CORRELATION BETWEEN INTENSITY OF *DHIKR* BREATH AND SLEEP LATENCY

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Abstract

Sleep latency is the time period between the preparation for sleep and the start of deep sleep. Sleep latency is the main indicator to determine the quality of an individual sleep. The longer the sleep latency is required by someone to fall asleep, the lower of the sleep quality will be. *Dhikr* breath is an alternative method of therapy in order to reduce a person's latency of sleep to get a better sleep quality. In *dhikr* breath, there is relaxation and transcendental meditation that is effective to make a person relax and will eventually fall asleep. The study aimed to determine the relationship between the intensity of performing *dhikr* breath with sleep latency. It was an observational study which implemented the cross sectional approach. It involved 21 respondents who practice *dhikr* breath. The data of *dhikr* breath intensity and sleep latency were obtained by carrying on questionnaire. The results showed that the mean intensity of *dhikr* breath of the respondents was 81.14 times, while the mean sleep latency was 13.05 minutes. The analysis of correlation was conducted by applying Wilcoxon Signed Ranks test with p-value = 0.00, it indicated that there is a very significant correlation between the intensity of *dhikr* breath and sleep latency. The higher is the intensity of *dhikr* breath, the better the sleep latency will be.

Keywords: ***Intensity, Dhikr breath, latency, sleep.***

1. Introduction

Sleep is a biological phenomenon related to the universe's rhythm, 24 hours circadian rhythm, the sunrise and sunset, day and night, and sleep is humans' regular and continuous need to relieve physical and mental fatigue (Panteri, 1993).One's sleep quantity and quality is influenced by some factors such as age, physical activity, psychological stress (illness and stress-inducing activity), motivation, culture, diet, alcohol consumption, smoking, caffeine consumption, environment, lifestyle, disease, and medical treatment (Taylor *et al*., 1997). One's sleep quality does not depend on one's sleeping hours; rather, it depends on one's fulfillment of need for sleep. The indicator of one's fulfillment of need for sleep is the condition when a person feels refreshed after waking up; it means that one's need for sleep is met (Potter&Perry,2006).

Sleep deprivation can endanger oneself and others. In several cases, people with sleep deprivation drive car which lead to fatal accident. Lack of sleep could also trigger problems in family and marriage life due to its potential to stimulate short-tempered attitude. Moreover, lack of sleep will make us harder to get along with others (Parmet, 2003). It causes feeling tired, weak, and sluggish upon waking up. The loss of sleep time, even in small amount, will highly influence the spirit, concentration ability, work performance, productivity, communication skill, and health in general, including gastrointestinal system, cardiovascular function, and body immune system (Mass, 1998).

A person who does not sleep will lose energy and tends to be short-tempered. Two days without proper sleep will cause suffering from concentration loss for a long period, tendency to make more mistakes particularly on daily routine tasks, and inability to rivet attention. Three days without any sleeping will make people suffering from clear judgment, sighting and hearing loss. Some people will also undergo hallucination periods; they start seeing inexistent things. The test result shows that people who do not sleep for four days will only able to do few routine tasks. It will be harder for them to carry out activities that require focus or even activities with minimum mental reflex. After four days, they will start becoming delirious and the world will look bizarre for him (Mass, 1998). As a matter of fact, sleep deprivation will decrease individual's productivity and work achievement.

Morin(1992) states that sleep disorders such as insomnia can affect mood efficiency in finishing task and social ability. Ferber's study, which Morin (1992) wrote revealing that lack of sleep quantity tends to influence women, those on late adulthood, and those with low educational and social level. Furthermore, Morin (1992) mentions that almost everyone experiences sleep disorder. It is reported that one of three experiences sleep disorder; and one of nine suffers from serious sleep disorders. Since some sleep

disorders can be overcome by the respected individuals and others will need physicians' help, self-diagnosis is very important for detecting the disorders.

Difficulty of falling asleep or insomnia is a complain of lack of sleep quality caused by one of the followings: difficulty in falling asleep, repeated waking up at night and difficulty in resuming sleep, wake up too early, and restless sleep. Insomnia is not caused by the small number of sleep hours, because each person has his/her own sleep time. Rather, it focuses on the consequences caused by lack of sleep at night such as tiredness, lack of passion, and concentration difficulty when performing activities (Edinger, 2000).

Some literatures state that besides CBT-Iinsomnia therapy could be pharmacologic and non-pharmacologic. CBT-Iis conducted by optimizing a healthy sleep pattern for the patients. Pharmacological and non-pharmacologic therapy focuses on the identification of contributing factors to control and overcome the problems underlying the insomnia episodes. In many cases, chronic insomnia can be cured if medical or psychiatric causes are evaluated and treated properly (Edinger et al, 2001, Daniel, 2009). Daniel (2009) explains that non-pharmacological theories including *sleep hygiene, sleep restriction*, *relaxation therapy*, and *stimulus control therapy*.

The previous studies regarding sleep disorder tend to focus on the implementation of various forms of relaxation therapeutic programs to overcome sleep disorders. Relaxation therapeutic programs could help a person to reach relaxing condition therefore it will easier for him/her to enter the beginning sleep stage (Davis *et al*, 1995; Benson, 2000; Purwanto, 2004). The weakness of this relaxation program is that it will need time and special instructor to conduct therapy. Another form of therapy that could be used to overcome sleep disorder is *dhikr* therapy. If one to compare this with relaxation therapy, it is easier to practice *dhikr* to enter sleep time because it is regarded as routine religious activity, which could be conducted by a person in anytime and anywhere.

Dhikr is a form of worshipping activity in Islam, which could be regarded as religious relaxation by reciting Allah's name or *Ahad* repeatedly in slow and rhythmical manner, and over time it will trigger relaxation respond (Benson, 2000;Sangkan 2002). The repetition of the name accompanied with self-assurance of His love, His protection, and His good attributes will engender a sense of calmness and security.

Dhikr combined with rhythmical sentences could trigger relaxation effect. The repetition should be accompanied with passive attitude toward both inside and outside stimulation. Passive attitude in its religious concept could be identified with submission towards God. This submission attitude could double the occurring relaxation respond. Finally this relaxation effect could arouse calmness (Sangkan, 2002;

Aemilianus, 2012). The combination between *dhikr* and breathe will make us more relaxed, which will trigger deep relaxation, which in the end will reduce the tendency of insomnia. In this research, one observed aspect of insomnia is duration of sleep latency. Sleep latency could be used as the indicator of a person's quality of sleep.

2. Methodology

This research was aimed to test the effectiveness of *dhikr* breath in increasing quality of sleep, especially sleep latency. This research was observational research by applying cross sectional approach. They were 21 respondents, consisting of 2 women and 19 men, who practice *dhikr* breath activity. Respondents held monthly meeting at Padepokan Patrap Surakarta.

The collected variables in the study were intensity of *Dhikr* breath and sleep latency. The data of intensity of *Dhikr* breath were acquired through questionnaires. Sleep latency was calculated based on the time one needs to start sleeping stages.The analysis of correlation was conducted by implementing *Wilcoxon Signed Ranks test.*

3. Result and Discussion

Sleep Latency

According to medical dictionary, sleep latency could be defined as the length of time between the preparations to sleep until the start of deep sleep. Sleep latency is the main indicator to determine the quality of one's sleep. The longer the sleep latency that someone needs to fall asleep, the lower one's quality of sleep will be. Some alleged factors influencing sleep latency are body physiological factor, psychological factors such as anxiety and tension, and environmental factor.

On this research, the data of sleep latency is acquired by filling the questionnaire, the respondents were asked to count the mean length of time they need for the preparations of sleep until they start to enter the sleep onset. The result showed that the minimum sleep latency was 2 hours and maximum of 30 hours, with the mean of sleep latency of 13.05 ±9.59 hour. It indicated that sleep latency of participant's *dhikr* breath were in good condition. Complete description of participant's sleep latency data could be seen in Table 2.

Table 2. Participant's Sleep Latency

Subject's Sleep Latency	Total (hour)	Percentage (%)
Good	13	61.9
Medium	4	19.0
Bad	4	19.0
Total	21	100.0

Table 2 shows that half of the total participants have good sleep latency due to their routine habit in performing *dhikr* breath. They reported the experience of positive effects such as the decline of anxiety and tension in many activities including sleeping, after regularly practicing *dhikr* breath.

Intensity of *Dhikr* Breath

Dzikir is recognizing Allah, that Allah is close, Allah the Encompassing of All Things or *Al-Muhiith*. The correct way of *Dhikr* is *dhikr* with awareness, rather than *dhikr* with mind. Therefore, the meaning of *Dhikr* is 'recognizing Allah' instead of 'memorizing Allah' or 'remembering Allah.' *Dhikr* is the spirit of worshiping. Thus, if there is no *Dhikr* in a prayer, there is no spirit in that prayer or in other words, the prayer will be meaningless. In conducting prayer (*Salat*), there is a clear threat from Allah for those who have no spirit in their prayer, as mentioned in Surah Al-Ma'un 4-5, so woe unto those performers of *Salat* who are neglectful of their prayers (Purwanto, 2012).

***Dhikr* Breath (*Dzikir Nafas*)** is a form of *Dhikr* by reciting the name '*Huu Allah*,' a method of *Dhikr* by following the rhythm of air inhaling and exhaling through the nose to the lungs, and then to be exhaled through the nose again. The practice of this activity is very easy, which is when inhaling, the mind recites '*Huu*' (meaning Him, Allah), and when exhaling, the mind recites '*Allah*.' The act of *Dhikr* is the easiest and lightest form of devotion. However, since this act demands *istiqamah* (repeated consistency) and the involvement of mind and emotion, this act of devotion becomes hard as it is (Purwanto, 2012).

Dhikr breath is a method to be able to *Dhikr* to Allah for 24 hours nonstop. This method is similar to iqro method conducted or learnt in order to read Arabic letters in Al Qur'an. Therefore, the method is not the objective; the main objective is for us to be able to do God's and the Prophet's commands better. Since *Dhikr* breath is a method, there is no direct and clear command from Al Qur'an and hadith stating that we should do *Dhikr* breath. However, there are many commands for us to do *Dhikr* as many as possible (Purwanto, 2012).

The data of intensity of *Dhikr* breath in this research was acquired through the sum of answer score of 20 questions in the questionnaire. The questions included the frequency of *Dhikr* breath performance, how to

do *dhikr* breath, personal experience when performing *dhikr* breath and the enthusiasm in performing *dhikr* breath. The results showed that the participants' minimum intensity of *dhikr* breath was 55 and maximum intensity was 98 with mean intensity of 81.14±12.11. Explanation of the participants' intensity of *Dhikr* breath is illustrated in the following Table.

Table 1. Distribution of Participants' Intensity of *Dhikr* Breath

Intensity of *Dhikr* Breath	Number (people)	Percentage (%)
High	10	47.6
Medium	7	33.3
Low	4	19
Total	21	100

Table 1 indicates almost half of the total participants have good intensity of *dhikr* breath. It shows that *dhikr* breath has become their daily habits.

Correlation between Intensity of *Dhikr* Breath and Sleep Latency

Dhikr breath technique could help in reducing the time length of sleep latency. *Dhikr* breath is a method of muscle relaxation by following the flow of breathing and let the muscle to relax. Muscle relaxation, as it happens on progressive relaxation, is conducted through simultaneous relaxation through the body that is triggered by following the flow of breathing and then it spreads all over the body parts. This condition will also stimulate the brain to relax, which will make it easier for a person to be relax and sleepy.

Table 3. Correlation between Sleep Latency and Intensity of *Dhikr* Breath

Subject's Intensity of *Dhikr* Breath	Subject's Sleep Latency			Total
	Good	Medium	Bad	
High	6	2	2	10
	60%	20%	20%	100%
Medium	5	1	1	7
	71.4%	14.3%	14.3%	100%
Low	2	1	1	4
	50%	25%	25%	100%

Table 3 depicts 60% of the respondents with high *dhikr* breath intensity tend to have good sleep latency, likewise, those with medium intensity breath (71.4%) tend to have good sleep latency. However, participants with low intensity of *Dhikr* breath (25%) tend to have bad sleep latency. It figures out that the intensity of sleep latency plays an important role in influencing one's sleep latency.

The analysis results of the data by conducting *Wilcoxon Signed Ranks test*shows p=0.00 with value Z =-4.016. This shows that there is a significant correlation between *dhikr* breath and sleep latency. The higher is the intensity of *dhikr* breath, the better the sleep latency will be.

In a psychological literature, one of behavior therapies conducted is relaxation therapy (Dewi, 1998). This therapy is commonly used both for reducing tension and for reaching calmness (Utami, 1993). Similarly, the study conducted by Jacobson and Wolpe shows that relaxation could reduce tension and anxiety (Wallace, 1971; Beech et al, 1982).

Relaxation is the activation of parasympathetic nerve that stimulates the decline of all body functions, which are increased by sympathetic nerve, and stimulates the increase of all functions, which are declined by sympathetic nerve. Each parasympathetic and sympathetic nerve will influence each other; therefore, the increasing activity of one system will inhibit or suppress other functions (Utami, 1993). When someone suffers from sleep disorder, there is a tension in the brain and muscle. Thus, by activating parasympathetic nerve by relaxation technique, tension will automatically lessen and it will be easier for him/her to enter the condition of sleep.

Dhikr breath could give relaxation effect due to two main causes; the first one is because it follows the flow of breathing and the second is by repeatedly reciting the words according to the flow of breathing. According to Benson (2000) certain formulas recited repeatedly by including faith factor of religion, towards the God one worships will trigger stronger relaxation respond compared to mere relaxation without including faith factor in the activity. *Dhikr* breath can activate spiritual element (*faith factor*), by reciting *Huu* while inhaling and reciting *Allah* while exhaling. The words *Huu* and *Allah*in in *Dhikr* breath are directed towards Allah who rules the whole universe and they could give devotional effect towards Allah, which then mentally could provide sense of calmness.

4. Conclusion

The findings indicated that the intensity of *Dhikr* breath plays an important role to one's sleep latency. There is a significant correlation between intensity of *dhikr* breath to one's sleep latency. The higher is the intensity of *dhikr* breath, the better the sleep latency will be. *Dhikr* breath can be used as one of the methods in increasing the sleep quality.

References

[1] H.R. Beech, L.E. Burn and B.F. Sheffield. *A Behavioral Approach to the Management of Stress: A Practical Guide to Techniques.* New York: John Willey and Sons. 1982.

[2] H.M.D. Benson. Dasar-dasar Respon Relaksasi:Bagaimana menggabungkan respon Relaksasi dengan Keyakinan Pribadi Anda (*terjemahan*). Bandung: Mizan. 2000.

[3] _____.ResponRelaksasi: Teknik Meditasi Sederhana dan Untuk Mengatasi Tekanan Hidup (*terjemahan*). Bandung: Mizan. 2000.

[4] J. Daniel. Cronic Insomnia Available.Ojp.psychiatry online. Org/vol.165/no.6/June2009. 2009.

[5] C. Dewi. Efektifitas Pelatihan Relaksasi untuk Mengurangi Ketegangan Terbang pada Siswa Sekolah Penerbang. *Skripsi.* Yogyakarta: Fakultas Psikologi UGM. 1998.

[6] J.D. Edinger, R.H. Sullivan, G. Victor, D. Michael, V. Dorothy, Diane. Insomnia and the Eye of the Beholder : Are There Clinical Markers of Objective Sleep Disturbances Among Aduls with and Without Insomnia Complaints?. *Journal of Consulting and Clinical Psychology Vol 68. No 4 586-593.* 2000.

[7] J.D. Edinger. et al. Cognitive behavioral therapy for treatment of cronic primary insomnia.*Journal of American Medical Association.* 2001.

[8] C.A. Espie. Insomnia : Conceptual Issue in the Development, Persistence, and Treatment of Sleep Disorder in Adult. Annual Reviews 53:215-43. 2002.

[9] Liu. Xianchen. Uchiyama. Makoto. Kim, Keiko. Okawa. Masako, Shibui. Kayo, Kudo. Yoshihisa, Doi. Sleep Loss and Day Time Sleepiness in the General Adult Population of Japan *Psychiatric research 93 1-11*. 2000.

[10] S. Purwanto. *DzikirNafas*. Romizaisy:Solo. 2012.

[11] A. Sangkan. *BerguruKepada Allah*. Bukit Thursina : Jakarta. 2002.

[12] C H. Schenck, M. Mahowald, R.Sack. Assesment and Management of Insomnia, JAMA vol 289. No 19. 2003.

[13] M.S. Utami. *ProsedurRelaksasi*. Fakultas Psikologi UGM : Yogyakarta. 1993.

[14] R.K. Wallace. et al. A Wakeful Hypometabolic Physiologic State.*American Journal of Physiology* 221: 795-799. 1971.