

The Comparison of Mental Health Component between Quran Reciters and Non-Reciters in Kermanshah, Iran

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ABSTRACT

The exhilarating recitation of the Holy Quran significantly affects the improvement of mental health, helps reduce stress, and remedies psychological disorders such as anxiety, depression and insomnia. The purpose of this study is to compare the degree of somatic symptoms anxiety and insomnia, social dysfunction and depression in Quran reciters and ordinary individuals in Kermanshah, Iran, in 2013. The research method used was a case-control study. The participants were 216 individuals (108 Quran reciters and 108 ordinary people) with similar demographic variables of age, gender, and socioeconomic conditions. To examine psychological well-being General Health Questionnaire (GHQ) was used. After the questionnaires were completed the data were analyzed in SPSS-18 using t-test on the independent groups. Results indicated that there was a significant difference between somatic symptoms of Quran reciters and non-reciters ($t=3.646$, $p=0.001$), showing that the reciters suffered from less somatic symptoms. Furthermore, significant differences were observed between Quran reciters and ordinary people in terms of anxiety and insomnia symptoms ($t=3.86$, $p=0.001$), social dysfunction ($t=4.791$, $p=0.001$), and depression symptoms. Results showed that Quran reciters enjoyed more mental wellbeing than the ordinary individuals. This implies that affinity with the Holy Quran and investing in religious beliefs play a significant role in reducing psychological disorders experienced as physical symptoms, anxiety, insomnia, and depression.

KEYWORDS: The Holy Quran, mental health, anxiety, depression.

1- INTRODUCTION

Recently, studies on spirituality and its role in well-being, happiness, welfare, development, and self-actualization have to newly developing topics. Similarly, American Psychological Association has found research on spiritual well-being to have reached a mature stage. Equally important, Islamic tenets, too, emphasize the significance of prayer, particularly practical prayer, in the cultivation of faith in people [1]. According to William James, paying, worshiping and communing with the spirit of creation involve some practical aspects which can bring about remarkable effects and results. These practices give the individual some powers and energies that are represented as perceptible physical and spiritual effects. Religious sentiments can help overcome melancholic moods, give a specific sense of persistence, and give a particular value to one's life [2].

Today, most experts contend that religion can have definite effects on physical health and other aspects of human life. From among Divine religions, Islamic recommendations for physical and psychological health provide a comprehensible corpus. Psychologists believe that most psychological disorders stem from psychic maladies and everyday life tragedies, while non-religious people usually tend more to suffer from such disturbances. Religious people, depending on the firmness of their faith, are normally more immune to such disorders. Thus, one of the growing problems of the present era, as a consequence of lack of religious faith, is the development of mental illnesses (ibid.).

Islamic education can help reduce the likelihood of developing mental disorders. Surrender to God's Will importantly affects optimal health care. Clinging to the Holy Quran inspires mental tranquility, helping people to overcome their illnesses and everyday problems. Such practices and prayers guarantee an individual's physical and physical health. Following Islamic teachings would provide an informative guideline for coping with or controlling anxiety, hopelessness, depression. The Holy Quran, in its entirety, provides a rich source of education on mental equilibrium, hopefulness, and human majesty. Some of the related concepts are *sakeena* (assurance), *qalbin saleem* (a sound heart), *hayatan tayyibatan* (a good life), and *alnnafsu almutmainna* (reassured soul) [3]. In Quranic verses, words are so uniquely ordered together that, even in absence of musical instruments or rhyme and rhythm, they create a harmonious melody for the listener. In fact, there is no other text as pleasant as the Holy Quran when its verses are recited [4].

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Despite the pessimistic view of some psychological schools toward religion, from the inception of Applied Psychology, research conducted on the relationship between mental health and religion normally represented a positive link. Since 1950s, studies have been suggesting the effects of religious interventions on the improvement of psychological ailments. For instance, the remedial effects of prayer and worship on controlling psychological disorders can be mentioned [5]. In this case, Benjamin Rush (1744-1813), as the father of American psychiatry, considered religious studies, suggesting the significance of religion in everyday life. Similarly, Carl Jung in his psychotherapeutic activities found that religious faith could give consistency and meaningfulness to an individual's personality, observing that all patients with a psychological disorder suffered from lack of firmness in their religious beliefs. Thus, religious faith, as a cultural element and an internal need, constitutes certain personal characteristics and temperament traits in individuals [6].

Many of theories in their approaches have focused on the role of religion in attaining mental health [7]. In case of psychology of religion, Vitter et al. showed that 20-60% of mental health items in adults was controlled by religious beliefs [8]. Techniques of religious coping with everyday life are among the important variables in mental health [9]. There are many pieces of evidence demonstrating that various dimensions of religion can help improve mental health. From among these positive effects, one can mention decreased sensitivity to social stressors, enjoyment of social and psychological supportive resources in dealing with stress, and strategies for controlling stress [10]. Many researchers argue that being religious provides strength to deal with stress [11].

In a study, Mitchell and Romans [12] investigate the spiritual beliefs of patients with mental disorders. The study revealed that 78% of patients had spiritual beliefs, 81.5 performed religious activities, and 24% used religious coping strategies [12]. In another study, Vylytz and Krydr, in a sample of 1650 individuals with an average age of 50 years old, found that religious attitude were positively correlated with mental health [8]. Their findings showed that religious orientation was related to increased mental health and decreased psychological disorders. Furthermore, they found that religious orientation could help predict positive religious coping strategies, and that the relationship between self-esteem and religious orientation was positive [13].

As a result, considering the role of religion and religious rituals in "mental health", on the one hand, and considering the significance of the Holy Quran for the Muslims and particularly Iranians, on the other, the present study seeks to unfold whether Quran recitation can effectively increase mental health in those who follow religious rituals. More specifically, this study is intended to compare the effect of a religious behavior in individuals who follow the behaviors and those who do not.

2- THE ORETICAL CONSIDERATIONS

World Health Organization (WHO) provides the following definition of mental health (World Health Organization):

Mental health is not just the absence of mental disorder. It is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

Still, what are the elements that would actually guarantee mental health? Psychological studies conducted on different areas have introduced numerous factors affecting mental health ranging from sports and physical activates to nutrition and individual and social considerations. The question, however, is that whether individuals who rigorously follow all of the recommendations enjoy complete mental health? What is the role of a "safety-point" in everyday life crises and stressful situations? These are all issues that scientists and researchers in psychology are normally concerned with, and along the same lines, the present study compares the mental health ordinary people to that of Quran reciters as individuals who are in a closer contact with religious behaviors and values than others.

1-2- Method

The present study is a case-control research as it deals with the degree of mental health items in Quran reciters and ordinary people in Kermanshah, Iran. The population included all Quran reciters and other people in this city where the study was conducted. The sample included 216 individuals (108 Quran reciters and 108 non-reciters) and cloning was used to put make sure the participants were under equal demographic characteristics including age, gender, and socioeconomic status. After Quran reciters were collected from Quranic Activities Centers, Also, from among ordinary people in Kermanshah, 108 individuals with equal demographic characteristics were selected. To collect data, General Health Questionnaire was used.

Goldberg and Hillier General Health Questionnaire: In this questionnaire the variable *mental health* is tested through 28 questions. The questionnaire is a screening tool that examines the lowest level of symptoms commonly observed in a number of psychological disorders, and it is capable of distinguishing psychologically ill individuals from healthy ones [2]. Besides an overall point for general health, 4 points are obtained from subscales including somatic symptoms, anxiety and insomnia, social dysfunction and severe depression. From among the 28 items in the questionnaire, items 1-7 test somatic symptoms, 8-14 test anxiety and insomnia, 15-21 evaluate social dysfunction, and finally 22-28 examine depression [14].

According to Goldberg’s report [2], the meta-analysis on the validity of GHQ-28 in 43 studies all over the world has found the consistency of the questionnaire to be 5.848 at the 0.83 level of standard error. In a study on a sample of male and female handicaps in Welfare Organization, Tabriz, Iran, the reliability of the questionnaire was found to be 0.79 through Cronbach’s alpha [15].

After the data were collected, descriptive statistics such as mean and standard deviation were calculated, and the hypotheses were tested through t-test in SPSS 18.

2-3-RESULTS

As mentioned earlier, the sample included 216 individuals (108 Quran reciters and 108 non-reciters) and coning used to make sure participants were under equal demographic characteristics including age, gender, and socioeconomic status. The data were analyzed in SPSS 18. Table 1 shows the demographic specifications of the participants. Table 2 shows mean and standard deviation of the variables. T-test was used to analyze the data and test the hypotheses. Table 3 illustrates the results of t-test conducted on the two groups individually.

Table 1. Ethnographic specifications: Age, gender, and education level

<i>Index</i>	<i>Groups</i>	<i>Frequency</i>	<i>Percent</i>	<i>Cumulative frequency</i>
Gender	Male	120	55.6	55.6
	Female	96	44.4	100.0
	Total	216	100.0	
Age	15-25	96	44.4	44.4
	26-35	62	28.7	73.1
	36-45	36	16.7	89.8
	46-55	16	7.4	97.2
	Above 56	6	2.8	100.0
	Total	216	100.0	
Education	Illiterate	2	0.9	0.9
	Elementary-high school diploma	92	42.6	43.5
	Above high school diploma	122	56.5	100.0
	Total	216	100.0	

Table 2. Statistical information of participants’ mental health items

<i>Item</i>	<i>Mean</i>	<i>Sd.</i>
Somatic symptoms	4.61	3.185
Anxiety and insomnia	4.54	4.089
Social dysfunction	6.95	2.728
Depression	2.73	3.284

Table 3. T-test results of groups and significance level of participants’ mental health

<i>Items</i>	<i>t</i>	<i>Sig</i>	<i>F</i>
Somatic symptoms	3.646	0.001	3.131
Anxiety and insomnia	3.86	0.001	15.4
Social dysfunction	4.791	0.001	2.037
Depression	3.824	0.001	14.867

Considering Table 3, data analysis showed that there was a significant difference between Quran reciters’ physical symptoms and those of the non-reciters ($t=3.646$, $p=0.001$). Also, the degree of such symptoms was found to be less in Quran reciters than the participants of the other group. As far as the anxiety and insomnia are concerned, a significant difference was found between Quran reciters and non-reciters ($t=3.86$, $p=0.001$), while the former suffered less from such disorders.

A significant difference was also found between Quran reciters’ social dysfunction and that of the non-reciters ($t=4.791$, $p=0.001$). Furthermore, there was a significant difference between the two groups as far as depression is concerned ($t=3.824$, $p=0.001$).

3- DISCUSSION AND CONCLUSION

Data analysis revealed that there was a significant difference between Quran reciters' physical symptoms and those of the non-reciters, while the degree of such symptoms was less in the reciters. Furthermore, a significant difference was observed in anxiety and insomnia symptoms of the Quran reciters and those of the non-reciters, although the former showed a less tendency to suffer from such disorders. That is, the mental health of Quran reciters was higher than that of the non-reciters. In addition, as far as physical symptoms, anxiety and insomnia symptoms are concerned, Quran reciters showed less symptoms. This finding is in line with what was observed in another study about the significant correlation of these four items of mental health and religious rituals. In fact, the findings of the present research is concord with those of another study which found that correlation coefficients of *commitment to beliefs* and *commitment to ethics* had a significant correlation with somatic symptoms, anxiety and insomnia, and social dysfunction [16].

A research revealed that there was a significant correlation between style of negative religious coping strategies and mental health. The same correlation was also found between spiritual happiness and mental health [16]. In a research the correlation between fasting in Ramadan and all mental health items was studied. Results revealed that that there was a significant difference in the items (viz. somatic symptoms, anxiety and insomnia, social dysfunction, and depression). Finally, the overall grade of the GHQ for those who had fasted during Ramadan showed that they experienced improved general health after Ramadan, whereas participants of the other group who had not fasted because of religious or medical reasons experienced decreased mental health after Ramadan [18].

There is a direct relationship between religious and being religious to mental health. The more religious orientation is internalized, the more the individual experiences mental health. The more religious orientation is externalized, the more the individual feels tired and shows negative physical symptoms as well as insomnia and anxiety. Also, increased depression and tendency to commit suicidal are concerned can in turn increase externalized religious orientation ($p < 0.001$). Internalized religion is a key factor for mental health, and consideration of religion can affect mental health in preventive and remedial interventions [19].

Furthermore, the results of this study suggested that there was a significant difference between the social dysfunction of Quran reciters and non-reciters. In fact, the study showed that the more an individual was in contact with the Holy Quran, the more s/he would show successful social function and mental health. Meanwhile, reciters would show less tendency toward depression. This finding is in line with the finding of another research which showed that there was a significant difference between university staff and outsiders who paid attention to performing daily prayer [20].

Religious orientation in the university staff was more internalized than in the outsiders. Also, the university staff showed less somatic symptoms, anxiety and insomnia, social dysfunction, and depression, which is exactly in line with the findings of the present study. Similarly, as far as depression is concerned, patients who follow religious rituals experience less suicidal thoughts than those who have a weak tendency toward religious rituals [21].

In a study, university students' religious orientation was found to have a significant and reverse relationship to anxiety and depression, and as the students showed increased religious orientation, their anxiety and depression were alienated [5]. In a survey on the prediction of adults' mental health based on their religious thoughts and behaviors, 472 participants were tested, and results revealed that religious orientation and socio-cognitive aspects of religion were significantly related to mental health. Also, internalized religious tendency served as an indicator of increased mental health, but externalized religious health did not predict mental health [22]. Research findings show that there is a significant relationship between age, gender, income, education, internalized religious orientation, and externalized religious orientation to mental health (see 3.)

Considering the fact that the present study was a case-control research, the results cannot yield certain cause-effect relationships between and among the component of mental health and Quran recitation. In addition, the present study other possibly affective factors in mental health were not considered, thus we recommend that future complementary studies take into account other variables as well. Findings of the study, although they report a comparative study on Quran reciters and other people, can serve as a guideline for all individuals who can attain psychological tranquility by clinging to the Holy Quran and Divine verses. Also, the findings can inspire broadcast policy-makers (mainly in Islamic countries) to produce programs on the importance of reading the Quran, having religious beliefs, and particularly praying.

Finally, as Muslims believe that Islam provides a comprehensive source for a healthiest lifestyle based on Islamic directives and authority and covers a wide spectrum of moral, interpersonal, social and hygienic issues, further scientific studies can be conducted on the role and effects of religious variables on mental health.

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