emotional restraint, composure in hardship, and sincere acceptance of life's realities. Communal dhikr also reduced loneliness by strengthening social bonds. This study concludes that dhikr is not merely a religious ritual but a psychospiritual coping practice that fosters patience and alleviates loneliness. Group dhikr sessions led by religious figures should be incorporated into routine nursing home programs. Further mixed-methods research with larger and more diverse samples is recommended. The findings support the development of structured, culturally relevant spiritual interventions for older Muslim adults in Indonesia.

Keywords: dhikr therapy; elderly; loneliness; patience; phenomenological study.

INTRODUCTION

Indonesia's elderly population has increased significantly in recent years. According to data from the Central Statistics Agency (Badan Pusat Statistik/BPS) and the Ministry of Health of the Republic of Indonesia, the number of elderly individuals in the country reached approximately 29 million in 2023 and is projected to rise to 40 million by 2030 (Ministry of Health of the Republic of Indonesia, 2026). This figure indicates that Indonesia has entered an era of population aging, characterized by a growing proportion of people aged 60 and older. This demographic shift brings complex consequences, including physical, psychological, and cognitive declines

among older adults, as well as changes in their social interactions (Bajabir et al., 2024; Metersky et al., 2026; Restrepo & Rozental, 1994; Setianto et al., 2023).

As people age, they inevitably face various physical ailments. Declining physical health among older adults—such as weakened sensory function and loss of muscle strength—often comes with significant psychological stress. Furthermore, the loss of social roles following retirement, combined with reduced interaction with family and the surrounding community, frequently triggers a profound sense of loneliness (Adra et al., 2025; Ike Utia Ningsih & Pakam Juanda, 2025; Metersky et al., 2026; Vlaicu, 2023). Psychological problems frequently experienced by older adults include feelings of loneliness, confusion, anxiety, and stress (Setianto et al., 2023). Older adults who cannot adapt tend to withdraw from social interaction, feel worthless, and lose their social roles after retirement (Bartol & Grah, 2024; Kim et al., 2021; Mair, 2025).

Loneliness is not just a momentary feeling of emptiness; it is a serious psychological condition that can lead to anxiety disorders, depression, and a significant reduction in quality of life. Research using data from the Indonesian Family Life Survey (IFLS-5). It was found that the prevalence of high levels of loneliness among the elderly in Indonesia reaches 11.2 percent. Risk factors include a low level of education (AOR = 2.05; 95% CI = 1.43–2.93; $p < 0.001$), life dissatisfaction (AOR = 1.55; 95% CI = 1.16–2.06; $p = 0.003$), and poor sleep quality (AOR = 2.32; 95% CI = 1.72–3.39; $p < 0.001$) (Asri et al., 2025). A study of elderly individuals in social care institutions in Indonesia also indicated that 36 percent of participants experienced moderate levels of loneliness, and 47 percent exhibited symptoms of mild depression, with a significant positive correlation between loneliness and depression ($r = 0.339$; $p = 0.0001$) (Andas et al., 2026). These findings confirm that loneliness among the elderly is not merely an emotional issue, but one that also has broader implications for mental health.

In such situations, patience serves as a vital psychological resource. It helps older adults accept life's realities more adaptively, manage negative emotions, and avoid becoming trapped in despair (Kim et al., 2021; Saifuddin & Syamsiyah, 2025; D. Widyastuti et al., 2026). Within the Muslim community, spiritual approaches—such as dhikr (remembrance of God) therapy—have emerged as effective non-pharmacological strategies to support the mental well-being of the elderly. Dhikr therapy acts as an intervention with the potential to help address psychological challenges in older age. Dhikr is a form of spiritual healing that involves remembering and repeating the names of Allah—whether through verbal recitation, internal reflection, or actions (Setianto et al., 2023). The remembrance mentioned in Surah Ar-Ra'd (verse 28) is considered a means to achieve peace of mind (tuma'ninah) (Sukandar, 2025).

Previous research has demonstrated various benefits of dhikr therapy for the elderly. A quasi-experimental study involving 38 elderly individuals in Klaten showed that dhikr therapy has a significant effect on reducing anxiety, with the mean anxiety score decreasing from 2.55 to 1.45.($p = 0{,}000$) (Mawardi, 2024). A similar study involving elderly residents at the Tresna Werdha Abiyoso Social Care Home also showed reduced anxiety—from moderate-to-severe categories to mild or no anxiety at all—after implementing a dhikr (remembrance of God) intervention (Anggraini & Kartinah, 2024). A recent study that combined Sayyidul Istighfar (a form of dhikr, or remembrance of God) therapy with peer support among 30 elderly individuals at the PPRSLU Budi Sejahtera facility in Banjarbaru further demonstrates the effectiveness of this spiritual-social approach in reducing anxiety (S. Anwar et al., 2024b).

From a psychospiritual perspective, dhikr functions as a form of religious relaxation that strengthens the elderly's spiritual connection with (Ajrouch & Fakhoury, 2013; Anharini et al., 2026; Bartol & Grah, 2024; Nor Afipah et al., 2025; Rizkia et al., 2025). A phenomenological study of an elderly group conducted at Madrasah Ibnu Masud in Segamat, Johor, Malaysia, identified five key themes in the participants' experiences with dhikr as a psychospiritual therapy: (1) peace of mind and reduced anxiety, (2) spiritual connectedness and a sense of meaning in life, (3) improved emotional regulation, (4) the restoration of self-esteem, and (5) a sense of hope and readiness in facing death. (Sukandar, 2025). From a psychospiritual perspective, dhikr (the remembrance of God) functions as a form of religious relaxation that strengthens the elderly's spiritual connection with God. A phenomenological study of an elderly group conducted at Madrasah Ibnu Masud in Segamat, Johor, Malaysia, identified five key themes in the participants' experiences with dhikr as a psychospiritual therapy: (1) peace of mind and reduced anxiety, (2) spiritual connectedness and a sense of meaning in life, (3) improved emotional regulation, (4) the restoration of self-esteem, and (5) a sense of hope and readiness in facing death (Sukandar, 2025). These findings indicate that dhikr serves not merely as a religious ritual, but also as a comprehensive therapeutic mechanism. Research by Majlis Taqrim on a community of elderly individuals further shows that regular engagement in dhikr and other religious activities can help the elderly cultivate patience, optimism, and a closer relationship with God—all of which, in turn, foster inner tranquility (Hafil et al., 2026; Nafisa, 2026).

Although many studies have demonstrated the benefits of dhikr therapy, most existing research is dominated by quantitative approaches; these studies typically measure only the outcomes—such as reduced anxiety levels or increased mental tranquility—without elucidating the underlying mechanisms through which *dhikr* therapy alleviates feelings of loneliness. Qualitative research exploring the meaning-making processes that underpin dhikr is notably lacking. In particular, few studies have examined how elderly individuals perceive patience as a value or an inner experience that emerges from their dhikr practice. Phenomenological studies that specifically examine older adults' experiences of practicing *dhikr* to address psychospiritual challenges remain very limited, particularly within the context of social institutions and communities for the elderly in Indonesia (Sukandar, 2025). However, elements of spirituality—such as an increased sense of gratitude, an attitude of surrender (*tawakal*), and closeness to God (*taqarrub*), along with their impact on spiritual experience—need to be explained in a structured manner to understand how *dhikr* (remembrance of God) helps alleviate feelings of loneliness among the elderly.

Therefore, this research is urgent, and it aims not only to measure changes in loneliness levels but also to explore the role of spirituality and its underlying mechanisms. Employing a qualitative phenomenological approach, the research seeks to gain in-depth insights into how older adults interpret patience through dhikr therapy as a strategy for coping with loneliness. An in-depth approach—whether qualitative or mixed-methods—is necessary to bridge this gap and facilitate the development of more structured, contextual, and effective dhikr therapy interventions for older adults experiencing loneliness.

METHOD

This study uses a qualitative approach with a phenomenological design. The phenomenological approach was chosen because it aims to examine, in depth, the meaning of an individual's subjective experiences (life experiences) in relation to a particular phenomenon. In this context, these experiences relate to the perseverance of older people in undertaking reminiscence therapy to cope with feelings of loneliness. Through this approach, the researcher seeks to capture how older people value, view, and interpret the practice of zikr in their daily lives, and how patience becomes a spiritual meaning that helps them overcome feelings of loneliness. This research was carried out at care homes for the elderly (PPSLU) – or homes for the elderly – that implement regular dhikr therapy programs, such as those in the Cepiring area of Kendal and other locations that enable older adults experiencing loneliness to participate in reminiscence activities. The selection of locations was based on initial observations indicating that loneliness was a problem among most residents, as well as the availability of structured dhikr sessions as a form of spiritual guidance. The research period lasted approximately 2–3 months and covered obtaining permission, field data collection through in-depth interviews and observations, data transcription, phenomenological analysis, and report preparation.

The subjects or participants in this study will be selected using purposive sampling, a selection method based on criteria relevant to the study's objectives. The inclusion criteria for participants are as follows: (1) aged 60 years or older (older adults); (2) experiencing feelings of loneliness, characterized by a sense of emptiness, isolation, or a lack of meaningful social interaction; (3) having regularly practiced dhikr (remembrance of God) for at least the past month; (4) able to communicate verbally and effectively; and (5) willing to participate in the study by signing an informed consent form. In phenomenological research, the number of participants is determined by the depth of the information obtained, rather than by the size of the statistical sample. This study is designed to involve between 5 and 10 participants based on the principle of data saturation, that is, the point at which the information gathered from participants begins to repeat itself and no new themes emerge.

This study uses two types of data sources: primary and secondary. The researcher obtained primary data through in-depth interviews with elderly participants who served as key informants. To enhance data reliability, the researcher will also interview supporting informants, such as carers, spiritual counselors, or family members familiar with the participants' circumstances. Secondary data were obtained from supporting documentation, such as care home activity records, reminiscence therapy programs, demographic data on older adults, and field observations recorded in the research diary (field notes). Data collection was carried out using three complementary methods. Firstly, in-depth, semi-structured interviews were conducted. This approach enabled the researcher to explore participants' subjective experiences openly while remaining focused on the research objectives. The interviews were conducted in a location convenient for the participants, lasted approximately 15 to 20 minutes per session, and could be repeated if necessary. Second, through participant observation, the researcher directly observed the behavior, facial expressions, and social interactions of elderly participants engaged in dhikr (remembrance of God) activities in both group and individual settings. This observation aimed to

capture non-verbal elements that might not have been revealed during the interviews. Third, the researcher collected documentation, including photographs of the activities, audio recordings of the interviews (with participants' consent), and written notes on how dhikr therapy was implemented at the research site.

Data analysis followed the phenomenological analysis model proposed by Colaizzi, which consists of seven stages. Firstly, the researcher reviewed the entire interview transcript repeatedly to gain a comprehensive understanding. Secondly, the researcher identified and extracted significant statements relevant to the phenomenon under investigation. Third, the researcher interpreted the meaning of each significant statement. Fourth, the researcher categorized the formulated meanings into broader, more general themes. Fifthly, the researcher integrated all the emerging themes into a comprehensive description of the phenomenon as experienced by the participants. Sixth, the researcher identifies the fundamental essence (basic structure) of the experience. Seventh, the researcher verifies the findings by presenting the results of the analysis back to the participants—a process known as 'member checking' to ensure that the researcher's interpretation is consistent with the actual experiences of the participants.

To ensure data validity (reliability), this study will employ several techniques. Source triangulation is carried out by comparing data from interviews with older people against data from carers or spiritual mentors, as well as data from observations. Triangulation is achieved by cross-checking findings from interviews, observations and documentary data. Member checking is carried out by asking participants to confirm the interview results and the researcher's interpretations. Peer review involves discussing preliminary findings with a supervisor or peer who is not directly involved in the research. In addition, the researcher will practice 'bracketing'—an effort to set aside or suspend personal assumptions, knowledge, and experiences related to the research topic—to understand participants' experiences more purely and objectively (without bias).

To ensure data validity (reliability), this study employed several techniques. Source triangulation was carried out by comparing data from interviews with older people against information provided by their carers or spiritual mentors, as well as data obtained through observation. Triangulation was carried out by evaluating the findings from interviews, observations, and documentary data. The researcher conducted member checking by asking participants to confirm the interview results and the researcher's interpretations. Peer review involved discussions regarding preliminary findings with supervisors or colleagues not directly involved in the research. Furthermore, the researcher practiced bracketing—an effort to set aside or suspend personal assumptions, knowledge, and experiences related to the research topic—to gain a more authentic and objective understanding of participants' experiences. Through this systematically structured research methodology, it is hoped that this study will provide an in-depth and rich understanding of how older adults interpret patience—supported by zikr therapy (remembrance of Allah) as a means of overcoming loneliness. Furthermore, this research is expected to contribute significantly to the development of Islamic psychology and to the practice of supporting older adults, with a particular focus on spirituality.

RESULTS AND DISCUSSION

Dhikr as Spiritual and Psychological Coping

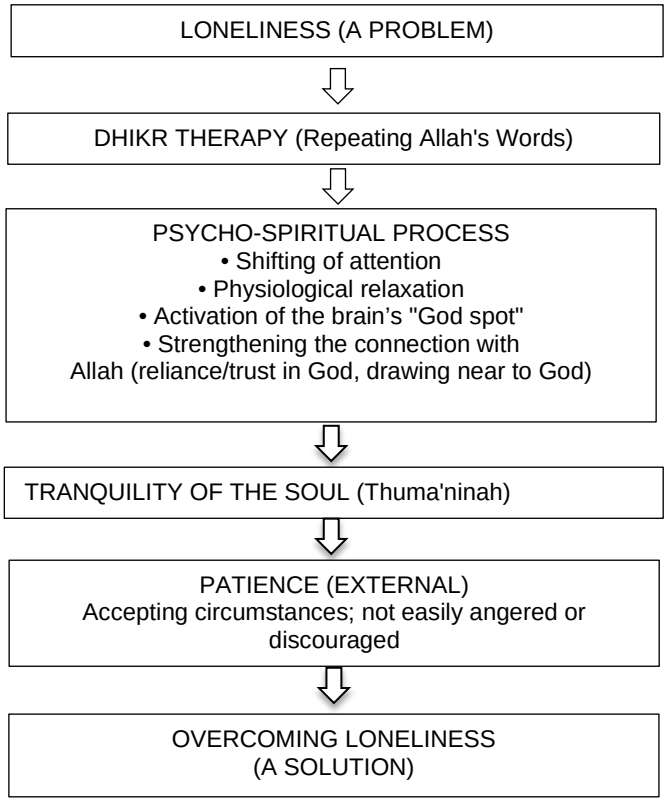
This study identified the elderly's subjective experiences of interpreting patience through dhikr therapy as a means of overcoming loneliness. Based on phenomenological interview data conducted with five older adults living at PPSLU Cepiring Kendal, it was found that various patterns of experiences reflect how dhikr can function not only as a religious ritual, but also as a powerful psychological coping mechanism. Participants varied in the frequency, intensity, and meaning of the dhikr they practiced, but all described a close relationship between dhikr, inner peace, and the ability to be patient in the face of loneliness.

Table 1. Summary of Interview Results with Five Elderly Individuals at PPSLU Cepiring, Kendal

No	Participants	Age	Dhikr Practices	The Meaning of Patience	Impact on Loneliness
1.	Mbah Murwati	70 years	Dhikr as a way of resolving inner struggles	Patience is an inner attitude that wards off negative emotions; the tranquillity derived from dhikr fosters patience.	Loneliness comes suddenly, without any apparent cause; reciting dhikr helps calm the heart.

2.	Mbah Iriyah	63 years	Regular remembrance of God	It is not explicitly stated	I never feel lonely because of the bustle at the care home and the regular dhikr sessions.
3.	Mbah Umi	65 years	Every Maghrib, recite 'Astaghfirullahal'adziim'.	Patience is remaining calm when someone is angry, shooing you away, or grumbling	After a serious illness and regular recitation of the dhikr, my worries have eased, and I no longer feel lonely
4.	Mbah Robimin	68 years	Reading 'Allahumma innaka 'afuwwun kariim tuhibbul 'afwa fa'fu 'anni' repeatedly.	Patience is being mindful of one's surroundings, friends and family, and not imposing one's will on others.	Feeling 'lost' but at peace; remembrance of God dispels dark thoughts and the fear of death.
5.	Mbah Selamet	81 years	Sometimes I do it myself after the obligatory prayers	Patience means not letting your emotions get the better of you, because emotions are pointless; it is better to remain silent.	Remembrance of God calms the mind and curbs negative feelings; rely more on friends who come to visit.

Fig. 1. A model of the psychospiritual mechanism of dhikr therapy in addressing loneliness amongst older people (Source: Researcher's analysis, 2026)



Based on the interviews conducted, it is evident that not all elderly individuals experience loneliness in the same way. Mbah Murwati (70), one of the participants in this research, shared that feelings of loneliness often arise suddenly—without any specific trigger, such as a conflict with a friend—and described these moments as a mix of sadness and confusion, sometimes leading her to wonder why her life has turned out the way it has. In contrast, Mbah Iriyah (63), another participant, firmly stated that she never feels lonely, attributing this to the care home's lively environment and her regular participation in dhikr (devotional chanting/remembrance) activities. These findings align with previous research conducted by Anggraini and Kartinah (2024), which reported that out of 10 elderly subjects, only 7 experienced moderate to severe levels of anxiety before the intervention, with symptoms such as excessive worry, difficulty sleeping, and a fear of death. This diversity underscores that loneliness is subjective and shaped by internal factors, including personality, life history, and the effectiveness of coping strategies.

Dhikr can be a highly accessible and frequently practiced spiritual activity for the elderly, helping them cope with negative feelings that may arise suddenly and without a clear cause (Jafarov, 2025; Rizkia et al., 2025). Mbah Umi (65), for instance, makes it a routine to engage in dhikr during Maghrib while waiting for Isha to begin. She typically recites phrases such as "Astaghfirullahal'azhim" (I seek forgiveness from Allah, the Almighty) along with various other supplications. She also actively seeks new prayers on social media—joining religious Facebook groups like "Cinta Rasulullah" (Love for the Messenger of Allah) and "Dhikr Shalawat"—and whenever she comes across a meaningful prayer, she promptly writes it down and keeps it safe.

Another participant, Mbah Robimin (68 years old), utilizes a specific prayer or recitation—a practice he learned from one of his spiritual teachers, whom he identified as Bapak Ikhsan. The specific recitation Mbah Robimin uses is, "Allahumma innaka 'afuwwun kariim tuhibbul 'afwa fa'fu 'anni," which he repeats until all distressing thoughts and negative emotions—such as feelings of loneliness—dissipate. This practice aligns with findings reported by Anwar et al. (2024), who state that dhikr (remembrance of God) performed with a sincere heart can yield positive psychological effects, including reduced anxiety and an increased sense of inner peace. In their quantitative study, elderly individuals who participated in dhikr gatherings were 1.8 times more likely to achieve good mental health compared to those who did not (RR=1.857; 95% CI: 1.266–2.724).

The mechanism by which dhikr alleviates feelings of loneliness can be explained through a psychospiritual lens. When an individual engages in dhikr, they involve their tongue in speech, their ears in listening, their eyes in visualization, and their mind in concentrating on phrases of praise directed toward Allah.(S. Anwar et al., 2024b). This process occurs simultaneously: it shifts attention away from negative thoughts, triggers physiological relaxation, and strengthens one's spiritual connection with God. One participant, Mbah Selamet (81), noted that although he rarely joins communal dhikr (remembrance of God) sessions, he still finds that performing dhikr individually—after his obligatory prayers—calms his mind and keeps negative emotions at bay. He describes patience as a state in which an individual remains free from emotional volatility; for him, giving in to such emotions is pointless—it is better to remain silent. This suggests that no matter how often one engages in dhikr, the resulting sense of inner calm remains accessible (Purwanti et al., 2024).

The relationship between dhikr and patience emerges as a central theme throughout the interviews. Mbah Murwati explicitly states that dhikr serves as an internal method for resolving problems, while patience acts as an inner disposition that helps prevent negative emotions. According to her, dhikr brings tranquility to the heart, and this sense of calm, in turn, gives rise to patience. Mbah Robimin adds that whenever feelings of loneliness arise, he immediately dismisses such thoughts, steps back for a moment, and recites istighfar (seeking forgiveness from God). He remarks, "One must be patient. If you feel you cannot endure—if you reach your limit—reciting those verses provides great strength." This observation is further supported by research by Anggraini and Kartinah (2024) and Kadri and Kalistu (2026). It was found that after undergoing dhikr therapy for 4 days (2 hours per day, split between the periods following the Dhuhr and Asr prayers), the anxiety levels of the majority of the elderly participants decreased to the "mild" or "no anxiety" category. A clear reduction in anxiety scores from the pre-test to the post-test was observed; for instance, in subject 1, the score dropped from 29 to 15; in subject 2, from 28 to 17; and in subject 5, from 30 to 12.

The social dimension of congregational dhikr has also been shown to reduce feelings of loneliness significantly. Mbah Iriyah stated that the orphanage's bustle makes her feel at ease. If someone invites her to join in the fun, she responds and immediately engages in interaction (S. Anwar et al., 2024b). Research conducted in West Aceh found that dhikr (remembrance of God) gatherings are significantly associated with the emotional and social well-being of the elderly (p=0.008 for emotional well-being; p=0.001 for social well-being). In dhikr gatherings organized by the MPTT (Majelis Pengkajian Tauhid Tasawuf—Assembly for the study of Tawhid and

Tasawwuf), members meet at least once a week to recite the phrase *La ilaha illallah* 1,000 times (Jafarov, 2025; Kadri & Kalistu, 2026; McGuire, 1983). Men and women sit separately but remain in the same room. Interactions occurring before and after the dhikr foster social bonds that protect the elderly from social isolation (Anharini et al., 2026; Saifuddin & Syamsiyah, 2025).

Another interesting finding is that dhikr can help the elderly find meaning in life, even amid their existing limitations. Mbah Umi, who shared her experience following a severe illness—during which she was nearly declared dead, as she had become motionless and her pulse could no longer be detected—perceived this grave ordeal as a form of admonition from Allah. In part, this motivated her to enter the nursing home; she sought to continue improving herself and her religious practice. Through regular dhikr, she found that the heavy burdens weighing on her mind began to lift, and solutions emerged. Mbah Umi's statement supports several previous research reports showing that after receiving an intervention in the form of dhikr (remembering God), subjects felt greater calm, confidence, and enthusiasm; they began to develop positive thoughts about themselves and others and no longer experienced excessive anxiety. In addition, they gained the confidence to engage in social interactions while remaining cautious (S. Anwar et al., 2023; Jafarov, 2025; Purwanti et al., 2024).

Dhikr, Tawakkal, and Emotional Regulation

From a neuropsychological perspective, dhikr can be considered equivalent to meditation, as it activates the God spot in the brain—an area associated with religious experiences and tranquility (Anggraini & Kartinah, 2024). When an individual engages in dhikr, activity decreases in the amygdala (the center for intensity and anxiety) and increases in the prefrontal cortex (the center for cognitive control and emotional regulation). Mbah Robimin—who faced the loss of his job, a divorce, and separation from his children and grandchildren—found himself "immersed" in his life at the care home, viewing his existence there solely through the lens of reciting the Quran, performing prayers, and engaging in dhikr. This total acceptance suggests that dhikr has helped him reach *tawakkal* (surrender to God), the pinnacle of patience in the Islamic faith.

Individual differences in dhikr practice also reflect varying levels of spiritual depth. Mbah Selamet rarely engages in dhikr, relying instead on friends and other visitors at the care home for encouragement. In contrast, Mbah Umi, who practices dhikr regularly, never experiences loneliness—even when she shared a room with an individual suffering from a mental disorder who would often treat her harshly. Anwar et al. (2024) explain that dhikr performed with the heart (*qalb*)—accompanied by a full awareness of God's presence—can cleanse the soul of negative traits such as envy, malice, impatience, and a lack of sincerity. If left unchecked, these traits can harm an individual's psychological well-being. Through consistent practice, such spiritual ailments gradually erode and eventually disappear.

Dhikr therapy also serves as an Islamic form of mindfulness, training an individual to stay fully aware of the present moment (Afifi et al., 2025; Kamarulbahri et al., 2024; Rahman, 2026). Mbah Sri Murwati shared that when she feels lonely, she often paces back and forth, sits quietly, or tries to sleep—though she frequently finds herself unable to do so. Only after she begins reciting dhikr does she feel calm. This aligns with the mechanism of religiously based relaxation described by Anggraini and Kartinah (2024), in which repetitive dhikr recitation creates a soothing rhythm for the autonomic nervous system, reducing heart rate, blood pressure, and cortisol levels (a stress hormone). In their study, dhikr was practiced for four consecutive days, for two hours each day; the results showed a consistent decrease in anxiety among all research subjects.

The elderly participants in this study understood patience as highly contextual and operational. Mbah Selamet defines patience as remaining calm—avoiding emotional outbursts and staying silent—when faced with difficult situations. Mbah Umi describes patience as remaining silent when others are angry, dismissive, or prone to scolding. Mbah Robimin defines patience as awareness of one's surroundings, peers, and relatives, coupled with the ability to refrain from imposing one's will on others. These definitions align with the concept of patience in Islamic psychology, which entails not merely refraining from complaints, but also actively managing negative emotions through spiritual strategies. Anwar et al. (2024) assert that dhikr (remembrance of God) helps internalize Allah's noble attributes; as a form of remembering the Divine, dhikr can improve an individual's conduct by reinforcing the values of faith.

Social Support and Companionship

Social support from fellow members of the dhikr group and from care home staff is another crucial factor that enhances the effectiveness of the dhikr practice. Mbah Mur noted that Pak Kodir—who served as the head of the care home at the time—consistently offered encouragement, advising her not to dwell on the desire to return

home and urging her to be friendly toward the other residents. In a retrospective cohort study of 114 elderly individuals (57 exposed to the dhikr group and 57 unexposed), Anwar et al. (2024) found that those who participated in dhikr groups gained not only spiritual benefits from the practice itself but also social benefits through interactions before and after sessions. These interactions fostered stronger emotional and social connections, which, in turn, improved overall mental well-being. A chi-square test revealed a significant association between membership in a dhikr group and the mental health of the elderly (p=0.001).

Among the five participants, Mbah Robimin demonstrated the highest level of self-acceptance. He remarked, "I have let go of everything. My life is here at the care home, and I have fully accepted it." He never feels lonely, as he views his situation as his destined path. He relies on a specific dhikr (remembrance of God) practice taught to him by Pak Iksan, which he recites repeatedly until distressing images and negative thoughts fade away. In fact, he finds joy and relief through this dhikr, as death no longer feels frightening to him—he no longer perceives it as something daunting. These findings align with research by Anggraini and Kartinah (2024), which reported that, following dhikr therapy, subjects felt more open to expressing their thoughts to others, gained greater self-confidence, felt more energized, and cultivated a positive outlook toward themselves and those around them. Furthermore, the subjects no longer experienced excessive anxiety.

Nevertheless, not all older adults have the same access to or motivation to engage in dhikr (remembrance of God) regularly. Mbah Selamat admits that he rarely participates in communal dhikr sessions, noting that he sometimes "just does not feel up to it" or lacks motivation. However, he occasionally performs dhikr privately after his prayers. This suggests that any intervention involving dhikr must account for each older adult's physical condition, motivation, and individual preferences. Anwar et al. suggest fostering collaboration and coordination with religious leaders or religious organizations—particularly those that host dhikr gatherings. Beyond their direct impact on mental health, these dhikr gatherings provide a platform for healthcare professionals to empower older adults or disseminate health-related information.

Overall, this study reveals that dhikr is not merely a religious ritual, but a complex mental and spiritual system for coping with adversity. As noted in the Quran—specifically in Surah Ar-Ra'd, verse 28—dhikr helps the elderly attain tranquility (thuma'ninah) and strengthens their resilience in combating loneliness. Furthermore, dhikr cultivates mindfulness, promotes physiological relaxation, shifts focus, strengthens social connections, and helps people find meaning in life. Together, these functions explain why dhikr effectively reduces loneliness and enhances older adults' mental well-being. These results align with findings from Anggraini and Kartinah (2024) and Anwar et al. (2024), which provide quantitative evidence of dhikr's effectiveness. This study offers a deeper understanding of how and why dhikr functions, specifically from the perspective of older adults.

The study's limitations include the small sample size (n=5), which limits the generalizability of the findings to the broader elderly population. Furthermore, all participants shared a Javanese cultural and Muslim religious background; therefore, the findings may not be fully applicable to elderly individuals from other cultural or religious contexts. Further research utilizing a mixed-methods design with a larger, more diverse sample is required to confirm these findings. Regarding practical recommendations, nursing homes and elderly care centers should consider integrating communal dhikr as a routine program, facilitated by religious leaders or spiritual counselors, while ensuring that the duration and intensity are adjusted to the physical capabilities of the elderly participants.

The findings of this study demonstrate that dhikr serves as a meaningful spiritual coping mechanism through which older adults manage loneliness, regulate emotions, and develop acceptance of their life circumstances. Based on phenomenological interviews with five elderly residents at PPSLU Cepiring, Kendal, the study reveals that the perceived benefits of dhikr are associated with individual spiritual practices, emotional regulation, social support, and the construction of meaning in later life. However, the participants' experiences also demonstrate that loneliness is subjective and that the role of dhikr varies according to individual circumstances and preferences (T. Widyastuti et al., 2019)

The participants experienced loneliness differently. Mbah Murwati described loneliness as an emotion that sometimes emerged suddenly without an identifiable cause, whereas Mbah Iriyah reported rarely experiencing loneliness because of the lively environment of the care home and her participation in regular dhikr activities. These contrasting experiences indicate that loneliness cannot be explained solely by physical separation from family members. Instead, it is also influenced by emotional experiences, social interaction, and individual coping strategies. Dhikr appeared to provide participants with a familiar and accessible means of responding to emotional distress. Mbah Umi regularly recited istighfar after the Maghrib prayer, while Mbah Robimin repeatedly recited a supplication until his distressing thoughts subsided. Their experiences suggest that religious

remembrance can redirect attention toward spiritual reflection and provide reassurance during emotionally difficult moments. These findings are consistent with previous studies reporting associations between dhikr and improved psychological well-being among older adults (F. K. Anwar et al., 2025; Purwanti et al., 2024). Nevertheless, the findings should not be interpreted as evidence that dhikr eliminates loneliness in every individual. Rather, they illustrate how participants perceive and incorporate religious practices into their coping strategies. The qualitative design provides an understanding of subjective experiences but does not establish a direct causal relationship between dhikr and reduced loneliness.

A central theme emerging from the interviews is the relationship between dhikr and patience. Participants understood patience as the ability to remain calm, control emotional reactions, and respond appropriately to interpersonal difficulties. Mbah Murwati associated patience with preventing negative emotions from dominating one's thoughts, while Mbah Umi emphasized remaining calm when confronted with anger or criticism. Mbah Robimin highlighted awareness of other people's circumstances and the importance of respecting their needs.

These interpretations suggest that patience functions as a practical strategy for emotional regulation. Through dhikr, participants described finding opportunities to calm themselves and manage distressing thoughts. This relationship reflects an understanding of patience that extends beyond passive endurance to include emotional awareness and self-restraint. Within their religious framework, remembering Allah provides spiritual reassurance that supports their efforts to respond more calmly to adversity. However, patience should not be understood as the suppression of all emotions or the obligation to tolerate mistreatment. Healthy emotional regulation also involves expressing distress, seeking assistance, and maintaining appropriate interpersonal boundaries. Accordingly, dhikr may support patience by encouraging reflection and emotional balance rather than requiring unconditional acceptance of difficult situations (Utami & Ramadhan, 2025).

The participants' accounts suggest several interconnected processes through which dhikr may support psychological well-being. These include attentional redirection, subjective relaxation, spiritual reassurance, and the development of personal meaning. First, repetitive recitation may help redirect attention away from distressing thoughts. Mbah Murwati reported feeling calmer after engaging in dhikr when loneliness arose, while Mbah Robimin used repeated supplication to manage negative thoughts. These experiences suggest that dhikr provides a structured activity during periods of emotional difficulty. Second, dhikr was associated with subjective relaxation and a sense of inner peace. Focused attention and familiar recitation may contribute to a calming experience, although the present study did not measure physiological changes such as heart rate, cortisol levels, or brain activity. Therefore, these mechanisms should be regarded as possible interpretations rather than direct empirical findings of this research.

Third, dhikr strengthened participants' spiritual interpretations of their circumstances. Mbah Robimin described accepting his life at the care home and becoming less fearful of death. Similarly, Mbah Umi interpreted her serious illness as a reminder from Allah that encouraged her to improve her religious practice. These experiences suggest that spiritual coping may help older adults reinterpret adversity within a framework of faith, acceptance, and purpose. The significance of dhikr therefore extends beyond immediate emotional relief to include the development of meaning in later life.

The findings also highlight the importance of social support in addressing loneliness. Mbah Iriyah associated her emotional comfort with the lively environment of the care home and opportunities to interact with others. Mbah Selamet, meanwhile, acknowledged the importance of friends who visited him. These accounts indicate that companionship and interpersonal relationships remain important resources for emotional well-being. Communal dhikr may contribute to this process by creating opportunities for interaction, shared religious experiences, and a sense of belonging. Its potential benefits therefore extend beyond individual spiritual practice to include social participation. However, the experiences of the participants suggest that social support and dhikr should be understood as complementary factors rather than interchangeable interventions. For elderly care institutions, these findings support the development of programs that combine voluntary communal religious activities with opportunities for meaningful social interaction. Individual dhikr should also remain available for older adults who prefer private worship or experience physical limitations. Such an approach recognizes differences in personal preferences while avoiding the assumption that participation in collective religious activities is equally suitable for everyone.

The findings have practical implications for developing culturally sensitive approaches to elderly care. Dhikr may be incorporated into spiritual-care programs as an optional activity that supports religious expression, emotional reflection, and social engagement. Nevertheless, its implementation should respect individual autonomy and complement, rather than replace, appropriate psychological, medical, and social support. This

study is limited by its small sample of five participants from a single care institution. Furthermore, the participants shared a Muslim religious and Javanese cultural background, limiting the transferability of the findings to other populations. The qualitative design also does not establish whether dhikr independently reduces loneliness or anxiety, since social support, personal circumstances, and other coping strategies may contribute to the experiences reported.

Future research could employ mixed-methods designs involving larger and more diverse samples, validated measures of loneliness, and longitudinal assessments. Further investigation could also distinguish the perceived benefits of individual dhikr from those associated with communal participation and social interaction. Overall, this study illustrates how dhikr is experienced as a meaningful spiritual coping resource among older adults at PPSLU Cepiring, Kendal. Its perceived significance lies in the interaction between spiritual reassurance, patience, emotional regulation, social support, and the construction of meaning in later life. These findings contribute to a more nuanced understanding of religious coping and suggest that voluntary spiritual activities may complement broader efforts to promote psychological and social well-being among older adults.

CONCLUSION

Based on a phenomenological study of five elderly individuals at the PPSLU (Social Service Center for the Elderly) in Cepiring, Kendal, it can be concluded that dhikr (remembrance of God) plays a significant role in helping the elderly find meaning in patience and overcome loneliness. Dhikr is not merely a religious ritual; it serves as a spiritual and psychological practice that helps alleviate loneliness, fosters inner tranquility, and assists in managing negative emotions such as sadness, anxiety, and confusion. This process occurs by redirecting attention away from negative thoughts, promoting relaxation, cultivating present-moment awareness, and strengthening one's spiritual connection with God (taqarrub). Consequently, dhikr provides a sense of security, protection, and the conviction that the elderly are never truly alone. The study further reveals that patience is understood actively and contextually, rather than as passive acceptance of circumstances. Patience is expressed through the ability to regulate emotions, maintain composure, accept life's realities, and develop an attitude of tawakkal. The inner peace attained through dhikr serves as the foundation for developing such patience, as affirmed in the Quran (Surah al-Ra'd/13: 28). Beyond its individual and spiritual dimensions, communal dhikr also strengthens social interaction, fosters solidarity, and reduces feelings of alienation within the care facility. Nevertheless, dhikr's effectiveness depends on each individual's physical condition, life experiences, personality, motivation, and environmental support; therefore, its implementation should be tailored to individual needs. Theoretically, this research enriches Islamic psychology by showing that dhikr offers an approach that integrates spiritual, psychological, and social dimensions in addressing loneliness among the elderly. Practically, communal dhikr is recommended as a routine support program in elderly care facilities, with its duration and intensity adjusted to participants' physical capabilities. However, the limited number of participants, the homogeneity of their cultural and religious backgrounds, and the study's duration restrict the generalizability of the findings. Therefore, future research should include a more diverse group of participants, use a mixed-methods approach, and employ longitudinal studies to examine the sustained impact of dhikr. Consequently, dhikr has the potential to be developed as a mental health intervention—grounded in spirituality and local wisdom—for the elderly population.

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