

Zikir Abdurrauf Al-Singkili: Analysis of Islamic Psychotherapy Studies in the Treatment of Mental Disorders

Zikir Abdurrauf Al-Singkili: Analisa Studi Psikoterapi Islam dalam Penyembuhan Gangguan Mental

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ABSTRACT



This paper examines the model of zikir taught by Sheikh Abdurrauf al-Singkili and its relevance as an Islamic psychotherapeutic approach to mental disorders. Through his works and the practices of the Syattariyah order, Abdurrauf al-Singkili emphasizes dhikr as a means of purifying the heart (*tazkiyat al-nafs*), cultivating moral character, and strengthening the soul through total surrender to Allah. Through qualitative research using documentary techniques, the researcher seeks to examine and explore the concept of dhikr from one of Indonesia's leading scholars of the 17th century, Sheikh Abdurrauf al-Singkili, who hailed from Aceh. The findings of this study indicate that Abdurrauf al-Singkili's dhikr, as an Islamic psychotherapy model based on the teachings of the Qur'an, can be used as a form of mental healing therapy. This can be understood from several aspects: first, Abdurrauf al-Singkili's zikir model is closely related to the spiritual dimension, which restores the balance of one's soul. second, It uses the tahlil formula in its practice, which theoretically involves deep faith in God, bringing inner peace to its practitioners. Third, The zikir model is highly practical and relevant for application, particularly in terms of breath control, which influences mental relaxation. Fourth, The zikir model relies on a spiritual guide (*mursyid*) as a director and guide in its implementation.

Keywords: Dhikr, Abdurrauf Al-Singkil, Sufism, Islamic Psychotherapy, Mental Disorder

ABSTRAK

Tulisan ini mengkaji model zikir yang diajarkan oleh Syekh Abdurrauf al-Singkili dan relevansinya sebagai pendekatan psikoterapi Islam untuk gangguan mental. Melalui karya dan praktik tarekat Syattariyah Abdurrauf al Singkili menekankan zikir sebagai sarana pembersihan hati (tazkiyat al-nafs), pembinaan akhlak, serta penguatan jiwa melalui kepasrahan total kepada Allah. Melalui kajian kualitatif dengan teknik documenter peneliti berusaha mengkaji dan mengeksplorasi konsep Zikir dari salah seorang ulama Indonesia terkemuka pada abad ke 17 bernama Syekh Abdurrauf al-Singkili yang berasal dari Aceh. Temuan penelitian ini menunjukkan bahwa zikir Abdurrauf al Singkili sebagai model psikoterapi Islam yang berbasis ajaran al Qur'an dapat digunakan sebagai terapi penyembuhan mental. Hal ini dapat dipahami dari beberapa hal: pertama, Model zikir Abdurrauf singkil yang berhubungan erat dengan dimensi spiritual yang akan mengembalikan keseimbangan jiwa seseorang. kedua, Menggunakan lafadz tahlil dalam prakteknya yang secara teori berupa kepercayaan mendalam terhadap Tuhan yang akan memberikan ketenangan jiwa kepada para pelakunya. ketiga, Model zikir yang sangat praktis dan relevan untuk diterapkan terutama dalam hal pengaturan pernafasan yang akan berpengaruh kepada relaksasi jiwa. keempat, Model zikir yang bergantung kepada mursyid sebagai pengarah dan penunjuk dalam penerapannya.

Kata Kunci: Zikir, Abdurrauf Al-Singkil, Sufism, Islamic Psychotherapy, Gangguan Mental

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INTRODUCTION

One of the greatest challenges facing modern humanity is mental health. This refers to the large number of people with mental disorders in society. The scale of discussion about this issue has reached a global scale, with the WHO reporting that at least one in four people worldwide will experience a mental or neurological disorder in their lifetime (Vitoasmara et al., 2024). Research shows that the prevalence of mental disorders in Indonesia begins at least as early as 15 years of age. One of the strongest factors suggesting this is due to the biological changes that occur during adolescence (Florensa et al., 2023).

Mental disorders themselves are also a very popular issue in psychological studies (Yasrif & Arroisi, 2025). This is evidenced by the numerous cases of mental disorders that frequently become the focus of public discussion. These discussions include identification, treatment, pathophysiology, and their impact on human life (Jarman Arroisi & Maulana Dzunnurraïn, 2023). One of the impacts is a negative stigma against people with mental disorders. This stigma worsens their image, leading to a loss of self-esteem and various forms of discrimination (Ariana, 2018). Therefore, this study will continue as a form of reflection on the problems that continue to develop over time.

According to the WHO, mental disorders can also be assessed through various symptoms and conditions. The presence of various abnormal behaviors can indicate a mental illness. For example, schizophrenia requires a patient to be unable to distinguish between fantasy and reality (Yoseph et al., 2009). Other mental disorders such as depression, stress, bipolar disorder, and autism also carry the risk of damaging a person's mental state, which will certainly have implications for the emergence of obstacles in carrying out their functions as a complete human being (Ayuningtyas et al., 2018).

In this context, Various approaches have been developed to help individuals overcome psychological problems, including the WHO 2013–2030 program (Organization, 2002) and Western therapies such as mindfulness and yoga, which focus on improving quality of life. However, these therapies tend to emphasize physical aspects without considering the spiritual dimension (Arroisi & Kusuma, 2021). Therefore, a more comprehensive and balanced approach is needed, one of which is through Islamic teachings that offer spiritual solutions for healing and peace of mind.

Islam, with its perfect teachings, offers a concept of practice that can help humans overcome various life problems through Sufism teachings (Siroj, 2009). Sufism focuses on a spiritual approach to building and restoring mental health, known as spiritual healing (Jarman Arroisi, 1925). In the Sufi tradition, practices such as zikr are performed with full awareness, selflessly and without cost, as a form of spiritual devotion. Zikr itself is a practice taught by the Prophet in the Qur'an and hadith (Suliaman, 2018), which has many benefits, such as calming the heart, cleansing the soul, and freeing humans from worldly attachments to bring them closer to God (Noor, 2021). Based on this comprehensive and holistic approach, this paper aims to examine the model of Islamic psychotherapy based on Sufism as a solution to various modern psychological problems.

For comparison, we will include several previous studies that examine the concept of extensive dhikr, which will help us present the novelties in this paper. This includes a previous study in the journal *Al Tahrir* entitled "Abdurrauf Al-Singkili's Concept of Dhikr: Exploring the Sufi Psychotherapy" (Ihsan et al., 2024). In this article, the author attempts to examine Sheikh Abdurrauf al-Singkili's concept of dhikr and then proposes dhikr as a relevant Sufi approach to

psychotherapy as a Muslim. However, it does not discuss dhikr as a form of Islamic psychotherapy for treating mental disorders. This is evident in a previous article in the journal Religion, entitled "*Manfaat Berzikir terhadap Kesehatan Mental*" (Nor et al., 2023). This study attempts to explain the benefits of dhikr on health, particularly mental health. This study only presents some of the benefits of dhikr as a method of approaching God.

Then in the research written by Diana Kurniati with the title "*Psikoterapi Islam untuk Meningkatkan Kesehatan Mental*" (Kartika et al., 2025). Which attempts to examine the effectiveness of the Islamic psychotherapy model in improving mental health. This psychotherapy model is considered highly relevant for implementation, as it is based on the teachings of the Qur'an and Hadith, which have also extensively discussed the dimensions of the soul and its health. The three articles above provide preventative evidence that Islamic psychotherapy models can be comprehensively studied to address the various challenges of contemporary life. In fact, studies using a Sufi approach can be the primary means of fostering a healthy soul free from the mental disorders experienced by today's society. Therefore, this study focuses on examining, exploring, and analyzing the model of zikr taught by Sheikh Abdurrauf al-Singkili as one of the Sufi scholars of the archipelago. This study is an effort to apply Islamic psychotherapy, which aims to treat mental disorders as a psychological problem. Therefore, this study contributes to a deeper understanding of the close relationship between spirituality and modern mental health.

RESEARCH METHODS

This research is a library research that uses a qualitative approach with the main objective of exploring the Sufi values contained in *Tanbih al-Masyi; al-Mansub ila Thariq al-Qusyasyi* as a monumental work of Sheikh Abdurrauf al-Singkili. Secondary data was obtained through documenter techniques from several writings, articles, and reliable sources from several publications limited to journals from the last 10 years focusing on zikir and Islamic psychotherapy. The data processing technique will use content analysis and descriptive analysis methods that aim to find out the meaning, position and relationship between various concepts, programs, activities, events that exist or occur, to further find out the benefits, results or impacts of these things (Moh. Nazir, 2001). The qualitative data obtained will then be analyzed according to Spradley's theory. This analysis technique is divided into several stages, including domain analysis, taxonomic analysis, componential analysis, and cultural theme analysis. Initially, researchers use domain analysis to obtain a comprehensive picture of the object being studied. In the next stage of taxonomic analysis, researchers will determine the focus of their research. Then, researchers will identify the specific characteristics of the elements of each domain in the taxonomic analysis. In the cultural theme analysis stage, researchers will draw relationships between domains from the data obtained (Soegiyono, 2011).

RESULTS AND DISCUSSION

Zikir According to Abdurrauf Al-Singkili

Definition of Zikir

In Islamic scholarship, dhikr can be defined as "reciting the word of Allah Swt., It can even be interpreted more broadly in the recitation of the Quran and prayers. A similar definition is expressed by Amatullah Armstrong, who defines dhikr as the practice of repeatedly remembering,

mentioning, and glorifying Allah (Armstrong, 2001). With this explanation, we can conclude that the definition of Zikir has similar epistemological roots but is only slightly different in its expression.

Dhikr is also an important component of the spiritual journey of Sufis to reach Allah Swt. (Isa, 2005). This is in line with the teachings of dhikr expressed by Abdurrauf al-Singkili in his monumental work (Al-Singkili, n.d.). That it is revealed there that dhikr is a recommendation from the Prophet as the closest way for a servant to reach Allah Swt. (Al-Singkili, n.d.). This understanding is in line with Sheikh Akhmad Khatib Sambas who stated that dhikr is a method that leads us to knowledge of Allah (Al-Singkili, n.d.). People who constantly do dhikr or what is called zakir are actually getting closer to themselves by mentioning Allah as revealed by Abu Bakr al-Kalabadzi (Al-Kalabadzi, 1969).

The words and virtues of Zikir

Zikir in its application certainly requires certain theories and phrases, in order to remember Allah SWT by feeling His presence as the most holy, most praiseworthy being with all His greatness (Noor, 2021). This is clearly recorded in the teachings of dhikr as expressed by Ibn Qayyim by remembering Allah with the heart and mentioning His names with the tongue (Al-Jauziyah, 1998). This phrase clearly leads one to a practice, not only as a source of comfort and tranquility for those who practice it, but also as a source of spiritual power that radiates from within (Java, 2005). This is in line with the virtue of dhikr according to Khatib Sambas with the Naqshbandiyah and Qodiriyah orders which will provide an effect of comfort, patience and calm for those who do it (Naqshbandi, nd).

In this context, Abdurrauf al-Singkili emphasized that to reach Allah and attain the best rank in His sight is by saying and getting used to the most important sentence of dhikr, namely "*la ilaha illa Allah*" (Al-Singkili, n.d.). Of course, this phrase is different from Abu Baakar Atjeh's opinion, that the most important dhikr is dhikr from the verses of the Qur'an (Atjeh, 2017).

Among the benefits and fruits of dhikr is the formation of good morals (*mahasin al akhlak*) and the cultivation of nobility (*karamah*) for those who practice it. From dhikr, good morals are formed, including the quality of asceticism, which involves the removal of worldly tendencies. The virtue that accrues to those who practice dhikr is the blessing of all their needs, from clothing and food to sustenance. Thus, all needs are always met (Fathurrahman, 1999).

Etiquette of Zikir

Abdurrauf al-Singkili instructed his students to always observe the ethics of dhikr, as an effort to achieve its benefits. Therefore, before someone becomes immersed in the sea of dhikr, they are expected to first understand the etiquette of dhikr. This aligns with the Naqshbandiyah order, which considers dhikr a noble act of worship that requires adherence to ethics and etiquette (Naqshbandi, nd). In his explanation, Ibn Qayyim emphasized that dhikr is not just a ritual of mentioning His name but must include carrying out all commands (Al-Jauziyyah, 221 CE). This sufficiently clarifies that dhikr (remembrance of God) is not merely about the content of the dhikr itself. It also encompasses ethics and what the worshipper does afterward. This aligns with Abu Bakar Atjeh's assertion that dhikr fosters fear of Allah and obedience to commands (Atjeh, 2017).

According to Abdurrauf al-Singkili, the etiquette of dhikr is divided into 3 categories, in which there are several practices that must be observed, namely: five things before dhikr, twelve things during dhikr and three things after dhikr (Al-Singkili, n.d.).

Five things that must be done before dhikr include: repentance, bathing or ablution, concentrating to gain strong faith, asking for guidance from a sheikh, and believing that the help of the sheikh is the same as the help of the Prophet Muhammad Saw., because in the view of Abdurrauf this sheikh is essentially a substitute. While the twelve things that must be done when dhikr are: sitting in a holy place, placing both palms on the thighs, using perfume, wearing the best clothes, choosing a quiet place, closing both eyes, imagining the sheikh, being honest in dhikr, sincere, choosing the sentence of tauhid *laa ilaha illa Allah*, always presenting the meaning of dhikr, and eliminating everything other than Allah in the heart. While the three things to do after dhikr are: calming down for a moment after dhikr, regulating breathing periodically and repeatedly and not immediately drinking water after dhikr (Fathurrahman, 1999).

Procedures for Zikir

Regarding the procedures for dhikr, Abdurrauf emphasized that one should return to a sheikh who would assist him. This is certainly related to the concept of dhikr according to Khatib Sambas, who stated that dhikr must be guided by a sheikh. However, there are slight differences in the tarekat used (Abdurrahman, nd; Sambas, nd).

According to Abdurrauf, there are two ways to perform dhikr: loud dhikr (*jahr*) and quiet dhikr (*sirr*). Abdurrauf divides loud dhikr into three types. First, with the dhikr of denial (*nafyu*) and affirmation (*isbat*) with the phrase *la ilaha illa Allah*. Second, with the dhikr of affirmation alone, namely *illa Allah*. Third, with the dhikr of the noun alone, namely Allah, and can be divided into several types such as Allah or *Hu Hu* or *Hu Allah*, *Hu Allah*, or *Allah Hu*, *Allah Hu*. For Abdurrauf, the division of dhikr through the noun Allah is a form of testimony (syahadah) in the unseen or not (Fathurrahman, 1999).

According to Abdurrauf al-Singkil, slow dhikr (*sirr*) is divided into three methods. First, by regulating your breath while reciting dhikr, namely by imagining the phrase "*la ilaha*" when exhaling and "*illa Allah*" when inhaling. This aligns with the Anfas tariqat, which uses the method of breathing in and out (Sambas, nd). According to Abdurrauf, the phrase "*la ilaha illa Allah*" (there is no god) is a phrase that frees one from the human realm. Second, it is performed through the heart. Third, it is the Istila' (Islamic remembrance) of God, referring to a murshid or sheikh who guides the remembrance (Al-Singkili, n.d.).

Zikir Model as Islamic Psychotherapy

Psychotherapy is a method of healing mental disorders through a psychological approach with the aim of forming and changing the thoughts, emotions, and behavior of individuals so that they are able to develop their potential and overcome psychological problems (Purnomo, 2018). In general, psychotherapy is understood in two meanings: first, as the application of practical techniques to treat mental illness; second, as a structured interaction between therapist and patient according to the applicable therapy model (Chaplin, 1999). Carl Jung added that psychotherapy is now not only curative, but also has a preventive function in preventing mental disorders (Fordham, 1988). Thus, psychotherapy can be understood as a mental healing technique that is carried out based on a certain model by therapists.

For example, Sigmund Freud's psychoanalytic psychotherapy model with several developments in each therapy model (Zarkasyi et al., 2019). Freud's psychoanalytic view holds that humans are creatures filled with unconscious elements driven solely by animal instincts, such as sexual desire, the desire to work, and the desire to eat (Freud, 1949). What we can understand is that

it is these desires that make humans, in Freud's eyes, evil, with all their consequences. Based on this, Freud concluded that humans are largely determined by their past. In other words, Freud called this the human psychic controller (Freud, 1920). Thus, Freud's psychoanalytic therapy model seeks to uncover thoughts, feelings and the subconscious that can influence behavior and emotions, especially how their past experiences can influence their current thought patterns and behavior.

In contrast, yoga is a form of therapy originating from the East. This therapy is also very popular among people of all walks of life, and is easily accessible to all levels of society. Both young and old, men and women, can practice this therapy. In addition to its numerous benefits, such as promoting health and positive effects on the body, yoga therapy needs to be reexamined through the worldview of the teachings from which it originated. This is based on yoga teachings, which incorporate elements of mindfulness, which in turn incorporate elements of Buddhism derived from the Theravada teachings (Ferrarello & Hadjioannou, nd; Kabat-zinn & Kabat-zinn, 2011). This practice, of course, prioritizes the physical over the most essential element within the human being: the soul. Therefore, from the explanations above, researchers conclude that both Western and Eastern forms and types of psychotherapy primarily view humans as individuals who are predominantly concerned with the physical, without addressing deeper elements. Consequently, existing psychotherapy models focus solely on the material.

When critically compared with recent empirical studies, the practice of dhikr shares common ground with several Western techniques, yet with distinctly different worldviews. For example, research by Purwanto (Purwanto et al., 2023) shows that mindfulness dhikr breathing therapy can reduce insomnia and improve quality of life. These findings suggest that although dhikr is rooted in Islamic tradition, physiologically, it operates through mechanisms similar to relaxation or mindfulness therapy in Western psychology, such as respiratory regulation, focused attention, and the relaxation response. However, the difference lies in the religious meaning-making dimension that secular therapies lack. A clinical study of dhikr in Aceh (Anwar et al., 2024) found that participation in dhikr assemblies increased mental resilience in the elderly by fostering a sense of meaning, peace, and spiritual connection. This confirms criticisms by Muslim psychologists that Western therapies often fail to incorporate religio-spiritual aspects into therapy. This is the starting point that differentiates the Islamic model of psychotherapy from other models.

In relation to this, several Muslim psychologists such as Atif Zain revealed that the modern psychotherapy model, especially that promoted by Western psychologists, will lead people to errors in understanding human nature (Zain, 1989). This is clarified by the methods used, which focus solely on the external, potentially neglecting the inner aspects that define a person's relationship with God. Consequently, the methods used will never be beneficial. This aligns with Malik Badri's open rejection of Western psychological models and his advice to Muslims to avoid overly worshipping them, lest they fall into the lizard's trap (Badri, n.d.). This is due to Malik's opinion about psychoanalysis and behaviorism which is very contradictory to Islamic teachings (Arroisi & Perdana, 2021). Thus, according to Muslim psychologists, the Islamic psychotherapy model will be the answer to the threat of the growing dominance of psychotherapy in the West.

Islamic psychotherapy is a method of healing physical, mental, and psychological disorders based on the teachings of the Qur'an and Hadith (Andini et al., 2021; F. Nashori, 2016). Its purpose is to help individuals achieve physical and spiritual health, improve spiritual quality, awaken potential, and shape personality. Based on the above objectives, the researcher concludes that zikr is

one of the models of Islamic psychotherapy that is easy to practice and is now seen as an integration between spiritual approaches and modern psychotherapy (Amin, 2011).

As a form of Islamic psychotherapy, the practice of zikr has been described in the Qur'an as a transcendental way to constantly remember Allah. In His Word (QS. Al-Baqarah: 152), this verse shows that zikr has spiritual power that can heal heart disease—the source of various psychological disorders (Arroisi & Syamil, 2025). From a modern psychological perspective, stress, anxiety, and depression often arise from a loss of meaning in life and feelings of helplessness. Through zikir, individuals are reminded that life is under Allah's control and wisdom, thereby fostering peace and self-confidence. Thus, zikir is not only a form of worship, but also a means of spiritual therapy that is in line with the teachings of the Qur'an to achieve spiritual balance.

Abdurrauf Singkil's Zikir Model as Therapy for Mental Disorders

Abdurrauf As-Singkili (1615–1693), a great cleric from Aceh who was known as the spreader of the *Syattariyah* order in the archipelago (Ihsan & Gontor, 2018), leaving behind a spiritual legacy that is rich and relevant to answering the problems of modern psychology. In his works, such as *Tanbih al Masyi* and his explanations about dhikr in the tarekat, Abdurrauf emphasizes the importance of dhikr as a means of purifying the heart (*tazkiyat al-nafs*), strengthening the soul, and strengthening a direct relationship with Allah Swt. (Ihsan et al., 2024). The dhikr model taught by Abdurrauf Singkil is not just a verbal ritual, but in our opinion is a spiritual discipline that includes cognitive, affective, and practical dimensions so that it has the potential to become the basis of Islamic psychotherapy for people with mental disorders.

Mental disorders are patterns of behavior or syndromes characterized by psychological distress and dysfunction, both emotionally and behaviorally (D. ancok dan F. Nashori, 1995; Rahmatiah, 2017). There are various types and models, such as depression, chronic anxiety, and schizophrenia (Ayuningtyas et al., 2018), which often stem from inner turmoil and loss of self-control. Ultimately, humans often seek solutions through physical approaches alone, thereby neglecting the spiritual aspect. To fill this void, Sufi practices such as Abdurrauf Singkil's zikir are worth studying as an approach to healing the soul (Syamsul Bakri, 2019).

Zikr in Islam has a deep connection with spirituality and transcendence. According to Sheikh Ali Jum'ah, zikr is the key to a spiritual journey towards Allah that cleanses the heart of inner sickness, enabling a person to achieve piety and spiritual balance. In Indonesia, the practice of zikr is also understood as a means of increasing piety and religious awareness because it helps a person to always remember and feel close to their God (Islamy et al., 2022). Through this process, individuals are able to find inner peace and emotional stability. In the context of modern therapy, zikir can be used as an alternative treatment for various psychological disorders.

Methodologically, Abdurrauf Singkil teaches zikir through the repetition of the tauhid phrase (*lā ilāha illā Allāh*) and the names of Allah with a regular and conscious breathing pattern. (Fathurrahman, 1999) From a psychological perspective, this method is in line with the concept of relaxation because it helps reduce physical and mental tension (Abdul Rozak Ali Maftuhin & Syamsurizal Yazid, 2024). This practice is similar to mindfulness techniques and breathing exercises in modern psychotherapy, which aim to calm the nervous system and reduce physiological stress (Hazlett-Stevens, 2018).

Reciting the phrase *lā ilāha illā Allāh* has profound benefits for peace of mind. Among other things, this practice can serve as a bulwark against inner turmoil because it contains an

acknowledgment of Allah's rububiyah, which fosters the awareness that everything is in His power (Anggraieni & Subandi, 2014). This understanding makes individuals calmer and more sincere in facing life's problems. In his research (Koenig, 2012) adds that tahlil zikr also strengthens faith in God, so that the soul becomes more stable and stronger. Thus, Abdurrauf Singkil's zikr method is highly relevant in the context of healing mental disorders.

In addition, Abdurrauf Singkil emphasizes the importance of performing zikir under the guidance of a mursyid or spiritual teacher (Fathurrahman, 1999). This principle is in line with the modern psychotherapy approach which emphasizes the need for professional guidance (Simpson-Southward et al., 2018). The guidance of a teacher helps individuals adjust their wirid according to their psychological condition and form good character (Syuhrawardi, 2024). Thus, the practice of zikir not only fosters inner peace, but also builds positive character that strengthens the holistic mental healing process.

Thus, after the discussion above, in our opinion, the Abdurrauf Singkil model of dhikr as a therapy for mental disorders has a number of advantages:

1. Comprehensive in nature: training the mind, heart, and behavior at the same time.
2. In line with modern psychology: it contains focus exercises, breath regulation, and cognitive restructuring. Contains a transcendental dimension: providing meaning and a sense of inner security beyond mere rational control.
3. Based on the guidance of a mursyid: in accordance with the principles of professional guidance in therapy.

By looking at several advantages of Abdurrauf Singkil's dhikr model, researchers consider this model very relevant to be applied and implemented as a form of Sufi therapy model used to treat existing mental disorders. With a very applicable form of dhikr technique taught by Abdurrauf which begins with etiquette before, during, and after dhikr, this will be another advantage for typical Indonesian Sufi dhikr therapy, especially if integrated with modern therapeutic practices.

CONCLUSION

The dhikr model taught by Sheikh Abdurrauf al-Singkili has proven to be highly relevant as an Islamic psychotherapy for the treatment of mental disorders. The practice of dhikr is not merely a ritual practice, but a spiritual discipline that trains the mind, heart, and behavior simultaneously, through the repetition of the tauhid sentence, breathing regulation, and the guidance of a spiritual guide. This approach aligns with the principles of modern psychotherapy in terms of relaxation and cognitive restructuring, but goes beyond them by providing a transcendental dimension of inner peace and the strength of faith. Comprehensive, practical, and grounded in the teachings of the Qur'an, Abdurrauf al-Singkili's dhikr is worthy of implementation as a model of Sufi therapy capable of restoring spiritual balance, fostering noble morals, and providing an Islamic solution to contemporary mental disorders.

BIBLIOGRAPHY

- Maftuhin, A. R. A., & Yazid, S. (2025). Zikir Dan Ketenangan Jiwa: Kajian Psikologis. Ikhlas: *Jurnal Ilmiah Pendidikan Islam*, 2(1), 227-242. <https://doi.org/10.61132/ikhlas.v2i1.365>
- Abdurrahman, M. (n.d.). *Umdatussālik fī Khairil Masālik*. Karya Toha putra.
- Al-Jauziyah, I. Q. (1998). *Madarijus Salikin*. Pustaka al Kautsar.

- Al-Jauziyyah, I. Q. (221 C.E.). *Al-Wabilush Shoyyib*. Dar ‘Alam Al-fawaid.
- Al-Kalabadzi, A. B. M. (1969). *Al-Ta‘arruf li Madzhab Ahl al-Tashawwuf*. Maktabat al-Kulliyat al-Azhariyyat.
- Al-Sinkili, A. (n.d.). *Tanbih al-Masyi; al-Mansub ila Thariq al-Qusyasyi*.
- Amin, M. S. (2011). *Sufi Healing: Terapi dalam Literatur Tasawuf*. Walisongo Press.
- Amstrong, A. (2001). AL Qamus al Sufi. In *Ferozson Pvt* (Vol. 3, Issue 1).
- Andini, M., Aprilia, D., & Distina, P. P. (2021). Kontribusi Psikoterapi Islam bagi Kesehatan Mental. *Psychosophia: Journal of Psychology, Religion, and Humanity*, 3(2), 165–187. <https://doi.org/10.32923/psc.v3i2.2093>
- Anggraieni, W. N., & Subandi, S. (2014). Pengaruh Terapi Relaksasi Zikir Untuk Menurunkan Stres Pada Penderita Hipertensi Esensial. *Jurnal Intervensi Psikologi (JIP)*, 6(1), 81–102. <https://doi.org/10.20885/intervensipsikologi.vol6.iss1.art6>
- Anwar, S., Siregar, S. M. F., Alamsyah, T., Muliadi, T., Marniati, M., & Khairunnas, K. (2024). The dhikr and the mental health of the elderly in Aceh, Indonesia. *Health SA Gesondheid*, 29, 1–7. <https://doi.org/10.4102/hsag.v29i0.2456>
- Ariana, A. D. (2018). Stigma toward people with mental health problems in Indonesia. *Psychology Research and Behavior Management*, 535–541.
- Arroisi, J., & Kusuma, A. R. (2021). Menelaah Problem Terapi Yoga Perspektif Ibnu Taimiyah Examining the Problem of Yoga Therapy from Ibn Taimiyah ’ s Perspective. *Jurnal Penelitian Medan Agama*, 12(2), 2655–2663.
- Arroisi, J., & Perdana, M. P. (2021). Psikologi Modern Perspektif Malik Badri (Analisis Kritis atas Paradigma Psikoanalisa dan Behaviourisme). *Al Qalb : Jurnal Psikologi Islam*, 12(February), 1.
- Arroisi, J., & Syamil, A. H. (2025). Al-Ghazali’s Dhikr Theory: An Analysis of the Treatment of Psychological Problems in Islam Jarman. *Al Afkar : Journal for Islamic Studies*, 8(1), 728–746. <https://doi.org/10.31943/afkarjournal.v8i1.1305.Abstract>.
- Atjeh, A. (2017). *Tarekat Dalam Tasawuf*. Sega Arsy.
- Ayuningtyas, D., Misnaniarti, M., & Rayhani, M. (2018). Analisis Situasi Kesehatan Mental Pada Masyarakat Di Indonesia Dan Strategi Penanggulangannya. *Jurnal Ilmu Kesehatan Masyarakat*, 9(1), 1–10. <https://doi.org/10.26553/jikm.2018.9.1.1-10>
- Badri, M. (n.d.). Dilema Psikolog Muslim. In *Pustaka Firdaus*. Pustaka Firdaus.
- Chaplin, J. P. (1999). *Kamus Lengkap Psikologi*, terj. Karrtini Kartono. Rajawali Press.
- Dr.Syamsul Bakri, M. A. (2019). Sufi Healing Integrasi Tasawwuf dan Psikologi dalam penyembuhan psikis dan fisik. In *Rajawali Press* (Vol. 11, Issue 1). Rajawali Press.
- Fathurrahman, O. (1999). *Tanbih al-Mashi; Menyoal Wahdatul Wujud kasus Abdurrahman Singkel di Aceh Abad 17*. Mizan.
- Ferrarello, S., & Hadjioannou, C. (n.d.). *The Routledge Handbook Of*. Routledge.
- Florensa, F., Hidayah, N., Sari, L., Yousrihatin, F., & Litaqia, W. (2023). Gambaran Kesehatan Mental Emosional Remaja. *Jurnal Kesehatan*, 12(1), 112–117. <https://doi.org/10.46815/jk.v12i1.125>
- Fordham, F. (1988). *Pengantar Psikologi Carl Gustav Jung*. Bhratara Karya.
- Freud, S. (1920). *A General Introduction to the Psychoanalysis*. Clark University.
- Freud, S. (1949). *An Outline of Psychoanalysis*. The Norton library.
- Hazlett-Stevens, H. (2018). Generalized Anxiety Disorder Symptom Improvement Following Mindfulness-Based Stress Reduction in a General Hospital Setting. *Journal of Medical Psychology*, 22(1), 21–29. <https://doi.org/10.3233/jmp-170012>
- Ihsan, N. H., & Gontor, U. D. (2018). Nur Hadi Ihsan_ Sejarah dan Perkembangan Tarekat di Indonesia. *Kalimah*, 10(September 2012).
- Ihsan, N. H., Zarrina, C., Sa, B., & Kholid, H. H. (2024). Abdurrauf Al-Singkili ’ s Concept of

- Dhikr: Exploring the Sufi Psychotherapy Model. *Al Tahrir*, 24(1), 131–146. <https://doi.org/10.21154/tahrir.v24i1.7261>
- Isa, A. Q. (2005). *Hakekat Tasawuf*. Qisthi Press.
- Islamy, M. R. F., Purwanto, Y., Romli, U., & Ramdani, A. H. (2022). Spiritual healing: A study of modern sufi reflexology therapy in Indonesia. *Teosofi: Jurnal Tasawuf Dan Pemikiran Islam*, 12(2), 187–208. <https://doi.org/10.15642/teosofi.2022.12.2.209-231>
- Arroisi, J. (1925). Spiritual Healing dalam Tradisi Sufi. *Tsaqafah (Jurnal Peradaban Islam)*, 2(3388), 1091–1092. <https://doi.org/10.1136/bmj.2.3388.1091-c>
- Arroisi, J. & Maulana Dzunnurain. (2023). Problem Mindfulness Perspektif Worldview Islam. *Nukhbatul 'Ulum: Jurnal Bidang Kajian Islam*, 9(2), 118–137. <https://doi.org/10.36701/nukhbah.v9i2.1075>
- Jawas, Y. bin A. Q. (2005). *Dzikir Pagi Petang dan Sesduah Shalat fardhu*. Pustaka Iman Asy Syaffi.
- Kabat-zinn, J., & Kabat-zinn, J. (2011). *Some reflections on the origins of MBSR , skillful means , and the trouble with maps of MBSR , Skillful Means, And The Trouble With Maps*. 9947. <https://doi.org/10.1080/14639947.2011.564844>
- Kartika, D. K., Shofiah, V., & Rajab, K. (2025). Psikoterapi Islam untuk Meningkatkan Kesehatan Mental. *Jurnal Ilmu Pendidikan Dan Psikologi*, 2(2), 78–85.
- Koenig, H. G. (2012). Religion, Spirituality, and Health: The Research and Clinical Implications. *ISRN Psychiatry*, 2012, 1–33. <https://doi.org/10.5402/2012/278730>
- Moh.Nazir. (2001). *Metode Penulisan*. Ghalia Indonesia.
- Naqsabandi, A. al K. an. (n.d.). *Jāmiul Wusul Fial Awliyāi*.
- Nashori, D. ancok dan F. (1995). *Psikologi Islami : Solusi atas berbagai problem*. Pustaka pelajar.
- Nashori, F. (2016). *Psikologi Islam dari konsep hingga pengukuran*. Universitas Islam Indonesia.
- Noor, A. A. B. M. dan M. B. M. (2021). “Zikir Dan Tafakkur Asas Psikoterapi Islam.” *Jurnal Pengajian Islam*, 14, 204–217.
- Nor, R., Denti, A. D., & Pratiwi, S. (2023). Manfaat Berzikir terhadap Kesehatan Mental. *Jurnal Religion: Jurnal Agama, Sosial, Dan Budaya*, 1(6), 696–705. <https://maryamsejahtera.com/index.php/Religion/index>
- Organization, W. H. (2002). *Mental Disorder*.
- Purnomo, S. A. (2018). Konsep Dasar, Bentuk, Dan Teknik Psikoterapi Dalam Islam. *Jurnal Alasma Media Informasi Dan Komunikasi Ilmiah*, 8(1), 8–10.
- Purwanto, S., Ahmad, M., Said, Z., Anganthi, N. R. N., & Zulaekah, S. (2023). Effect of Mindfulness Dhikr Breathing Therapy for Insomniacs on Quality of Life: A Randomized Controlled Trial. *Islamic Guidance and Counseling Journal*, 6(2), 1–16. <https://doi.org/10.25217/0020236368800>
- Rahmatiah, S. (2017). Metode Terapi Sufistik Dalam Mengatasi Gangguan Kejiwaan. *Jurnal Dakwah Tabligh*, 18(2), 287–309. <https://doi.org/10.24252/jdt.v18i2.4706>
- Sambas, A. K. (n.d.). *Fathul Arifin*. Syirkah Bankul Indah.
- Simpson-Southward, C., Waller, G., & Hardy, G. (2018). Supervisor practice when guiding therapists working with depression: The impact of supervisor and patient characteristics. *Cognitive Behaviour Therapist*, 11. <https://doi.org/10.1017/S1754470X18000089>
- Siroj, S. A. (2009). *Tasawuf Sebagai Kritik Sosial: Mengedepankan Islam Sebagai Inspirasi, bukan Aspirasi*. Yayasan KHAS.
- Soegiyono. (2011). *Metode Penelitian Kuantitatif, Kualitatif dan R&D*. Alfabeta.
- Suliaman, M. F. A. H. dan I. (2018). “Konsep Zikir Menurut Hadith Bersumberkan al-Kutub al Sittah.” *International Defence Management, Social Science & Humanities*, 1(02), 93–104.
- Syuhrawardi, M. (2024). Psikoterapi Islam Dengan Metode Dzikir Dalam Menangani Kesehatan Mental, *At-Taklim: Jurnal Pendidikan Multidisiplin*, 73–96.

- Vitoasmara, K., Vio Hidayah, F., Yuna Aprillia, R., & Dyah Dewi, L. A. (2024). Gangguan Mental (Mental Disorders). *Student Research Journal*, 2, 57–68. <https://doi.org/10.55606/srjyappi.v2i3.1219>
- Yasrif, M. A., & Arroisi, J. (2025). Teori Khudi Perspektif Muhammad Iqbal: Analisa Terapi Holistik Mengatasi Obsessive Compulsive Disorder. *Al-Hikmah: Jurnal Agama Dan Ilmu Pengetahuan*, 22(1), 116–130. [https://doi.org/10.25299/ajaip.2025.vol22\(1\).18894](https://doi.org/10.25299/ajaip.2025.vol22(1).18894)
- Yoseph, I., Sri Puspawati, N. L. N., & Sriati, A. (2009). Pengalaman Traumatik Penyebab Gangguan Jiwa (Skizofrenia) Pasien di Rumah Sakit Jiwa Cimahi. *Majalah Kedokteran Bandung*, 41(4), 194–200. <https://doi.org/10.15395/mkb.v41n4.253>
- Zain, A. (1989). *"Ilm al-Nafs al-Islami*. Dar al-Ma'rifah.
- Zarkasyi, H. F., Arroisi, J., Basa, A. H., & Maharani, D. (2019). Konsep Psikoterapi Badiuzzaman Said Nursi dalam Risale-i Nur. *Tsaqafah*, 15(2), 215. <https://doi.org/10.21111/tsaqafah.v15i2.3379>