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Sleep Ethics in the Hadith as a Basis for Developing Sleep Hygiene for Modern Mental Health

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Abstract
The increasing prevalence of sleep disorders, which directly impacts the decline of modern mental health, indicates a gap in the technical approach to sleep hygiene, which lacks a foundation in values. Therefore, a conceptual contribution based on normative traditions is needed to strengthen healthy sleep practices. This study aims to identify ethical themes related to sleep in the hadith and formulate a conceptual model of sleep hygiene based on prophetic values that align with contemporary principles of mental health. Using a qualitative literature study method, the study employs a systematic thematic analysis of hadiths from *Kutub al-Tis'ah*, involving initial coding, categorization, and cross-source integration, accompanied by triangulation of health psychology literature as a connecting framework. The results show five consistent and recurring ethical themes in the hadith texts: first, regulating sleep-wake rhythms in harmony with natural cycles; second, moderation of sleep duration as a form of physiological discipline; third, pre-sleep etiquette including physical hygiene, psychological calm, stimulus reduction, and preparation routines; fourth, choosing a safe and stable sleeping position to support physiological regulation; and fifth, orientation to self-awareness through prayer, introspection, and spiritual framing that organizes mental readiness. These five themes can be systematically mapped to the components of modern sleep hygiene, including circadian regulation, sleep environment management, routine stability, and pre-sleep stress management. This integration yields a three-component model that emphasizes the synchronization of biological rhythms, reinforces behavioral discipline, and promotes the internalization of value-based preventive habits. This provides a theoretical foundation for the development

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of behavioral interventions and mental health promotion, which warrants further empirical testing.

Keywords: Sleep Etiquette; Hadith; Sleep Hygiene; Mental Health; Health Psychology

Abstrak

Meningkatnya prevalensi gangguan tidur yang berdampak langsung pada penurunan kesehatan mental modern menunjukkan adanya kesenjangan dalam pendekatan sleep hygiene yang bersifat teknis namun kurang memiliki fondasi nilai, sehingga diperlukan kontribusi konseptual berbasis tradisi normatif untuk memperkuat praktik tidur sehat. Penelitian ini bertujuan mengidentifikasi tema-tema etika tidur dalam hadis serta merumuskan model konseptual sleep hygiene berbasis nilai profetik yang berkesesuaian dengan prinsip kesehatan mental kontemporer. Menggunakan metode kualitatif studi pustaka, penelitian menerapkan analisis tematik sistematis terhadap hadis-hadis dari *Kutub al-Tis'ah* melalui tahapan coding awal, kategorisasi, dan integrasi lintas-sumber, disertai triangulasi literatur psikologi kesehatan sebagai kerangka penghubung. Hasil penelitian menunjukkan lima tema etis yang konsisten dan berulang dalam teks hadis, yaitu: pertama, pengaturan ritme tidur-bangun yang selaras dengan siklus alamiah; kedua, moderasi durasi tidur sebagai bentuk disiplin fisiologis; ketiga, adab pra-tidur mencakup kebersihan fisik, ketenangan psikis, pengurangan stimulus, serta rutinitas persiapan; keempat, pemilihan posisi tidur yang aman dan stabil untuk mendukung regulasi fisiologis; dan kelima, orientasi kesadaran diri melalui doa, introspeksi, serta pembingkaian spiritual yang menata kesiapan mental. Kelima tema tersebut dapat dipetakan secara sistematis ke dalam komponen sleep hygiene modern, termasuk regulasi sirkadian, manajemen lingkungan tidur, stabilitas rutinitas, serta pengendalian stres pra-tidur. Integrasi ini menghasilkan model tiga-komponen yang menekankan sinkronisasi ritme biologis, penguatan disiplin perilaku, dan internalisasi kebiasaan preventif berbasis nilai, yang menawarkan landasan teoretis bagi pengembangan intervensi perilaku dan promosi kesehatan mental yang perlu diuji lebih lanjut secara empiris.

Kata Kunci: Etika Tidur; Hadis; Sleep Hygiene; Kesehatan Mental; Psikologi Kesehatan

Introduction

The increasing prevalence of sleep disorders and global psychological distress demonstrates a significant link between sleep quality and mental stability. A 2023 WHO report noted that more than 30% of the population experiences sleep disorders, while the CDC (2022) confirmed that individuals who sleep less than 7 hours have a 60% higher risk of depression and anxiety. Digital technology, irregular workloads, and urban lifestyles exacerbate circadian rhythm dysregulation (Vasey, McBride, & Penta, 2021). This complexity underscores the need for a sleep management approach that is not only clinical but also strengthens self-regulation through an ethical framework that guides behavior.

The concept of sleep ethics in the hadith presents a set of values that include regulating sleep time, fostering psychological readiness through dhikr and prayer, managing daily rhythms, and practicing behavioral discipline, all of which have the potential to support relaxation mechanisms and psycho-spiritual balance (Silvia, 2025). Several contemporary psychological studies show that religious activities before bed can reduce anxiety and improve the quality of rest (Basis, Boker, &

Shochat, 2025). However, discussion of how sleep ethics in the hadith can be systematically aligned with modern sleep hygiene principles has not been examined through a thematic-normative approach. The integration of spiritual values and modern psychological principles is relevant because both overlap in aspects of stress regulation, strengthening self-control, and cognitive conditioning before sleep.

Several studies provide an initial foundation for integrative research, although they still leave significant gaps in the academic literature. Sakar and Kahraman's (2022) study examines the Prophet's sleep etiquette from a *fiqh* perspective, but does not link it to mental health theory. Bradshaw and Kent's (2017) study demonstrates the emotional stabilization effect of a nightly prayer routine, but does not link it to sleep hygiene principles. Huberty et al.'s (2021) study shows the benefits of pre-sleep spiritual activities on reducing anxiety, but does not involve an analysis of hadith. Wijayanti et al.'s (2025) study examines the relaxation effects of dhikr (recitation of God) on sleep quality, but it is experimental and physiological without a normative ethical foundation. Mohamad Nor et al.'s (2018) study describes the Prophet's balanced life rhythms descriptively without developing a sleep management model based on the hadith framework. Overall, these studies appear to lack a comprehensive synthesis that combines hadith analysis with a sleep hygiene framework to formulate a sleep management model adaptive to modern mental health challenges.

The research problem formulation in this study is: how are sleep ethics explained in the hadith through thematic-normative analysis; to what extent are these values relevant to modern sleep hygiene principles; and how can the integration of the two be used as a basis for formulating a sleep management model that is responsive to contemporary mental health needs? The research objectives aim to identify and analyze sleep ethics in the hadith, contextualize them within the concept of modern sleep hygiene, and develop a conceptual model that can strengthen sleep management practices through an ethical and psycho-spiritual approach. The initial argument of the research begins with the assumption that sleep ethics in the hadith contain principles of self-regulation, stress management, and the formation of inner peace that align with the findings of modern psychology. The research contribution is expected to be presented in the form of a conceptual model of sleep hygiene based on hadith ethics, which can serve as an interdisciplinary academic reference and an alternative psycho-spiritual approach for the community in addressing sleep disorders and modern mental health issues.

Method

This study employs a qualitative-textual method, with thematic analysis serving as the primary framework for examining the structure of the text, linguistic context, and normative construction of sleep ethics. These are systematically combined with interdisciplinary studies of modern mental health through a conceptual mapping approach. The primary data sources include hadith books

included in *Kutub al-Tis'ah*, as well as authoritative commentaries such as *Fatḥ al-Bārī* and *'Umdat al-Qārī*, which were selected based on their scientific authority and completeness of narration variants. Secondary sources include contemporary sleep psychology and psychiatry literature, including sleep medicine guidelines and evidence-based scientific publications. Data collection techniques were employed through hadith searches using *Miftāḥ al-Kunūz al-Sunnah*, digital databases, analysis of narrative variants, and a socio-historical examination of the text's context. Each hadith was then categorized based on thematic topics such as sleeping position, sleep time, regulation of nighttime behavior, and waking ethics, with explicit criteria regarding the normative relevance to the Prophet's sleep behavior. The data analysis technique follows systematic stages: identification of thematic patterns according to the Braun–Clarke model adapted for hadith texts, triangulation between sources, alignment of concepts with clinical sleep hygiene principles through an alignment framework, and formulation of an integrative model that maps the ethical values of hadith as a conceptual basis for developing sleep hygiene principles relevant to modern mental health needs.

Results and Discussion

Sleep Ethics in the Hadith

The ethical structure of sleep in the hadith can be understood through a thematic analysis (*al-Taḥlīl al-Mawḍū'ī*) that places the *matn* (prayer) at the center of meaning construction. The normative patterns that emerge are derived from the category of prophetic etiquette (*al-Adab al-Nabawī*) based on authoritative discourse. Al-Bukhārī's (1993) account of the Prophet's sleeping position on his right side and the prayer that opens his sleep demonstrates a theocentric orientation built on the principle of spiritual readiness. Ibn Ḥajar (1970) interpreted this recommendation as bodily moderation that maintains moral alertness and prevents negligence. Analysis of the matan indicates that these instructions are not *mahḍah* worship, but rather guidelines for daily behavior with an ethical dimension.

Ibn Mājah (2014) narrates the prohibition of sleeping on one's stomach, conveyed by the Prophet to someone who finds himself in that position. The text of the hadith reads, "O Junaydib, this is the way the people of Hell lie." This hadith was declared authentic by al-Albānī (1995), making it a reliable reference for ethical daily practice. Al-Sindī (1998) identifies this form of prohibition as *naḥy irshādī*, namely moral guidance aimed at improving ethical dispositions, not prohibitions on tahrīm. The concept of irsyādī is explained through the framework of ushul fiqh, which distinguishes between moral-based prohibitions and legal-based prohibitions. Analysis of the *matn* (text) reveals a relationship between the prone position and a lack of spiritual alertness, as this position restricts the body's movement sensitivity, thereby not supporting the state of alertness recommended by the Prophet (Mugaltai, 2007). This explanation aligns with the principle that the

body in Islamic ethics is regarded as a valuable trust and is not detached from the moral dimension (Mukhtar & Todd, 2023).

The ablution before sleep, as narrated by al-Bukhārī (1993) and Abū Dāwud (1993), is analyzed by placing the opinion of Ibn Daqīq al-'Īd (1987) in *Iḥkām al-Aḥkām Syarḥ 'Umdah al-Aḥkām* as the primary basis. He explains that ablution functions as a symbolic cleansing that harmonizes the physical and spiritual through a state of purity before entering the sleep phase. The analysis of the matan reveals a transition pattern between worldly activities and spiritual readiness, such that ablution serves as a symbol of ethical maturity, not just technical preparation.

The hadith about the Prophet's dislike of long conversations after Isha (Al-Bukhārī, 1993), as explained by al-'Aynī (1993), demonstrates the dimension of sleep time regulation. Al-'Aynī stated that this prohibition is more of a preventative measure to prevent disruptions to the rhythm of nighttime worship and daily time management. The term "*sadd al-Żarī'ah*," as used by al-Zuḥaylī (2019), refers to efforts to close gaps in activities that can harm spiritual quality and productivity. This analysis emphasizes that the ethical structure of sleep is not only related to position and preparation, but also discipline over time as part of an orderly lifestyle.

The prohibition against leaving a fire or lamp on while sleeping, as narrated by al-Bukhārī (1993), is part of *adab al-Wiqāyah*. This ethical guideline encourages caution for the sake of personal safety. Ibn Ḥajar (1970) interpreted this hadith as a protective instruction relevant to the context of early Arab homes that were vulnerable to fire. His explanation needs to utilize the historical context regarding the use of oil lamps and domestic risks during the Prophet's time to strengthen the argument that sleep etiquette also encompasses the management of rest spaces. To avoid extending to general household etiquette, the author must emphasize the relevance of this prohibition to sleep safety. Historical contextual analysis provides a stronger scientific foundation than normative generalizations about social responsibility.

A synthesis of these various narrations reveals three main components of sleep ethics in the hadith: spiritual orientation before sleep, bodily management and habits in line with prophetic adab, and disciplined time and space management based on moral responsibility. These components are compiled through the induction of the text and the reading of primary texts, so that the relationship between the text and ethical values appears methodological, not normative. Scholars place this set of ethics within the framework of *al-Adab al-Nabawī*, namely, prophetic behavior that combines the glorification of the body as a trust and the strengthening of morals as a foundation for life.

Sleep Hygiene Components from the Perspective of Modern Health Science

The sleep hygiene framework in modern health science is based on a comprehensive understanding of two primary mechanisms of sleep regulation: the two-process model, which encompasses both circadian rhythms and sleep

homeostasis. Circadian rhythms are established by a biological clock system regulated by the suprachiasmatic nucleus (SCN) and influenced by external zeitgebers, particularly the light-dark cycle (Bautista et al., 2025). Sleep homeostasis regulates sleep demand based on the accumulation of increasing sleep pressure throughout the waking period. These two mechanisms interact through neuroendocrine networks and sensory pathways, influencing sleep readiness, sleep continuity, and the quality of restorative sleep. Disruptions to these rhythms are associated with changes in melatonin secretion, cortisol dysregulation, increased sympathetic nervous system hyperactivity, and disruption of cognitive processes involved in emotion regulation (Walker et al., 2020). A study by Vinkers et al. (2021) showed that disruption of biological rhythms is correlated with an increased risk of depression, anxiety, and stress dysregulation, primarily through disruptions in HPA axis stability and modulation of limbic activity.

A consistent sleep routine is a key component of sleep hygiene, maintaining circadian rhythm stability and strengthening entrainment to the routine zeitgeber. Consistent bedtimes and wake times enhance the accuracy of melatonin secretion cycles, support normal morning-evening cortisol fluctuation patterns, and align body temperature nadirs with sleep phases (Khalid et al., 2024). Research by Boivin, Boudreau, and Kosmadopoulos (2021) suggests that irregular sleep schedules result in circadian misalignment, increase sleep onset latency, and decrease sleep efficiency. Planned pre-bedtime routines, such as light relaxation activities, reduced cognitive stimulation, and a gradual transition to a relaxed state, can help minimize pre-sleep arousal, especially in individuals with high sensitivity to cognitive hyperactivity (Kuula et al., 2020). Irregular routines have been shown to disrupt HPA axis activity by increasing evening cortisol levels, which contribute to mood disorders, irritability, and decreased cosgnitive performance. The consistency of daily rhythms helps maintain internal synchronization, making the sleep process more stable both physiologically and psychologically (James et al., 2023).

The sleep environment plays a significant role in determining sleep quality, as it has a direct influence on the sensory system and neurophysiological mechanisms of sleep. Light intensity is the most important determinant, as exposure to bright light at night suppresses melatonin release through the activation of intrinsically photosensitive retinal ganglion cells (Rusciano, 2025). Dark or dim conditions accelerate the transition to the NREM phase by reducing stimulation impulses to the SCN (Chiu, Yi, & Chang, 2025). Noise increases the frequency of micro-arousals and triggers sympathetic activation, thereby reducing sleep continuity, even at low sound intensities (Yazdanirad et al., 2023). Ambient temperature influences thermoregulation; mild cold temperatures help lower core body temperature, a physiological prerequisite for sleep initiation (Xu et al., 2021). Additional factors, such as mattress quality, pillow quality, and air quality, influence physical comfort and the frequency of body movements during sleep. Clinical

findings demonstrate a link between sleep comfort and improved sleep continuity (Caggiari et al., 2021). An optimized environment also creates a physiological context that supports sleep and minimizes external stimuli that could potentially trigger sleep fragmentation (Boubekri et al., 2020).

Sleep-promoting behaviors encompass a range of preventive and promotive actions that influence sleep architecture. Caffeine consumption inhibits adenosine receptors, prolonging sleep latency and decreasing the proportion of slow-wave sleep. Nicotine increases sympathetic activation and decreases sleep efficiency (Reichert et al., 2021). Alcohol is often misconstrued as a sleep inducer, but research by Reeves-Darby et al. (2025) suggests that this substance disrupts REM sleep and increases sleep fragmentation. Physical activity plays a positive role in sleep homeostasis; however, high-intensity activity close to bedtime can increase body temperature and sympathetic activity, thereby inhibiting sleep onset (Frimpong et al., 2021). Screen use before bedtime affects sleep regulation by exposing individuals to blue light, which suppresses melatonin and increases cognitive stimulation (He, Tu, Xiao, Su, & Tang, 2020). Relaxation interventions such as breathing exercises, mindfulness meditation, and cognitive reframing techniques reduce sympathetic activity and rumination, two key factors in psychophysiological insomnia (Ntoumas et al., 2025).

The integration of sleep hygiene components is situated within a neurocognitive framework that demonstrates the role of sleep quality in emotional memory consolidation, regulation of limbic activity, and stability of prefrontal connectivity. Chronic sleep disturbances result in increased emotional reactivity, decreased prefrontal inhibition, and impaired executive function, contributing to symptoms of depression, anxiety, and stress disorders. Sleep hygiene serves as a promotive and preventive intervention that stabilizes these neurobiological processes through rhythmic, environmental, and behavioral regulation. This integrative framework emphasizes that modern sleep hygiene is not simply a behavioral guideline, but an evidence-based approach that holistically connects neurophysiological regulation, emotional functioning, and mental health.

Comparative Analysis between Hadith and Modern Sleep Hygiene

A comparative analysis of sleep ethics in the Hadith and modern sleep hygiene concepts requires a clear unit of comparison to understand their relationship systematically. Sleep ethics in the Hadith is based on value principles that shape behavioral orientation, while modern sleep hygiene relies on empirical studies of the biological and psychological regulation of sleep. The comparison between the two becomes sharper when analyzed through specific indicators, such as sleep intention, pre-sleep activity regulation, environmental stimulus management, schedule consistency, and mechanisms of internalizing motivation. At this point, conceptual correspondences emerge, particularly regarding activity moderation, behavioral regularity, and the avoidance of habits that disrupt circadian

rhythms. The Hadith provides a moral foundation that guides the formation of sleep habits, while sleep hygiene offers a causal mapping that demonstrates the influence of behavior on sleep quality and neurocognitive function.

The relationship between the two becomes increasingly apparent through an operational comparison of the hadith's recommendations regarding sleep preparation with scientific findings on stimulus control. The hadith encourages a calm state of mind, measured physical activity, and a clean bedroom environment, which aligns with sleep hygiene recommendations to reduce exposure to intense light, minimize noise, and maintain the bed as a rest zone. Behaviors mentioned in the hadith, such as avoiding strenuous activity at night, maintaining personal hygiene, and organizing space, form part of a pattern that strengthens the continuity between moral values and observational behavior. The integration of the two is evident when sleep ethics is viewed as a source of intrinsic motivation for habit formation. In contrast, sleep hygiene provides empirical parameters that explain the effectiveness of actions. The two can be compared through a behavioral matrix that encompasses cognitive, emotional, and environmental aspects, thus extending beyond abstract similarities.

The epistemological differences between the two broaden the scope of analysis because the hadith uses normative authority as a guide to action. At the same time, sleep hygiene examines the causal relationship between habits and sleep quality. This divergence of methods is not contradictory, but rather complementary through self-regulation mechanisms. The hadith establishes a foundation of values that guide intentions and character, while sleep hygiene explains how concrete actions influence brain function, circadian rhythms, and emotional stability. Within a psychological theoretical framework, the integration of the two can be grounded in the concepts of value internalization and habit formation, where moral motivation drives long-term consistency, and biological mechanisms provide physiological feedback that reinforces adaptive behavior (Wilkinson, Curry, Mitchell, & Bates, 2024). Analysis at this level demonstrates stronger theoretical value than simply stating compatibility, as the relationship between the two is understood through the concrete interaction between moral and biological factors.

The conceptual synthesis of these two domains enables the development of an integrative model, positioning the hadith as a framework for behavioral objectives and sleep hygiene as an operational tool that guides practical steps. The model encompasses three main components: first, key values of the hadith that guide sleep orientation, such as good intentions, cleanliness, mental tranquility, and maintaining a rhythm of activity; second, principles of modern sleep hygiene, including schedule consistency, stimulus control, consumption regulation, light reduction, and stress management; and third, the interactive relationship between moral motivation and empirical evidence explaining the effectiveness of behavior.

This structure results in an integration that does not merge the two disciplines, but rather positions each within its functional domain.

Hadith-Based Sleep Hygiene Development Model

The hadith-based sleep hygiene development model is formulated through a normative-empirical synthesis that links sleep behavioral guidelines in the hadith with scientifically proven principles of sleep hygiene. Integration of the two is positioned as a mechanism for adaptive habit formation through value reinforcement, self-regulation, and the establishment of stable routines. This approach follows a values-based intervention framework that emphasizes the role of intrinsic motivation and alignment between internal beliefs and concrete actions. A study by Staniford and Schmidtke (2020) demonstrated that internalized moral values increase the persistence of behavior change by strengthening intentions and goal orientation. This framework, combined with theories of self-regulation, habit formation, and sleep science findings, ensures that hadith ethics serve not only as a moral guideline but also as part of a measurable mechanism for forming healthy sleep habits. This integrative mechanism positions values as drivers of intentions, intentions as guides to actions, and actions as the basis for stabilizing behavioral rhythms.

This model is structured around four integrative pillars, each with operational definitions and indicators. The first pillar is regulative intention orientation, which involves establishing the goal of sleep as a physical recovery and mental clarity activity, anchored in religious values. Indicators include consistency of intention before bed, understanding of the purpose of sleep, and cognitive readiness to establish a healthy routine. The second pillar is consistent rhythmic discipline, which aligns the hadith's directives on proportional rest periods with the principle of circadian rhythm stability. Indicators include adherence to sleep-wake times, stable sleep duration, and a regular pre-sleep routine. The third pillar involves managing internal and external stimuli through moderate consumption, controlling nighttime activities, and structuring the sleep environment according to clinical principles, including reducing blue light exposure, regulating temperature, and minimizing cognitive stimulation. The fourth pillar is reflective internalization, a cognitive process that connects sleep quality to mental health through awareness of values, self-evaluation, and spiritual reframing of sleep behaviors. Indicators include daily reflection, recording emotional changes, and reinforcing the meaning of sleep as a restorative activity. These four pillars are interrelated and form a behavioral system that can be monitored through daily routine data, sleep records, and sleep quality measurement instruments.

Various empirical findings on the effectiveness of values-based interventions support the model's strength. Herscher et al. (2021) demonstrated that internal values enhance adherence to sleep hygiene protocols through a sense of stable, meaningful attachment. Findings by Bandhu et al. (2024) confirmed that habit

changes are more sustained when participants have intrinsic motivation aligned with personal values. The model's contribution to neuropsychological aspects is evident in its alignment with research by Sullivan, James, Henderson, McCall, and Cairney (2023), which emphasizes the role of sleep routines in promoting emotional stability, memory consolidation, and reducing anxiety symptoms. Linking each finding to the model's pillars yields a theoretically consistent structure: the intention pillar corresponds to intrinsic motivation, the rhythmic pillar to behavioral control, the arousal pillar to neurocognitive regulation of stimulation, and the reflective pillar to strengthening psychological executive functions.

The model's application in mental health education can be operationalized through a curriculum that combines science-based sleep literacy with normative values appropriate to a religious cultural context. Modules could include sleep quality journaling, pre-bedtime value reflection, routine-building exercises, and cognitive-behavioral therapy for emotion regulation. Effectiveness could be evaluated using the Pittsburgh Sleep Quality Index, sleep diaries, and self-regulation scales. A gradual, habituation-based implementation structure encourages participants to connect sleep routines with academic performance, focus capacity, and psychological well-being. The integration of values strengthens internal motivation, so that sleep routines are viewed not simply as clinical procedures, but as part of character building.

Implementation in counseling and psychological interventions requires technical adjustments to maintain alignment with evidence-based practice standards. Counselors can integrate relevant sleep hygiene values with CBT-I techniques, such as stimulus control, sleep restriction, cognitive restructuring, and adaptive behavioral reinforcement. Hadith values serve as a commitment reinforcement and reflective framework for interventions, while CBT-I components provide a measurable structure for behavioral change. This approach is suitable for clients with a religious background and who tend to associate behavior with moral meaning. The principle of value integration must adhere to the ethics of the psychology profession through assessing value readiness, clarifying client preferences, and implementing techniques that do not conflict with individual autonomy. This model can be implemented in community settings through sleep education programs, reflection groups, and diary-based behavior monitoring.

This integrative model has the potential for long-term development as an intervention framework that systematically links moral values, self-regulation, and scientific principles. Its characteristics are adaptable for education, counseling, and community mental health programs. Its epistemic contribution lies in the formulation of normative-empirical pillars, operationalized through measurable indicators, and the unification of theories of intrinsic motivation, habit, and circadian regulation within a single values framework. Limitations of the model include the need for empirical validation across populations, sensitivity to levels of

religiosity, and potential bias in interpreting values for individuals with different faith backgrounds. Further research directions could include experimental trials of each pillar, comparisons of effectiveness with conventional sleep hygiene interventions, and the development of values-based measurement tools to assess the depth of internalization. The integration of moral and scientific dimensions in this model is expected to broaden the sleep hygiene approach toward more meaningful, measurable, and relevant interventions for modern mental health.

Conclusion

The sleep ethics in the hadith, including bedtime regulation, nighttime stimulation reduction, physical readiness, and spiritual orientation, have a direct correspondence with modern sleep hygiene principles, particularly in strengthening circadian rhythms, emotional regulation, and pre-sleep cognitive control. Theoretically, this study expands the study of thematic hadith toward an integrative model based on the prophetic behavioral framework that is relevant to contemporary psychology and opens up space for theoretical development regarding the relationship between sleep regulation, affective balance, and self-regulation mechanisms. Practically, the study results provide a basis for designing operational guidelines for hadith-based sleep hygiene, including psychoeducational modules, nighttime activity regulation guidelines, and dhikr relaxation interventions that can be adapted for use in educational, family, and clinical settings. This study is limited to textual analysis, lacking data triangulation and empirical testing of the model's effectiveness, which still limits its generalizability. Further research needs to develop a conceptual model through a Delphi study, test its effectiveness through controlled experiments, develop and validate Islamic sleep hygiene instruments using CFA/SEM, and conduct cross-cultural comparative studies for more measurable and broader application.

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