PSIKIS JURNAL PSIKOLOGI ISLAMI

Psikis : Jurnal Psikologi Islami
https://doi.org/10.19109/psikis.v10i1.22135
https://jurnal.radenfatah.ac.id/index.php/psikis/index

Dzikr Relaxation to Decrease College Student's Anxiety and Increase Happiness

Pihasniwati[1], Ratna Yunita Setiyani Subardjo[2], Rika Apriliyani[3], Elisa Kurniadewi[4]
[1,3]Universitas Islam Negeri Sunan Kalijaga Yogyakarta
[2]Universitas Aisyiyah Yogyakarta
[4]Universitas Islam Negeri Syarif Hidayatullah Jakarta.
Coresponding E-mail: pihasniwati@uin-suka.ac.id

Article Info

Article history:

Received 03-22-2024
Revised 06-23-2024
Accepted 06-23-2024

Keywords:

Dhikr Relaxation
Anxiety
Nexus Biofeedback
Happiness

ABSTRACT

This study aimed to determine the effectiveness of dhikr relaxation in reducing anxiety and increasing happiness in college students. The subjects were 16 students of UIN Sunan Kalijaga aged 19-23 years. There were 2 hypotheses in this research. This research method was conducted by using quasi-experimental with a pretest and posttest control group design. Data collection tools were the HARS scale (Hamilton Anxiety Rating Scale), the OHQ scale (The Oxford Happiness Questionnaire), and Nexus Biofeedback. The data analysis used the Mann-Whitney U Test. The results of the first study showed that there was a difference in the anxiety score between the control group and the experimental group that took part in dhikr relaxation therapy, where the experimental group's score was greater than the control group's score as evidenced by the sig. of 0.005 ($p<0.05$). The results of the second study showed that there was no difference in the happiness score between the control group and the experimental group that took part in dhikr relaxation therapy, where the experimental group's score was greater than the control group's score as evidenced by the sig value. of 0.161 ($p>0.05$). The results of the analysis using the Nexus Biofeedback tool showed the sig. 0.028 ($p<0.05$). It can be concluded that dhikr relaxation was effective in reducing anxiety as indicated by a decrease in respiration frequency using the Nexus Biofeedback tool. However, dhikr relaxation has not been effective in increasing students' happiness.

INTRODUCTION

The COVID-19 pandemic has resulted in a global crisis in mental health, has caused short and long-term stress, and damaged the mentality of millions of people. Based on data on the prevalence of anxiety in the world, during the first year of the COVID-19 pandemic, the prevalence of anxiety and depressive disorders rose by at least 25%. In addition, at the same time, mental health services also experienced obstacles during the Covid-19 pandemic (WHO, 2022) According to *The Anxiety and Depression Association of America*, anxiety disorders affect 40 million adults in America aged 18 years or older (ADAA, n.d)

Depression and anxiety disorders are the two highest disorders in the 2019 Global Burden of Diseases, Injuries, and Risk Factors Study (GBD) (J Ferrari et al., 2022). Meanwhile, a medical center at one of the universities in Indonesia places depression and anxiety disorders as the highest psychological problems throughout the 2016-2019 range in clients aged 21-23 years which have an impact on the academic life of students (Setyanto, 2023). Depression and anxiety in young adults harm personal health and well-being, hindering personal development and interpersonal relationships

Published by : Program Studi Psikologi Islam Fakultas Psikologi Universitas Islam Negeri Raden Fatah Palembang
E-ISSN: 2549-6468, P-ISSN: 2502-728X
This is an open access article under the CC BY-SA license

and even predicting higher conflict and lower relationship support (Kapur, 2015; Leach & Butterworth, 2020). The early adult group, according to Hurlock is those aged 18-40 years (Fawziyah Al-Hadith, 2022). One of those who belong to the early adult group is a student.

Research shows a high rate of common mental health problems experienced by university students, especially during and after COVID-19. Depression, anxiety, and stress are prominent mental problems. Various sources of pressure have reduced the quality of students' well-being, causing difficulties in academics and careers. Serious attention from campuses is needed to identify students' mental health problems and risks (Astutik et al., 2020; Lee et al., 2021).

Stressful events in an individual's life lead to the emergence of depression and anxiety disorders. Anxiety is described as a general apprehension about an event that is unclear and uncertain about what will happen in the future. Feelings of fear about the future without any particular cause. Other emotions such as guilt, worry, and anger often accompany anxiety and depression (Oltmanns & Emery, 2013). Common symptoms of anxiety based on physical characteristics are rapid breathing and heart rate, sweating, trembling, cold fingers, feeling weak, shortness of breath, and restlessness. The attributes of anxiety behavior are avoidance, shock, and dependence. Based on the cognitive characteristics of anxiety, namely fear of losing control, feeling worried about trivial things, and having a sense that danger, panic, or disaster will come (Nevid, et al, 2005). According to World Happiness Report (Helliwell, Layard, Sachs, 2014) Mental disorders are the biggest determinant of unhappiness in the world. Measurements of mental health and mental disorders show an interrelated relationship with correlations ranging from 0.4 to 0.6. This suggests that measurements of mental health and mental disorders include separate but correlated dimensions. Based on the ranking of happiness in the world, Indonesia is ranked 79th out of 157 countries (Helliwell, Layard, Sachs, 2016). The DIY provincial happiness index has declined over the past three years. In 2017 it was 72.93 but in 2021 it dropped to 71.70 from a scale of 0-100. DIY Province is included in the 10 provinces with the lowest happiness index throughout Indonesia. The life happiness index is measured based on three dimensions, namely life satisfaction, feelings, and the meaning of life (BPS, 2021).

Happiness is a positive experience and a lack of negative feelings and satisfaction with one's life. Positive experiences are not the opposite of negative experiences because emotions do not have a negative value (Argyle, 2004). Happiness is a positive feeling and activity without coercion at all from one's condition and ability to feel positive emotions in the past, future, and present (Seligman, 2002). Factors that affect happiness, for example, are money, marriage, social life, negative emotions, age, health, gender, and religion. According to Argyle (2004), one of the factors that influence individual happiness is religion. This has been proven based on research conducted by Khairunnisa (2016) on religiosity and happiness, that there was a relationship between religiosity and happiness in hemodialysis patients at the Hemodialysis Clinic Muslimat NU Cipta Husada. Likewise, research conducted by Jasmadi and Muslimah (2016) regarding the quality of dhikr and happiness stated that there was a very significant positive relationship between the quality of dhikr and happiness of Da'wah Activist students in Unsyiah.

One way to reduce anxiety, which is a factor of individual unhappiness, is relaxation. There are various kinds of relaxation, such as muscle relaxation, relaxation of sense awareness, and relaxation through yoga/hypnosis/ meditation. The practice of meditation relaxation has been known for 3000 years and is practiced in religious rituals. In Islamic teachings, meditating with dhikr (remembrance of Allah) is conducted by repeating certain readings such as *laa illa ha illallah* (There is no god but Allah) or saying the name of Allah over and over like *Yaa Rahman, Ya Rahim* (The Most Gracious, the Most Merciful) (Subandi, 2003). The relaxation technique that will be used is through religious meditation which is a relaxation response involving the beliefs held. The benefits of religious relaxation are that it can relieve muscle tension and normalize the functions of the body's organs along with the calmness of the soul that is obtained from getting closer to the Almighty (Benson, 2000). Religious relaxation in Islam is dhikr relaxation due to the repeated recitation of words that are believed to have more effect on the body (Maimunah & Retnowati, 2011). The focus

of dhikr relaxation is on certain phrases that are repeated repeatedly in a regular rhythm accompanied by an attitude of surrender to the object of transcendence, namely Allah. Surrender can multiply the relaxation response that appears. The phrases used can be in the form of the names of Allah or words that have soothing meanings (Purwanto, 2006).

Dhikr means to purify, praise and remember. Dhikr is amallah and is always associated with various ritual worship in Islam which is seen as a form of spiritual practice. Dhikr means remembering Allah with all His attributes and the meaning of dhikr is not limited to the recitation of the dhikr itself but includes all reading, prayer, or other good behavior as commanded in religion (Hamid, et al, 2012). Besides being able to reduce anxiety, dhikr can also beneficial to increase positive emotions of happiness such as a calm, peaceful, relaxed heart, and a return to balance. The biggest effect of dhikr, prayer, and recitation of the Qur'an is that it can help the healing process and as a mental therapy for various contemporary diseases that spread quickly, namely depression, anxiety, hysteria, stress, and nervous tension (Yanti, 2019). As Allah said in Al-Israa verse 82 *"And We sent down from the Qur'an something that is an antidote and mercy for those who believe"* and Allah also said in surah Al-Ra'd: 28 *"Those who believe and their hearts they find rest in the remembrance of Allah. Remember only by remembering Allah the heart becomes peaceful "*.

This was proven in research by Pihasniwati, Hasanah, and Moranita (2019) on dhikr relaxation in reducing phobias in students with specific phobias. This research proved that dhikr relaxation can reduce phobias as indicated by a decrease in the frequency of breathing and a decrease in the average heart rate as measured using the Nexus Bio-Feedback. In addition, it was proven in research conducted by Perwitaningrum, et al (2016) that dhikr relaxation can reduce anxiety in people with dyspepsia. Researchers are interested in conducting research on "Relaxation of Dhikr to Reduce Anxiety and Increase Happiness in College Students".

METHODS

Research Design

This study used a quasy experimental design without randomization. The research design was a pretest and posttest control group design in which some groups were given treatment and made measurements before and after giving treatment to the subject. The difference in the measurement results is considered an effect of the treatment given (Latipun, 2011). The experimental design in this study is as follows:

Table 1. Experimental Research Design

Group	*Pretest*	Treatment	*Postest*
Experiment	X1	Dhikr Relaxation	X2
Control	O1	-	O2

Annotation
X1: Measurement of anxiety and happiness before (experiment)
X2: Measurement of anxiety and happiness after (experiment)
O1: Measurement of anxiety and happiness before (control)
O2: Measurement of anxiety and happiness after (control)

Research Subject

The population in this study were undergraduate students at UIN Sunan Kalijaga Yogyakarta with anxiety disorders. They were 61 UIN Sunan kalijaga students who were willing and agreed to be involved in the research process by filling out the anxiety and happiness scales. The sampling technique was without randomization. From 61 data, 16 subjects fit the criteria and agreed to be involved in experimental research. The 16 subjects were then randomly divided into two groups, namely the experimental and control groups, with the following criteria:

1. Muslim by religion
2. Active students in State Islamic University of Sunan Kalijaga Yogyakarta

3. The subject has symptoms of anxiety disorder from mild to severe levels, as measured through the Hamilton Anxiety Rating Scale.
4. Subjects have a level of happiness in the happy to unhappy category, as measured by The Oxford Happiness Questionnaire.

Data Collection Technique

Data collection in this study includes data that present anxiety levels, and happiness levels. Anxiety levels were measured using the HARS (Hamilton Anxiety Rating Scale) and Nexus Biofeedback scales, while the level of happiness was measured through the OHQ happiness scale (The Oxford Happiness Questionnaire). HARS consists of 14 statement items representing cognitive, physical and behavioural aspects. The cognitive aspect has 6 symptoms that include feelings of anxiety, tension, fear, sleep disturbances, intelligence disorders, and feelings of depression. The physical aspect is characterised by muscular, sensory, cardiovascular, respiratory, gastrointestinal, urogenital, and autonomic symptoms, while the behavioural aspect is characterised by dependent behaviour. The items on the anxiety scale are arranged with five alternative answers represented by the numbers 0 to 4. Scoring from zero which means no symptoms to four which describes the presence of all symptoms. The higher the score obtained, the higher the anxiety and vice versa, the lower the score obtained, the lower the anxiety.

In addition, some physical symptoms of anxiety are also measured through Nexus Biofeedback, which is a tool used to record the body's physiological responses by attaching a device connected to a secure cable to certain parts of the body. The cable is connected to a computer so that the results of the body's physiological responses can be seen in the form of waves and numbers. The response is in the form of respiration or breathing frequency called RSP-Rate. Respiratory frequency in normal and healthy adults ranges from 15-20 minutes (Guyton & Hall, 1997). The level of happiness is measured through OHQ (The Oxford Happiness Questionnaire) which consists of 29 items that have six alternative answers, namely strongly disagree, moderately disagree, slightly disagree, slightly agree, moderately agree, and strongly agree with six (strongly agree) to one (strongly disagree) for favourable items and one (strongly agree) to six (strongly disagree) for unfavourable items. The higher the score a person gets on the happiness scale, the higher his happiness. The aspects of happiness consist of level of life satisfaction, frequency of positive effect and absence of negative effect. In addition to the three measurement tools, the research was complemented by structured observations during the training that recorded the symptoms that appeared before, during and immediately after the dhikr relaxation training ended for three meetings.

Intervention Procedure

The aim of this intervention was to reduce anxiety and increase happiness after being given dhikr relaxation training. The implementation of dhikr relaxation was conducted by trainers, doctors and researchers. The training took place in the training room of the Center of Neuroscience and Health, which is one of the university's study centres. The training was based on a training module that had been tested and improved. The module was based on a modification of Benson's (2000) relaxation technique involving belief factors combined with dhikr as a form of coping based on Muslim beliefs.

Relaxation and dhikr are two aspects that are combined in this training. Before the relaxation exercise, participants were asked to wear loose and comfortable clothes, adjust their body position to be relaxed and comfortable, and do it in a room that is quite quiet and without many distractions. In general, the dhikr relaxation process goes through the following stages: choosing a phrase of dhikr, taking a comfortable and safe body position, closing the eyes so as not to be distracted and can focus more attention inwardly, relaxing the muscles of the body, realising and paying attention to the breath, reciting the phrase of dhikr, repeating it along with rhythmic inhalation and exhalation, and finally maintaining an attitude of surrender to Allah SWT.

The dhikr phrases that can be chosen are the dhikr of Asmaul Husna, such as the phrase "Ya Rahman-Ya Rahim", dhikr in the form of gratitude "Al hamdulillah", in the form of takbir "Allahu

Akbar, in the form of tasbih "Subhanallah", and tahlil "Laa ilaha illallah". Short dhikr phrases were chosen because they can directly lead to the object of transcendence, namely "Allah".

This training took place for three meetings with a duration of 120 minutes at each meeting. Previously, data on anxiety scales, happiness and physical symptoms in the form of respiration frequency (breathing) were measured a few days before the training. Each meeting consisted of dhikr relaxation exercises in groups and individually, followed by giving homework in the form of dhikr relaxation exercises and monitoring the results of the exercise. The homework was presented at the beginning of the next meeting. The meeting was opened and ended with prayer. In the third meeting, it ended with respondents completing the scale and biofeedback.

Data Analysis Technique

Data is processed using quantitative data analysis. The analysis used was non-parametric, the Mann-Whitney U test to find out the difference between the control group and the experimental group (Suseno, 2012). Complete calculation was conducted by using SPSS data analysis for Windows version 16.

RESULTS

Categorization Results

The research subjects were grouped into five anxiety categorizations and seven happiness categorizations, with the subject categorizations as follows.

Table 2. Number of Subjects based on Anxiety Categorization

No	Category	Experiment		Control	
		Pretest	***Posttest***	***Pretest***	***Posttest***
1.	None	0	5	0	1
2.	Mild	4	2	4	1
3.	Moderate	2	0	1	3
4.	Severe	2	1	3	3
5.	Very Severe	0	0	0	0
Total		8	8	8	8

Based on the table above, there are five categories of anxiety in the experimental group and control group subjects. The experimental group pretest consisted of four subjects categorized as mild anxiety, two subjects categorized as moderate anxiety, and two subjects categorized as severe anxiety. The control group pretest consisted of four subjects categorized as mild anxiety, one subject categorized as moderate anxiety, and three subjects categorized as severe anxiety. The post-test experimental group consisted of five subjects categorized as no anxiety, two subjects categorized as mild anxiety, and one subject categorized as severe anxiety. The Posttest control group consisted of one subject categorized as no anxiety, one subject categorized as mild anxiety, three subjects categorized as moderate anxiety, and three subjects categorized as severe anxiety.

Table 3. Number of Subjects by Happiness Categorization

No	Category	Experiment		Control	
		Pretest	***Posttest***	***Pretest***	***Posttest***
1.	Not happy	0	0	0	0
2.	Rather unhappy	1	0	2	1
3.	Not very happy	3	2	3	3
4.	Rather happy	1	1	0	0
5.	Happy	3	5	2	4
6.	Very happy	0	0	1	0
7.	Too happy	0	0	0	0
Total		8	8	8	8

Based on the table above, there are seven categories of happiness in the experimental group and control group subjects. The experimental group pretest consisted of one subject categorized as rather unhappy, three subjects not very happy, one subject rather happy, and three subjects categorized as happy. The control group pretest consisted of two subjects categorized as rather unhappy, three subjects not very happy, two subjects happy, and one subject categorized as very happy. The posttest experimental group consisted of two subjects categorized as not very happy, one subject rather happy, and five subjects categorized as happy. The posttest control group consisted of one subject categorized as rather unhappy, three subjects not very happy, and four subjects categorized as happy.

Hypothesis Test Results

Table 4. Mann Whitney U Statistical Test (Anxiety)

Value *Sig.*	**p < 0,05**	**Note**
0,005	p < 0,05	Significant

The Mann-Whitney U statistical test table on the anxiety variable above showed that the Sig value is 0.005 (p <0.05). The requirement to say that a study has an influence is if the significance value is less than 0.05. The significance value of this study indicated that there is a significant effect of providing dhikr relaxation on reducing anxiety in students of UIN Sunan Kalijaga Yogyakarta. It can be concluded that dhikr relaxation is effective in reducing anxiety in students and the hypothesis has been proven.

Table 5. Anxiety Score

Group	**Subject initial**	***Pre***	***Post***	***Score***
Experiment	H	34	5	-29
	E	26	0	-26
	NA	34	28	-6
	R	23	5	-18
	K	15	14	-1
	A	20	15	-5
	NF	15	10	-5
	T	17	10	-7
Control	HN	36	37	1
	ZA	38	34	-4
	DE	35	26	-9
	DA	23	25	2
	YU	14	13	-1
	UL	15	26	11
	RI	19	31	12
	AS	15	15	0

The anxiety score table above showed that the number of subjects who experienced a decrease in anxiety scores in the experimental group was more than in the control group. The experimental group has a greater difference between the pretest and posttest than the control group.

Table 6. Mann Whitney U Statistical Test (Happiness)

Value *Sig.*	**p < 0,05**	**Note**
0,161	p > 0,05	Not significant

The Mann Whitney U statistical test table on the happiness variable above showed that the Sig value is 0.161 (p > 0.05). The requirement for the research for a significance influence was valued at less than 0.05. Based on the significant value of this study, it showed that there was no significant

effect of providing dhikr relaxation to increase happiness in students of UIN Sunan Kalijaga Yogyakarta. It can be concluded that dhikr relaxation is less effective for increasing students' happiness and the hypothesis proposed was not proven.

Table 7. Happiness Score

Group	Subject initial	*Pre*	*Post*	*Score*
Experiment	H	3	4.3	1.3
	E	4.6	4.9	0.3
	NA	2.9	3.9	1
	R	3.3	4.3	1
	K	4.3	4.1	-0.2
	A	3.2	3.7	0.5
	NF	4.8	4.3	-0.5
	T	3.9	4.4	0.5
Control	HN	2.6	3	0.4
	ZA	4.9	4.7	-0.2
	DE	3.3	3.2	-0.1
	DA	2.9	3.4	0.5
	YU	5.1	4.9	-0.2
	UL	3.3	3.7	0.4
	RI	4.6	4.4	-0.2
	AS	3.9	4.1	0.2

The happiness score table above showed that the number of subjects whose happiness score increased was almost the same, between the experimental group and the control group. The experimental group has a difference between the pretest and posttest which was not much different from the control group.

Table 8. Mann Whitney U Statistical Test (RSP-Rate on Nexus Biofeedback)

Value *Sig.*	p < 0,05	Note
0,028	p < 0,05	Significant

The Mann Whitney U RSP-Rate statistical test table on Nexus Biofeedback showed that the Sig value is 0.028 ($p < 0.05$). These results indicated that there was a significant difference in respiration frequency between the control group and the experimental group in UIN Sunan Kalijaga Yogyakarta students. It can be concluded that there was a significant decrease in respiration in students.

Table 9. Score of RSP-Rate on Nexus Biofeedback

Group	Subject initial	*Pre*	*Post*	*Score*
Experiment	H	17,71	8,41	-9,30
	E	18,22	11,49	-6,73
	NA	15,50	7,27	-8,23
	R	16,43	10,54	-5,89
	K	15,29	6,37	-8,92
	A	17,10	16,33	-0,77
	NF	18,11	8,13	-9,98
	T	17,29	18,89	1,60
Control	HN	14,96	15,76	0,80
	ZA	14,74	12,93	-1,81
	DE	18,00	18,01	0,01
	DA	14,82	14,19	-0,63
	YU	16,41	17,41	1,00
	UL	15,23	14,20	-1,03
	RI	20,28	21,44	1,16
	AS	15,96	14,56	-1,40

One aspect that is measured using the Nexus Biofeedback tool is respiration frequency or respiratory frequency. The respiratory frequency on the Nexus Biofeedback tool is called the RSP-Rate. Respiratory frequency in normal and healthy adults is between 15-20 per minute (Guyton & Hall, 1997). It can be seen from the table above that the pretest of the experimental group and the control group has scores ranging from 15-20 per minute which indicated normal breathing. The experimental group's post-test scores decreased or were below normal limits compared to the control group which tend to be still at normal respiratory limits. Based on the table above, it is known that the score of the experimental group's RSP-Rate was greater than the score of the control group. It can be concluded that the experimental group experienced a greater decrease in respiration rate than the control group.

DISCUSSION

The results of the SPSS analysis test Mann Whitney U Test showed that there was a significant effect of giving dhikr relaxation to reduce anxiety in students of UIN Sunan Kalijaga Yogyakarta with a Sig value of 0.005 ($p < 0.05$). The decrease in anxiety was also strengthened by a decrease in respiratory frequency based on the Nexus Biofeedback tool where the Sig RSP-Rate value was 0.028 ($p < 0.05$). These results indicated that there was a significant difference in respiration frequency between the control group and the experimental group in students of UIN Sunan Kalijaga Yogyakarta. The results of the happiness analysis showed that there was no significant effect of providing dhikr relaxation to increase happiness in UIN Sunan Kalijaga Yogyakarta students with a Sig value of 0.161 ($p > 0.05$).

Acceptance of the first hypothesis in this study showed that Dhikr Relaxation is effective in reducing anxiety as strengthened by research conducted by Perwitaningrum, et al (2016) *"Pengaruh Terapi Relaksasi Zikir terhadap Penurunan Tingkat Kecemasan pada Penderita Dispepsia"*. The results of the study stated that dhikr relaxation can reduce anxiety in people with dyspepsia. This can also be reinforced by the research of Setiyani, et al (2018) that there was an effect of dhikr relaxation therapy on anxiety in elderly hypertensives at the Jombang Elderly Integrated Service Unit *(Pos Pelayanan Terpadu)*. Similarly, Martin (2018) in his research showed that dhikr relaxation has the effect of increasing the subjective well-being of young students of SMP MBS Pleret where each participant feels the benefits of dhikr relaxation, namely feeling calmer, comfortable, relieved, confident, excited, and grateful for the blessings that Allah has given.

Prawitasari explained that the sympathetic nervous system works when a person is experiencing tension and anxiety, whereas during relaxation it is the parasympathetic nervous system that works, thus relaxation can suppress feelings of tension and anxiety. According to Lichstein, if an individual relaxes when experiencing tension or anxiety, then the physiological reactions felt by the individual will decrease so that they will feel relaxed. If the physical condition is relaxed, then the psychological condition is also calm (Purwanto, 2006).

Relaxation techniques involving belief factors, according to Benson (2000), will accelerate the relaxed state. Relaxation techniques involve the belief factor, namely dhikr relaxation, by choosing phrases that are per beliefs and as a focus or introduction to meditation. These phrases have a special meaning that can lead to the emergence of a state of transcendence, such as *"Yaa Allah, Asmaul Husna, Alhamdulillah, Subhanallah,* and *Allahuakbar."* This is because this phrase is short and goes directly to the subject of transcendence. Second, maintaining a passive attitude which is an important aspect of evoking a relaxed response can be done by ignoring and not forcing to eliminate pain disturbances caused by sitting too long. The dhikr relaxation technique by choosing phrases of our beliefs and surrender can affect aspects of anxiety. Aspects of anxiety, according to Nevid, et al (2005) consist of cognitive, physical, and behavioral. These aspects of anxiety are proven by the way the researcher measures and observes the subject. Cognitive aspects such as the belief that something terrible will happen soon can be seen through the scale. Physical aspects such as difficulty breathing and behavioral aspects such as avoidance behavior can be seen through scales and observations.

The conclusion that dhikr relaxation can reduce anxiety can be strengthened by the results of measurements with Nexus Biofeedback which are used to record the body's physiological response. The observed physiological response is the respiratory physiological response (RSP-Rate) in Nexus Biofeedback. The technique of doing dhikr relaxation also uses the correct breathing technique. Based on the results of the study, there was a decrease in respiratory frequency indicating that the subject was in the alpha (α) brain wave phase, namely someone who had experienced relaxation or did meditation. The Nexus Biofeedback tool can determine one's anxiety by evaluating alpha waves in the brain (Hammond, 2011). The decrease in the subject's anxiety is also marked by a decrease in the frequency of respiration or breathing. The respiratory rate in normal and healthy adults ranges from 15-20 per minute. Based on the results of the study using the Nexus Biofeedback tool, the pretest of the experimental group and the control group had scores ranging from 15-20 per minute which indicated normal breathing. The experimental group's post-test scores decreased or were below normal limits compared to the control group which tend to be still at normal respiratory limits. This is reinforced by the exposure of Guyton & Hall (1997) that someone who is not doing activities or is resting has a lower respiratory rate than someone who works hard.

The rejection of the second hypothesis showed that dhikr relaxation has not been effective in increasing happiness. This study showed an increase in happiness in the experimental group but not significantly when compared to the control group. According to Kashdan (2004), this is because the OHQ happiness measurement tool is not suitable for use because of the different meanings of happiness in various cultures. This is because the concept of happiness can be translated into various languages, but in the process, there may be differences in meaning. Another reason is that the OHQ measurement tool is not based on relevant definitions and theories so it raises non-random errors such as at item levels where a person is interested in other people, has warm feelings, finds something funny, finds beauty in something, and feels himself more attractive (Kashdan, 2004). Based on Bradburn's research on the life satisfaction survey of people in America, the amount of suffering that a person experiences does not mean that he does not have happiness and vice versa. Happiness is not like two opposite poles but the relationship between the two and not the opposite of pain, sadness, or discomfort. Happiness is a positive experience, the lack of negative feelings, and one's life satisfaction. Positive experiences are not the opposite of negative experiences because emotions do not have a negative value (Argyle, 2004).

Positive aspects and negative aspects can appear together when someone feels happy (Miyamoto, Uchida, & Ellsworth, 2010). It can be concluded that even though someone experiences an unpleasant situation, there is always hope for a better future so that temporary unhappiness is not too negative (Ji, Nisbett, & Su, 2001). Rahayu's research (2016) concluded that happiness in Indonesia is positively influenced by several things such as income, education level, perceived health status, and social capital. Furthermore, Wang & Wong (2013) stated that the root of happiness is the pursuit of pleasure and finding the meaning of life. Pursuing pleasure is known as hedonism while finding the meaning of life is known as eudaimonism, namely living life meaningfully and by the nature of the ultimate goal of each individual (Deici & Ryan, 2008).

Several important factors supported the success of the research, including the stages of research that were carried out systematically, starting from the preparation of the dhikr relaxation module which is supported by the theory of experts, input, and suggestions from professional in checking the feasibility of the contents of the module. Another factor was the good support from the Polyclinic and the Faculty of Social Humanities UIN Sunan Kalijaga Yogyakarta where the research was carried out. The polyclinic and faculty supported from the permit administration process to conducting research, where trainers and a neurologist was always be there and ready to assist during research. The factor of the dzikr relaxation team was also a supporting factor for the success of the research, namely collaboration between trainers, accompanying doctors, observers, and researchers in building good rapport. Some limitations in this study were as follows; firstly, the selection of subjects was not done randomly, thus reducing control over the results of the study. Secondly, access was limited to ensure that homework was done by the participants as part of the training procedure.

Third, there was a gap between pretest data and those from the intervention so there may be other experiences that affect the results of the study.

CONCLUSIONS

Based on the results of statistical analysis and Nexus Biofeedback analysis, it can be concluded that dhikr relaxation was effective in reducing anxiety as indicated by a decrease in respiration frequency using the Nexus Biofeedback tool but dhikr relaxation has not been effective in increasing students' happiness. The research subjects are expected to use their understanding to practice and continue routine dhikr relaxation at home to get maximum results and benefits. UIN Sunan Kalijaga Yogyakarta Polyclinic can maximize the usefulness of the Nexus Biofeedback tool for patient intervention and use in related research. Researchers who want to examine the same theme are advised to choose a more appropriate measure of happiness. Psychology practitioners can practice one of the psychological therapies, namely dhikr relaxation to provide interventions to clients.

ACKNOWLEDGMENTS: The authors are grateful to UIN Sunan Kalijaga.

AUTHORS' CONTRIBUTIONS : P; designed the study, created the module, conceptualized, and analyzed the data, methodology, and validation. RYSS: conceptualization, writing, review, editing, and supervising.RA designed the study, searched for participants, and analyzed data. EK designed the study.

CONFLICTS OF INTEREST : The authors declare no conflict of interest

REFERENCES

ADAA. https://adaa.org/understanding-anxiety/facts-statistics.

Al-Qur'ân dan Terjemahannya (2022). Kementerian Agama RI. Bandung: CV. Jumanatul Ali.

Anxiety and Depression Association of America. *e-book*.

Argyle, M. (2004). *The Psychology of Happiness.* Routledge.

Astutik, E., Sebayang, S. K., Puspikawati, S. I., Tama, T. D., & Dewi, D. M. S. K. (2020). Depression, anxiety, and stress among students in newly established remote university campus in Indonesia. *Malaysian Journal of Medicine and Health Sciences*, *16*(1), 270–277

Benson, H. (2000). *Keimanan yang Menyembuhkan: Dasar-dasar Respons Relaksasi.* Mizan Media Utama.

BPS (Badan Pusat Statistik). 2021. Indeks Kebahagiaan Indonesia. *Berita Resmi Statistik No.79/08/Th.XX,* diterbitkan Agustus 2017. 1-11.

Cacioppo, J. T., Gardner, W. L., & Berntson, G. G.(1999). The Affect System Has Parallel and Integrative Processing Components: Form Follows Function. *Journal of Personality and Social Psychology*, 76. 839-855.

Deici, E. L. & Ryan, R. M. (2008). Hedonia, eudaimonia, well-being: An introduction. *Journal of Happiness Studies*, 9(1), 1-11.

Fawziyah Al-Hadith, A. (2022). Self-Adjustment in Early Adult Period Individuals Who Have Stepparents. *Aji International Journal of Social Science*, *1*(1), https://doi.org/10.30872/aijoss, 21–29

Guyton, A.C. & Hall, J.E. (1997). *Buku Ajar Fisiologi Kedokteran.* EGC.

Helliwell, J. F., Layard, R., & Sachs, J. (2014). *World Happiness Report 2014*.

Helliwell, J. F., Layard, R., & Sachs, J. (2016). *World Happiness Report 2016*.

Jasmadi & Muslimah, L. (2017). Zikr Quality Relationship with Happiness at Aktivis Dakwah Kampus (ADK) Student Unsyiah. *Psikoislamedia Jurnal*, 1 (1). 1-22. https://doi.org/10.22373/psikoislamedia.v1i1.1250

Ji, L.J., Nisbett, R.E & Su, Y. (2001). Culture, Change, and Prediction. *Psychology Science,* 12 (6), 450-456.

J Ferrari, A., F Santomauro, D., M Mantilla Herrera, A., Shadid, J., & Ashbaugh, C. (2022). Global, regional, and national burden of 12 mental disorders in 204 countries and territories, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019. *The Lancet Psychiatry*, *9*(2), 137–150. https://doi.org/10.1016/S2215-0366(21)00395-3

Kapur, R. (2015). *Effects of Anxiety on Health and Well-being of the Individuals*. 206–356.

Kashdan, T. B. (2004). The Assessment of Subjective Well-Being (Issues Raised by The Oxford Happiness Questionnaire). *Personality and Individual Differences,* 36 (5), 1225-1232.

Khairunnisa, A. (2016). *Relationship Between Religiousity And Happiness In Hemodialysis Patients in Klinik Hemodialisa Muslimat Nu Cipta Husada. Jurnal Ilmiah Psikologi*, 9 (1). 1-8.

Latipun. (2011). *Psikologi Eksperimen.* UMM Press.

Leach, L. S., & Butterworth, P. (2020). Depression and anxiety in early adulthood: Consequences for finding a partner, and relationship support and conflict. *Epidemiology and Psychiatric Sciences*. https://doi.org/10.1017/S2045796020000530

Lee, J., Jeong, H. J., & Kim, S. (2021). Stress, Anxiety, and Depression Among Undergraduate Students during the COVID-19 Pandemic and their Use of Mental Health Services. *Innovative Higher Education*, *46*(5), 519–538. https://doi.org/10.1007/s10755-021-09552-y

Maimunah, A. & Retnowati, S. (2011). Pengaruh Pelatihan Relaksasi Dengan Dzikir Untuk Mengatasi Kecemasan Ibu Hamil Pertama. *Jurnal Psikologi Islam*, 8 (1). 1-22.

Martin, I., Sartini, N., & Siti, U., (2018). Relaksasi Dzikir untuk Meningkatkan Kesejahteraan Subjektif Remaja Santri. *Jurnal Psikologi Islami*, 4 (2). 112-123

Miyamoto, Y., Uchida., Y., & Ellsworth, P.C. (2010). Culture and Mixed Emotions: Co-occurrence of Positive and Negative Emotions in Japan and The United States. *Emotion,* 10 (3), 404-415.

Nevid, J.S., Rathus, S.A, & Greene, B. (2005). *Psikologi Abnormal Jilid I*. Erlangga.

Oltmanns, T.F & Emery, R. (2013). *Psikologi Abnormal Jilid I.* Pustaka Pelajar.

Perwitaningrum, C.Y., Prabandari, Y.S., & Sulistyarini, R,I. (2016). Pengaruh Terapi Relaksasi Zikir terhadap Penurunan Tingkat Kecemasan pada Penderita Dispepsia. *Jurnal Intervensi Psikologi*, 8 (2). 147-164.

Pihasniwati, Hasanah, M., & Moranita, E. (2019). Dhikr Relaxation to Reduce Phobia in Students With Specific Phobia Disorder. *AtlantisPres*.

Purwanto, S. (2006). Relaksasi Dzikir. *Jurnal Suhuf*, 18 (1). 39-48.

Raharjo. (2014). Problem dan Solusi Studi Mahasiswa Semester Tua. *Jurnal Pendidikan Islam.* 8 (2), 313-336.

Rahayu, T.P. (2016). Determinan Kebahagiaan di Indonesia. *Jurnal Elektronik UKSW. 19 (1). 149-170.*

Seligman, M.E.P. (2002). *Authentic Happiness: Menciptakan Kebahagiaan dengan Psikologi Positif.* Mizan Media Utama.

Setyanto, A. T. (2023). Deteksi Dini Prevalensi Gangguan Kesehatan Mental Mahasiswa di Perguruan Tinggi. *Wacana*, *15*(1), 66. https://doi.org/10.20961/wacana.v15i1.69548

Subandi, M.A. (2003). *Psikoterapi.* Fakultas Psikologi UGM & Pustaka Pelajar.

Subandi, M.A. (2009). *Psikologi Dzikir: Studi Fenomenal Pengalaman Transformasi Religius*. Pustaka Pelajar.

Suseno, M, N. (2012). *Statistika: Teori dan Aplikasi untuk Penelitian Ilmu Sosial dan Humaniora.* Ash-Shaff.

Wang, M. & Wong, M. C. (2013). Happiness and Leisure Across Countries: Evidence From International Survey Data. *Journal of Happiness Studies*. 1-34.

WHO. (2022). https://www.who.int/news-room/events/detail/2022/10/10/default- calendar/world-mental-health-day-2022---make-mental-health-and-well-being-for-all-a-global-priority

Yanti, N. (2012). Perbandingan Efektifitas Terapi Zikir Dengan Relaksasi Benson Terhadap Kadar Glukosa Darah Pasien Diabtes Melitus Di Sumatera Barat. *Jurnal Penelitian.* Universitas Indonesia.