

The effect of performing Wudhu' on reducing anger among college students in Pontianak

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Abstract: Although wudhu is traditionally recognized for its spiritual purity, its empirical viability as a structured psychological intervention for anger control remains largely understudied. This research bridges this gap by investigating how this ritual practice functions as an effective emotional regulation tool. This study aimed to examine whether performing wudhu significantly reduces anger levels among university student. Additionally, there is a second objective, which is to obtain an overview of the decrease in anger that occurs in students. The design used is an experiment with a one-group pretest-posttest design. The sampling method used purposive sampling, which has specific characteristics. The sample criteria were students aged 19-21 years, five female, with anger emotions that were difficult to control based on the results of screening interviews, and willing to participate in the training until completion. The intervention was conducted across three distinct meetings with a structured timeline for each session, spanning from morning to afternoon schedules. This study involved five subjects who participated in the entire psychological intervention and evaluation process. The measuring instrument used was an anger emotion scale created by Diwanti (2022) with a Cronbach's Alpha of 0.928. Additionally, there was qualitative data processing in the form of observation of the implementation and subjects. Quantitative data analysis used a paired sample t-test, which produced a significance value of 0.005 ($p < 0.05$). Both quantitative and qualitative data processing showed a significant difference in the level of anger before and after the implementation of wudhu.

Keywords: anger management; emotional regulation; pretest-posttest design; psychological intervention; university students; Wudhu



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Introduction

In everyday life, we cannot avoid various emotions. Emotions are considered to be the driving force behind our actions and responses, which are reflected in our daily behavior. The term “emotion” itself

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refers to feelings or mental turmoil that arise as a result of stimuli, whether they come from within ourselves or from outside (Scherer & Moors, 2019). This means that every reaction or feeling we experience, such as joy, sadness, or anger, can arise due to various factors, including our own internal thoughts and feelings, as well as the influence of situations or other people around us. Understanding the dynamics of emotions is important because emotions greatly influence how we interact with the world around us and how we respond to everyday events in our lives.

Many young people have difficulty managing their emotions because they are unable to effectively divide their time between academic tasks, social needs, and leisure time (Fogaca, 2021). This chronic inability to maintain a balanced lifestyle often induces cognitive overload, as individuals struggle to meet competing internal and external demands simultaneously. This can lead to negative emotions or anger, which may increase aggressive or deviant behavior among adolescents (Thohar, 2018). When these negative affective states remain unexpressed or unmanaged, they progressively manifest as externalizing behaviors, utilizing hostility as a maladaptive defense mechanism to cope with perceived helplessness. For students in particular, stress generally arises from academic demands, social relationships, interpersonal interactions, personal pressures, and the learning process (Hatmanti & Septianingrum, 2019). Within the rigorous environment of higher education, these multifaceted stressors act as catalysts for emotional dysregulation, directly impairing students' executive functions and significantly lowering their frustration tolerance during everyday academic challenges.

This is in line with the results of a pre-research interview conducted on September 17, 2023, with three students from a state Islamic institution in Pontianak. Rather than relying on static metrics, a preliminary thematic analysis of their narratives revealed a distinct pattern of emotional dysregulation characterized by heightened sensitivity and destructive anger venting. Specifically, the participants exhibited a severe tendency to overreact to interpersonal stressors, which manifested across three core themes: cognitive distortion, physiological agitation, and behavioral impulsivity. For instance, when encountering minor academic conflicts, they subjectively appraised the situations as deliberate personal offenses. This psychological interpretation immediately triggered severe behavioral overreactions, such as yelling, slamming objects, and engaging in prolonged verbal aggression. These qualitative insights confirm that the subjects lacked adaptive emotional stabilization strategies, thereby underscoring the urgent need for an immediate psychological intervention. They acknowledged that anger often arises as a response to various situations, both academic and social. Some of them even stated that they had difficulty controlling their anger, especially when faced with situations that triggered their sensitivity. Thus, the results of these interviews highlight the need for further attention to emotion management in individuals.

Feeling angry is normal and is a healthy expression of emotion. According to Beames et al (2019) anger commonly arises when individuals perceive provocation, unfair treatment, or threats to things they value. Anger is a complex emotional response triggered by an individual's psychological appraisal of being mistreated or wronged, which often activates a strong impulse toward aggressive reactivity. As an emotional response rooted in an individual's subjective interpretation of interpersonal events, this psychological appraisal subsequently generates an internal drive that manifests as heightened affective and behavioral reactivity. Furthermore, anger is accompanied not only by psychological and behavioral

responses but also by physiological changes in the body. Anger, as an emotion that arises from lust, can cause physiological changes in the body, such as increased heart rate and blood pressure (Isdianto et al., 2025)

However, it is very important to understand the difference between anger, aggression, and violence, which are often confused. Anger is considered a potential behavior, namely an emotion felt by a person. Meanwhile, aggression or violence is an action that arises as a result of certain emotions, especially anger. Although the emotion of anger does not always lead to aggressive behavior, good anger management can result in actions that are in line with social norms, such as assertive behavior. However, if anger is not managed properly, it can lead to aggressive or violent behavior that is not accepted by social norms.

In line with this, based on the teachings of Prophet Muhammad, anger is not an emotion to be eliminated, but rather one that must be controlled so that it does not cause adverse effects for oneself or others. Islam teaches that uncontrolled anger can affect psychological conditions, trigger negative behavior, and impact mental health (Lazuardini, 2019). The anger referred to here is when anger has reached the point of hurting oneself or even others, which can have negative effects such as people avoiding us, problems not being resolved and even getting worse, and feelings of guilt and regret. Another opinion regarding anger was expressed by Colmenero-Navarrete et al (2022) who found that difficulties in emotion regulation, including problems managing negative emotions such as anger, are consistently associated with higher levels of depression, suicidal ideation, and suicide attempts among adolescents and adults.

From a modern psychological perspective, managing intense anger requires adaptive coping mechanisms to mitigate physiological arousal and redirect destructive cognitive responses. One relevant yet under-researched approach in global literature is positive religious coping, which utilizes religious values and rituals as emotional regulation tools. Within the framework of psychology of religion, ablution (wudhu) represents a concrete form of active behavioral coping that functions not merely as ritualistic purification, but as a vehicle for cognitive and spiritual transformation. When an individual experiences peaking anger, performing wudhu forces a benevolent religious reappraisal; the individual consciously shifts their focus from the external stressor triggering the anger toward the fulfillment of a sacred duty, thereby restoring internal tranquility.

The Prophet Muhammad (peace be upon him) explicitly advised his followers to perform ablution (wudu) when experiencing anger. This prophetic guidance aligns with Islamic theology, which states that anger originates from Satan, who is created from the element of fire, and can therefore be neutralized by the cooling essence of water. As narrated by Abu Dawud, the Prophet stated: "Indeed, anger originates from Satan, and Satan was created from fire. When one of you becomes angry, he should perform ablution" (Nurjannah et al., 2026). According to Al-Ghazali, anger (ghadab) is a fundamental power of the soul that, when excessive, leads to moral and emotional imbalance. Through tazkiyat al-nafs (purification of the soul), this impulse can be restored to equilibrium and directed toward virtuous character (Haq, 2025). In Islamic practice, this spiritual purification may be complemented by physical acts of purification, such as ablution (wudhu), which serve not only as ritual worship but also as a practical means of regulating

emotional arousal. Mechanistically, contact with water directly stabilizes body temperature, counteracting the localized hyperthermia triggered by anger arousal.

To validate this prophetic mechanism within contemporary psychological frameworks, recent national empirical studies offer valuable benchmarks. General mental health interventions frequently rely on structured modalities; for instance, emotional management training has been shown to significantly improve adolescent well-being ($pre = 39.6 \rightarrow post = 42.33, p < .05$) via quasi-experimental designs (Hasanah, 2020). Similarly, expressive interventions such as creative journaling have been highlighted as effective tools for reducing academic and emotional stress among college students (Ashar & Lestari, 2025). While these secular and contemporary programs yield positive outcomes, they often demand specialized materials, trained facilitators, and prolonged sessions. In contrast, wudu operates as a highly accessible, zero-cost, and culturally tailored Islamic intervention. By utilizing religious experimental design comparable to these national studies, this research demonstrates that wudu transcends mere physical hydrotherapy, serving as an immediate psychospiritual anchor that effectively mitigates emotional distress without the logistical or financial barriers of conventional psychological treatments.

Scientifically, this study provides a crucial contribution to bridging the gap between Islamic theology and modern experimental psychology. The primary novelty of this research lies in its empirical validation of ablution (wudhu) as a form of active behavioral religious coping that is measurably effective in emotional regulation. Through a structured intervention design, this study not only offers new theoretical insights into the cognitive-physiological mechanisms of anger reduction but also presents a culturally sensitive, low-cost, and highly replicable mental health intervention framework to mitigate emotional distress among the college student population.

The benefits of ablution in reducing anger have been supported by research, such as that conducted by Reza et al (2024), which showed the effect of ablution on systolic and diastolic blood pressure. Furthermore, ablution also includes prayers that accompany each series of ablution processes until completion. Consequently, understanding these holistic mechanisms highlights the profound utility of integrating spiritual rituals into modern emotional regulation frameworks. Therefore, this study examines the effectiveness of wudu as a accessible, low-cost behavioral intervention. Specifically, this research serves a dual purpose: first, to empirically evaluate the pretest-posttest differences in anger levels among college students after performing ablution; and second, to systematically outline a qualitative overview of the psychological decline in anger experienced by the participants. In alignment with these objectives, it is hypothesized that there is a statistically significant reduction in anger levels among college students following the structured implementation of ablution.

Method

Research Design

Research design is a plan or strategy used to answer a research problem or test a research hypothesis while controlling for secondary variables (Seniati et al., 2020). Planning or design is essential before starting or creating something, ensuring that the results align with expectations and desires. In the context of this research, the design used is a one-group pretest-posttest design, which falls under the pre-experimental category.

This design involves one group being manipulated, then after a specified period, their responses are measured to measure the dependent variable. After the manipulation, the dependent variable is measured again using the same measuring instrument. This one-group pretest-posttest design involves one predetermined group. In this design, testing is conducted twice: before the treatment (called the pretest) and after the treatment (called the posttest). The one-group pretest-posttest design was chosen because the researcher faced certain obstacles and limitations, and a more relevant research design was not yet available. This research is the initial step in developing an ablution intervention for anger.

Research Subjects

Participants were recruited using a purposive sampling technique, in which individuals were selected according to predefined inclusion criteria relevant to the study objectives (Sugiyono, 2019). Five undergraduate students from IAIN Pontianak participated in the study. The inclusion criteria were: (1) female students aged between 19 and 21 years; (2) experiencing difficulty in controlling anger, as identified through a preliminary screening interview; and (3) willingness to participate in all stages of the intervention, as indicated by written informed consent. Female participants were intentionally selected to ensure sample homogeneity and reduce potential variability associated with gender differences in emotional expression and anger regulation. Because this study employed a preliminary intervention design with a small sample, restricting the sample to one gender was intended to enhance internal consistency rather than to compare gender differences. Consequently, the findings should be interpreted within the context of female university students.

Data Collection

To collect data for this study, the researchers employed a convergent mixed-methods approach utilizing two distinct data collection instruments. First, a quantitative Likert scale was administered to measure students' attitudes, opinions, and psychological perceptions regarding the expression of anger. Derived from the anger emotion scale developed by Diwanti (2022), The instrument demonstrates high internal consistency with a Cronbach's Alpha value of .928. To ensure conceptual rigor, the scale was evaluated by experts to establish robust content validity. All 40 items of the scale were fully utilized, systematically capturing two primary dimensions of anger: state anger (the immediate psychophysiological intensity of the angry mood) and trait anger (the chronic disposition to perceive situations as annoying or frustrating).

Second, direct participant observation using an audiovisual recording device was used. The observation process consisted of two parts: observation of the implementation and observation of the subjects' condition. This technique involved recording behaviors during the training process. This recording procedure allowed for a comprehensive analysis of angry expressions over time throughout the study. It also aided in understanding the impact of ablution (wudu) on reducing anger levels. By combining these two methods, the study obtained comprehensive information on the effectiveness of ablution (wudu) in reducing students' anger levels.

Intervention Design

This intervention design aims to provide an in-depth understanding, practical experience, and empirical evaluation of the impact of ablution on anger management. The protocol is structured into three continuous sessions. Session 1 serves as the orientation phase, commencing with a brief opening (08:00–08:05), followed by an explanation of the program alongside the signing of informed consent (08:05–08:10), and concluding with a pre-test (08:10–08:20) to baseline the participants' initial states. Session 2 delivers Material I, focusing on "Recognizing Anger." To optimize the students' attention spans in accordance with national publication benchmarks, this session is precisely limited to 30 minutes of core theoretical delivery (08:20–08:50). The remaining 15 minutes are redistributed into a reflective screening and initial affective mapping (08:50–09:05). Lastly, Session 3 integrates an interactive ice-breaking activity centered on emotional expression (09:05–09:15), immediately followed by a transition to the practical purification phase (09:15–09:25).

Meeting 2 continues with Session 1, which begins with an opening session from 9:00 AM to 9:05 AM, followed by an ice-breaking session (bonding) from 9:05 AM to 9:20 AM. Session 2 introduced Material II on ablution and its meaning in life from 9:20 to 10:05. Session 3 involved practicing ablution from 10:05 to 10:20, followed by assignments to practice when the subject experiences anger from 10:20 to 10:25. This session continued with a review of the material from 10:25 to 10:40, and concluded at 10:40 to 10:45.

Meeting 3 was structured systematically to balance theoretical insight with experiential practice while mitigating participant fatigue. Session 1 commenced from 08:00 to 08:30, comprising the opening administrative remarks, the performance of the Dhuha prayer, and a brief interactive ice-breaking activity (word-guessing) to foster engagement. Session 2 followed from 08:30 to 09:15, delivering Material III on the convergent relationship between Islamic purification rituals and contemporary psychological frameworks of emotional regulation. To address methodological rigor and avoid an overwhelming routine, Session 3 (09:15–10:15) was dedicated to a structured, mindful practice of ablution (wudu), ensuring participants fully internalized each physical movement rather than rushing through a repetitive cycle. Finally, to ensure data validity and prevent psychological exhaustion, a substantial recovery window was provided before Session 4 (10:15–11:30), which was optimally utilized for the administration of the post-test, completion of qualitative self-reflection sheets, and the execution of semi-structured debriefing interviews before the formal closing.

Data Analysis

Data processing used a paired sample t-test on the anger emotion variable before and after training. The average scores of the two samples related to the study were compared using a paired sample t-test (Xu et al., 2017). This way, each individual in the sample group would contribute to the analysis of differences in pretest and posttest results.

Result

The list of research subjects includes information including subject identification, the faculty they enrolled in, and their year of enrollment. The first subjects, coded "MS," "SK," and "SA," are students from the 2019 intake. The fourth subjects, "IA" and "SM," are students from the 2020 intake.

Results of the analysis of anger emotion categories based on interval criteria. In the pretest, the low category with an interval of $X < 80$ has a frequency of 0, while the medium category ($80 \leq X < 120$) has a frequency of 3, and the high category ($X \geq 120$) has a frequency of 2. The total frequency in the pretest is 5. Meanwhile, in the posttest, the low category ($X < 80$) has a frequency of 4, the medium category ($80 \leq X < 120$) has a frequency of 1, and the high category ($X \geq 120$) has a frequency of 0. The total frequency in the posttest is also 5. This data will be the basis for testing the hypothesis regarding the effect of implementing ablution on reducing the level of angry emotions in students

Table 1
Anger Emotion Score Description Test Results

Subjek	Pretest	Posttest
MS	125	93
SK	101	77
SA	94	71
IA	121	64
SM	94	60

Figure 1
Categorization of Angry Emotion Levels in the Pretest and Posttest

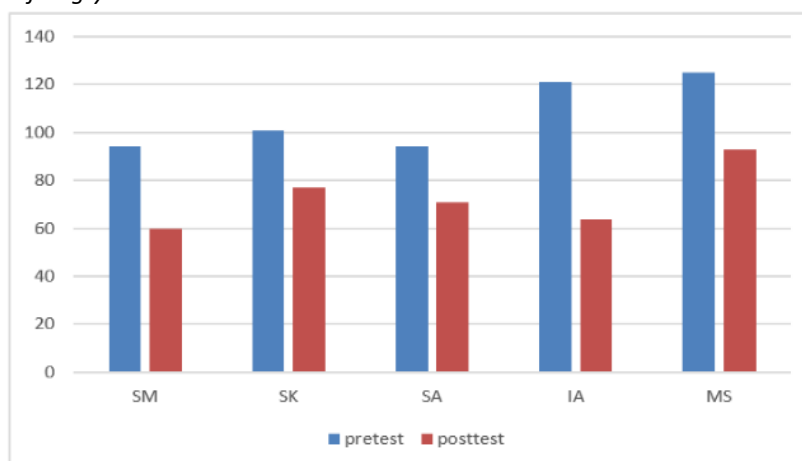


Table 2
Descriptive Statistics of Anger Scores Before and After the Wudu Intervention

Measure	Min	Max	M	SD	n
Pretest	94	125	107.00	14.950	5
Posttest	60	93	73.00	12.942	5

Table 2 presents the descriptive statistics of participants' anger scores before and after the wudu intervention. Prior to the intervention, anger scores ranged from 94 to 125 ($M = 107.00$, $SD = 14.950$). Following the intervention, the scores decreased substantially, ranging from 60 to 93 ($M = 73.00$, $SD = 12.942$). These descriptive findings indicate an overall reduction in anger levels after the implementation of wudu.

The pretest results showed that participants exhibited varying levels of anger prior to the intervention, whereas the posttest results demonstrated an overall decrease in anger scores following the

practice of wudu (Table 1; Figure 1). To determine whether this reduction was statistically significant, a paired-samples t-test was conducted. The analysis revealed a statistically significant decrease in anger levels after the intervention ($t = 5.537$, $p = .005$), indicating that participants reported lower anger scores following the implementation of wudu. These findings provide empirical evidence that wudu was effective in reducing anger among the participating students. These findings are in line with Larsson et al (2024), who reported that awareness of anger does not necessarily translate into the ability to effectively regulate or control anger responses. However, after training, this objective was met. These results indicate a significant change in anger scores after students underwent ablution. The hypothesis analysis was then continued with a paired t-test, resulting in a t-value of 5.537 with a p-value of 0.005 ($p < 0.05$), indicating a significant difference in the scores of angry emotions before and after the implementation of ablution (adapted from Table 3). The implementation of ablution in this study indicated its effectiveness in reducing the level of angry emotions in students. This supports the findings of previous research by (Reza et al., 2024). This study contributes to the understanding and implementation of ablution practices as an effort to deal with angry emotions.

Furthermore, according to qualitative data from an intervention involving ablution practices to manage anger, the results of the study on all five subjects showed positive changes. Subject SM, who initially had difficulty managing anger, experienced positive changes after the intervention with ablution practices. SM's awareness of the relationship between ablution and calmness increased. This aligns with the view of Yansu et al (2024) that ablution is not merely a means of cleansing oneself but also provides extraordinary therapy for calming the soul. Furthermore, ablution also plays a crucial role in reducing anger. The ablution intervention became a form of self-interaction with the ablution process, creating positive changes in SM's management of anger.

Subject SK demonstrated positive changes in anger management, particularly in response to challenging situations. This subject, who tended to respond with anger, successfully improved her self-control skills and chose silence as an alternative to managing her anger. The application of ablution can improve emotional management. This can be explained by the notion that when individuals develop awareness, they can manage their emotions (Larsson et al., 2024). Therefore, this intervention provides awareness for managing emotions.

The increased awareness of silence as an emotional management strategy among SK subjects can be linked to the role of emotional awareness in emotion regulation (Sperry et al., 2021). Field evidence suggests that SK may be aware of socially unacceptable behavior when expressing anger, but could not previously prevent it. With the implementation of ablution practices, SK subjects experienced changes in how they managed their anger, particularly by increasing their awareness. Thus, the practice of ablution, based on the various studies mentioned above, not only influences spiritual aspects but also has a positive impact on emotional management and social behavior. The practice of ablution helps manage emotions and creates positive changes in response to stressful situations and anger. This aligns with the opinion of (Oktaryanto et al., 2019) who stated that ablution is one way to respond to negative emotions. By performing ablution, emotions can be neutralized and stabilized. This allows individuals to think calmly and clearly.

This study illustrates positive changes in managing angry emotions, especially in the context of interpersonal conflict. This subject initially experienced frustration in dealing with interpersonal conflict. This is in line with the opinion of (Fidan & Serin, 2021) who stated that angry emotions can be triggered by factors within the individual, one of which is a lack of problem-solving skills. SA was predicted to have obstacles related to a lack of skills in managing emotions and problem-solving. After the training, SA

demonstrated seriousness and a deep understanding of the material on angry emotions and the practice of ablution. SA's awareness of the link between ablution and angry emotions grew through involvement in the practice of ablution. SA became aware that the practice of ablution can function as an effective form of therapy for managing angry emotions. This is in line with Kolb's Experiential Learning Theory. (Kolb, 1984) highlighted the importance of active participant involvement in the learning process. In this study, almost all participants were serious and they also tended to be more involved in learning the theory and practice of ablution.

Meanwhile, research findings on IA subjects who often find it difficult to control anger, especially under academic pressure, indicate that high levels of responsiveness and active participation are evident during IA training. IA's awareness of the deeper understanding of anger and the practice of ablution (wudu), as well as the psychological impacts of both, are becoming clearer. In this regard, the research findings provide a concrete picture of how the practice of ablution can positively contribute to the emotional and spiritual well-being of IA subjects.

This change is linked to emotional literacy, which encompasses a person's ability to appreciate their feelings and resolve emotional turmoil to manage their emotional world (Brackett, 2019). In the context of IA subjects, the practice of ablution can be a strategy to help them understand how to manage anger. Improving the practice of ablution is accompanied by increased emotional literacy, which encompasses the understanding and management of emotions.

The results of the study, conducted on MS subjects who frequently felt frustrated and had difficulty maintaining composure in certain situations, also showed that active and enthusiastic engagement in the practice of ablution (wudu) had positive results, creating feelings of refreshment, calmness, and happiness. These positive changes in MS's emotional well-being during the intervention reflected an increased awareness of the positive benefits of the practice.

Conclusions related to the above description: Qualitative results from several subjects indicate that the practice of ablution had a positive impact. This was related to a decrease in levels of anger in all student subjects. This self-cleansing ritual serves not only as a religious practice but also as an effective strategy for managing and alleviating negative emotions. Although responses may vary between individuals, overall.

Discussion

In this regard, this intervention indirectly reflects the application of (Goleman, 2000) principles of Emotional Intelligence, which include elements of self-awareness and emotion management. Through the practice of ablution, subjects are not only taught the ritual of ablution but also how to begin to develop self-awareness of their feelings of anger. Furthermore, the practice of ablution becomes a means of managing emotions when angry. In this context, the full implementation of ablution can help improve emotional well-being and self-control.

Furthermore, this intervention also demonstrated an increase in self-control related to restraining anger. This refers to Baumeister (2017) opinion that managing one's emotions requires demonstrating awareness of wiser emotion management strategies. Improvements in emotional well-being and self-control were seen after the practice of ablution. By actively engaging in the physical and spiritual ritual, participants successfully transitioned from impulsive, affect-driven reactivity to deliberate, cognitive-led emotional regulation. This critical shift underscores how the sequential steps of wudu serve as a vital psychological pause, allowing individuals to recruit the necessary ego resources to inhibit aggressive

impulses. Consequently, the practice does not merely suppress the immediate sensation of anger, but systematically strengthens the long-term executive function required for sustained emotional resilience.

Consequently, executing ablution with precise adherence to its ritualistic procedure alongside profound psychological mindfulness transforms the practice into a powerful form of spiritual activation. This spiritual activation transcends mere physical cleansing, as it re-establishes the individual's existential connection to the Divine while simultaneously neutralizing emotional turbulence. By internalizing the sacred meaning behind each physical movement and accompanying supplication, the subject experiences a heightened state of spiritual consciousness that actively de-escalates the psychological grip of anger. Far beyond a routine purification ritual, ablution serves as an effective mechanism for fostering psychological equilibrium; the tactile sensation of water applied to specific bodily zones induces an immediate state of neurological tranquility, wherein the brain's stress pathways are effectively modulated by this sensory harmon (Biahimo et al., 2024). These findings indicate that the mental harmony fostered by ablution provides the psychological foundation upon which its physical, cognitive, and spiritual dimensions work synergistically to restore emotional balance. These findings indicate that the mental harmony fostered by ablution provides the psychological foundation upon which its physical, cognitive, and spiritual dimensions work synergistically to restore emotional balance. Ultimately, this synergy between behavioral precision and internal devotion reclaims the soul's tranquility, proving that wudhu operates as a holistic intervention where physical cooling, cognitive self-control, and spiritual awakening converge to master the emotional self.

The concept of ablution as a ritual to purify the body in Islam is also linked to emotional management, particularly anger. The Prophet Muhammad (peace be upon him) explained that anger comes from Satan, who originates from fire, and fire can be extinguished with water. Therefore, the Prophet Muhammad advised an angry person to perform ablution. Al-Ghazali further elaborated on this, stating that the dominance of the fire element (heat) can lead to feelings of anger, which can be overcome with gentle counsel (Isdianto et al., 2025). Thus, the research findings provide a concrete understanding of how the practice of ablution can have a positive impact on the soul.

Psychophysiologicaly, acute anger triggers a massive activation of the sympathetic nervous system, manifested through a surge in stress hormones (such as adrenaline and cortisol), elevated heart rate, and localized hyperthermia driven by peripheral vasodilation. Within this framework, ablution (wudu) functions as a targeted form of tactile hydrotherapy that induces immediate physiological cooling. When cool water contacts highly innervated cutaneous regions of the body—particularly the face, hands, and feet—peripheral thermal receptors rapidly transmit afferent sensory signals to the central nervous system. Specifically, cold stimulation applied to the facial region activates trigeminal pathways that directly stimulate vagally mediated parasympathetic responses, effectively triggering a localized variant of the mammalian diving reflex. This reflex mechanisms prompts an immediate reduction in heart rate enhances autonomic regulation. Consistent with systematic evidence showing that cold-water exposure enhances parasympathetic activity and decreases heart rate (Jdidi et al., 2024). The physiological cooling elicited during wudu systematically attenuates sympathetic hyperarousal. Consequently, this shift promotes autonomic homeostasis and establishes the physiological groundwork necessary to facilitate higher-order cognitive emotional regulation, thereby directly reducing anger-related arousal.

Another study conducted by Anwar & Wijaya (2019) concluded that ablution can be considered a form of water therapy that stimulates individuals to make sound decisions when angry. When we are angry, it is often difficult to control these emotions, but the process of performing ablution provides an opportunity to reflect and make the right decisions for ourselves. In other words, ablution is not just a

ritual of cleanliness, but can also be an effective way to calm the mind and body when being hit by angry emotions. Mechanistically, this calming effect is heavily driven by the heightened state of mindfulness attained immediately after performing the ritual. By channeling deliberate attention toward the sensory experience of water and the sequence of the movements, individuals are anchored into the present moment, effectively disrupting the cognitive rumination that fuels anger. Consequently, this state of mindfulness expands psychological space, transforming an automatic, aggressive reaction into a conscious, measured response.

Beyond its physical application, ablution (wudu) mitigates anger by inducing a state of systematic, holistic relaxation derived from its highly structured sequence. The intentional utilization of water as the core element, combined with the rhythmic wiping of specific bodily zones, serves as a tactile anchor that systematically de-escalates emotional distress. When executed in strict accordance with Islamic jurisprudence (sharia) and accompanied by profound internal mindfulness, each sequential movement operates as a progressive relaxation technique rather than an empty ritual. Empirically, this structured purification has been shown to simultaneously calm the cognitive state, alleviate anxiety, and stimulate adaptive nervous system responses (Biahimo et al., 2024). These findings indicate that the relaxation induced by ablution extends beyond physical cleansing, creating a calmer psychological state that supports emotional regulation. Moreover, interventions that decrease physiological arousal have been shown to reduce anger and aggression (Kjærvi & Bushman, 2024). Accordingly, the relaxation response elicited during wudu provides a plausible psychological mechanism through which heightened affective arousal is attenuated before escalating into maladaptive behavior. This synergy between outward behavioral precision and inward psychological absorption effectively down-regulates sympathetic dominance, thereby delivering a profound, holistic tranquility that restores emotional control.

What renders ablution an exceptionally potent intervention is that these diverse therapeutic mechanisms do not occur in isolation; rather, they operate simultaneously in a unified, synchronized moment. As the cold water physically cools the skin and instantly down-regulates sympathetic arousal, the structured sequence of the ritual concurrently interrupts negative cognitive rumination by anchoring the individual's attention into the present moment. At this exact same juncture, the profound psychological mindfulness and spiritual devotion inherent in the practice transform the physiological reset into an active state of transcendent coping. This simultaneous convergence of physical cooling, cognitive grounding, and spiritual activation creates a powerful synergistic effect, instantly short-circuiting the multifaceted grip of anger and swiftly restoring holistic equilibrium to both mind and soul.

Despite its valuable insights, this study possesses several distinct limitations that warrant acknowledgment. First, the methodological framework is constrained by a small sample size and a highly homogenous participant demographic, consisting solely of college students, which restricts the external validity and generalizability of the findings to broader populations. Second, the absence of a randomized control group and the exclusive reliance on self-report instruments introduce potential biases, such as social desirability and subjective inflation of emotional states, thereby limiting the internal validity. Third, the study lacks a longitudinal follow-up evaluation, leaving the long-term durability of ablution as an anger-management tool unassessed.

In terms of scientific and practical implications, these findings offer a profound contribution by validating a culturally tailored, accessible, and zero-cost strategy for emotional regulation. Beyond its immediate utility, this research opens strategic avenues for future development, specifically positioning wudhu not merely as a routine act of worship, but as a structured modality within the expanding framework of Islamic psychotherapy. By establishing the empirical link between spiritual jurisprudence

(sharia) and psychological homeostasis, this intervention can be systematically integrated into clinical and counseling settings as a holistic, faith-based psychotherapeutic technique to foster sustainable emotional resilience.

Conclusions

This study demonstrates that the practice of ablution (wudu) is effective in reducing anger among students at Campus X in Pontianak. The findings indicate that participants experienced lower levels of anger following the intervention, supporting the role of wudu as an effective strategy for emotional regulation.

The effectiveness of wudu appears to extend beyond its function as a ritual of physical purification. When performed with proper procedural adherence and mindful intention, it integrates physiological relaxation, cognitive self-regulation, psychological calmness, and spiritual awareness into a holistic process that facilitates anger reduction and emotional balance.

These findings contribute to the growing body of evidence supporting the integration of Islamic religious practices into psychological interventions. As a simple, accessible, and culturally relevant practice, wudu has the potential to be incorporated into counseling, educational, and Islamic psychotherapy settings as a complementary approach to anger management. Future research should examine its effectiveness using larger and more diverse samples, randomized controlled designs, and longitudinal follow-up to strengthen the evidence for its long-term benefits.

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