

Relationship between Quranic practices, religious orientation & psychological wellbeing

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ABSTRACT

The Holy Quran is the book of blessings, a source of guidance and the last divine religious scripture for the Muslims. The exhilarating recitation of the Holy Quran and its listening play a significant role for physical and psychological health. One of the purpose of this study was to develop a scale to measure Quranic practices. The present study also explored the relationship between religious orientation, Quranic Practices and Psychological well-being. The sample of one hundred university students, who participated in this study and aged between 18 to 23 years, was taken. Three self-administered scales – the Religious Orientation Scale (Gorsuch & Mc Pherson, 1989), the Psychological Well-Being (PWB) scale (Diener & Biswas-Diener, 2009) and the newly constructed Quranic Practices scale (Khan,Z.H) – were used to measure religious orientation, psychological wellbeing and Quranic practices respectively. For statistical analyses of the data Pearson product-moment correlation was applied and the results validated the assumptions that Quranic practices were positively associated with religious orientation and psychological wellbeing. The implication along with recommendation for future research are proposed where a stress management model using Quranic text could be applied for a sounder psychological health of students.

Keywords:

Quranic Practices, Religious Orientation, Psychological wellbeing

Introduction

Islam, the religion of peace, is practiced by 1.6 billion Muslims worldwide with approximately about 178 million Muslims in Pakistan (Pew Forum 2011). The guideline followed by Muslims is centered on the teachings of the holy Prophet Muhammad (pbuh), by understanding and implementing the Muslim Divine Holy scripture Qur'an in their lives and adhering to utilization of Hadith, and Sunnah (Alsharif et al. 2011). Therefore, the stronger a Muslim is oriented towards Islamic principles the greater inner peace and wellbeing is obtained. A number of research studies demonstrated a positive relationship of religiosity with well-being, mental health, self-esteem, meaning in life (McCullough and Willoughby 2009; Pargament, 2002; Powell et al. 2003; greater life satisfaction (Amit, 2010); greater self-esteem (Yakushku, 2005); social support (Elliott & Hayward 2007), happiness and well-being (Abdel-Khalek, 2006; Francis, Katz, Yablon, & Robbins, 2004), reduced psychological distress (Lesniak, Rudman, Rector, & Elkin, 2006; Levin, 2011), reduced levels of anxiety and depression (Eliassen, Taylor, & Lloyd, 2005; Mann, McKeown, Bacon, Vesselinov, & Bush, 2008)

In understanding the reason behind religious motivation there are generally two forms of religious orientation conceptualized by Allport and Ross (1967). The term intrinsic religious orientation means Intrinsic find their "master motive in religion" (Rodriguez & Henderson, 2010: p. 85). This definition implies that a person lives his/her life according to his/her religion and religion functions as a master motive in all aspects of one's lives. The second religious orientation is opposite called extrinsic religious orientation where religion is seen as a source of "security and solace, sociability and distraction, status and self-justification" (Rodriguez & Henderson, 2010: p. 85). In short extrinsic religious orientation is used as a means to attain personal or social benefits. Many studies in the west have found that intrinsic religious orientation showed psychosocial well-being, less depression and greater empathy whereas reverse relationships appeared for the extrinsic scale (Donahue 1985; Watson, Morris, and Hood 1989).

In reviewing the religious orientation in Muslim contexts, one finds that Islam is under represented in most of the researches (Leondari & Gialamas, 2009; Pospel et al., 2010). One prominent difference with Christian sample and Muslim sample is that extrinsic Personal Orientation among Iranian Muslims served as a positive role and predicted religious and psychological well-being (Ghorbani, Watson, & Khan, 2007). Further supportive findings have been reported in studies in Kuwait, Saudi Arabia, and Algeria (Abdel-Khalek, 2002; 2006a, 2007b, 2008, in press; Abdel-Khalek & Lester, 2007; Abdel-Khalek & Naceur, 2007; Al-Kandari 2002, where a positive association was found between religiosity and happiness, satisfaction with life, physical health, and mental health; and a negative relationship of religiosity with anxiety and depression. In a study during *Eid-ul-Azha*, religious orientation

predicted less psychological distress among Pakistani Muslims (Khan, & Watson, 2004)

Recently, there has been an integration of the influence of religion on health, with some research moving towards exploring the influence of religious practices on health and health promotion (Asgary et al., 2000, Al-Kandari, 2003, Aboul-Enien 2014). One major integral force that plays a significant role in the life of Muslims is consulting, reading, interpreting, understanding and applying religious practices as addressed in the Holy Quran for sound physical and mental wellbeing (Nasrollahi 2010). Various verses in the Holy Quran directly or indirectly address aspects of mental health (Hamidi et al. 2010). On reading the Holy scripture one finds abundance of verses related to achieving tranquility (Mottaghi et al. 2011): Allah says in the Quran, “Be aware that the remembrance of Allah calms the hearts” (Verse 28, AL-Rad 1996).

In addition, the benefits of Quran memorization on mental health have been indicated by research showing that Quran memorizers had better mental health, particularly in the areas of anxiety, sleep disorders, depression, and social function (Kimiaee et al. 2012). In recent years, health researchers around the world have studied the effects of Quran reading on stress reduction and the treatment of mental illness (Kazemi et al. 2004; Verse 28, AL-Rad 1996). Researchers have also investigated the influence of Quran memorization on mental health (Kimiaee et al. 2012) as well as the effects of hearing it (Khadem et al. 2008).

One major point needed to be paid attention to is that in previous documented literature little focus has been paid to the development of a scale to measure Quranic practices in Pakistan. Therefore, the objective of the present research is to study the role of Quranic practices in religious orientation and wellbeing among university students through construction of a reliable and valid Quranic practices scale which is largely unexamined in previous published literature in Pakistan.

Methodology

Sample

Participants included 100 students from the University of Karachi. Their average age was 22.6 years ($SD = 2.5$).

Questionnaire

Religious Interest Ratings and the Gorsuch and McPherson (1989) single-item measures of Intrinsic, Extrinsic-Personal, and Extrinsic-Social Religious Orientations. Responses to each occurred along a 0 to 9 scale ranging from “very strongly disagree” to “very strongly agree.”

The Psychological Well-Being scale (PWB) (Diener & Biswas-Diener, 2008) is a short 8-item summary survey of the person’s self-perceived functioning in important areas such as relationships, self-esteem, purpose and meaning, and optimism. The scale is substantially correlated with other psychological

well-being scales, but is briefer. The scale provides a single overall psychological well-being score and does not yield scores for various components of well-being.

The Quranic Practices scale is a 23-item self-developed scale. The scale measures the extent a person engages in Quranic Practices for inspiration, guidance, comfort, solutions and part of everyday living as a source of inspiration self-perceived functioning in important areas such as relationships, self-esteem, purpose and meaning, and optimism. The scale is substantially correlated with other psychological well-being scales, but is briefer. The scale provides a single overall Quranic Practices score.

Procedure

The questionnaires were administered in classroom settings at university. The researcher visited each class prior to class time when questionnaire was filled out and informed the participants about the purpose of study. The

Variables	1	2	3	4	5	6
Religious Interest	---	.601**	.274**	.359**	.143	.508**
Intrinsic Religious Orientation		-----	.259**	.238**	.068	.585**
Extrinsic personal religious orientation			-----	.036	.122	.178
Extrinsic Social Religious Orientation Scale				-----	-.094	.282**
Well-being					-----	.225**
Quranic Practices Scale						-----

* $p < .05$ **

participants first gave their informed consent to be part of this study and then the research questionnaire was administered. SPSS 15.0 for Windows was used for calculating The Pearson Product Moment Correlation with all variables entered to test the hypotheses.

Results

Table shows the Correlation of Religious Interest, Religious Measures, Psychological Well-being and Quranic Practices.

Discussion

The objective of the present research was to analyze the relationships between religious orientation, Quranic practices and psychological well-being in a sample of university students. We hypothesized that the intrinsic orientation and extrinsic personal religious orientation would be positively related to the Quranic Practices and psychological well-being and, on the other hand, extrinsic social religious orientation would be negatively related.

The result of this study strongly supports the hypotheses where Quranic practices strongly correlated with religious interest, intrinsic religious orientation, extrinsic –social orientation and wellbeing. Since one of the main focuses of the study was to develop a reliable measure to study Quranic practices it is noteworthy to observe that Quranic practices was the only variable showing positive correlation with wellbeing. This study, therefore, provide evidence that Quranic practices can have a strong linkage with psychological wellbeing. The presented data is significant in validating the fact that recitation and listening to Holy Quran is a powerful source of inspiration for Muslims used for a productive life. Studies show that Quran is used as spiritual guidance (Sadeghi 2011), providing excellent directions to its followers (Asgari et al. 2012) hold healing power (Kovess, Evans & Williams, et al,2016), reduces mental pressure (Boalhyr & Ferrand ,1995) and decreases stress (Jafari & Mousavi ,1991). According to Aghababaei & Tabik (2013) reading, listening, reflecting on the verses of the Holy Quran increases resilience and wellbeing. Furthermore, by recitation of Quranic verses Muslims feel that their creator is listening to them and through Quranic verses find guidance and comfort accompanied with a strong sense of bondage with Almighty Allah. This can be related with Bowlby (1952) secure attachment theory which has been linked to the overall well-being, coping, better mental health outcomes, enhanced self-esteem, and stronger relationship functioning. Thus, having a “healthy attachment” to God would also be linked to better psychological functioning: “... And whosoever puts his trust in Allah, then He will suffice him...” [Quran, 65:3]. If Allah helps you, none can overcome you; and if He forsakes you, who is there after Him that can help you? And in Allah (Alone) let believers put their trust [Al-’Imran 3:160]

Similarly, religious interest correlated significantly with all the variables with the exception of wellbeing. The non-significant correlation of wellbeing with all of the religious measures however contradicts previous studies where religiosity and wellbeing were positively correlated (Batson, Schoenrade & Ventis, 1993; Garcia-Alandete, 2010; Hackney & Sanders, 2003; Koenig, 1998; Moreira-Almeida, Neto & Koenig, 2006; Paloutzian & Park, 2005; Pargament, 1997; Pargament et al., 1992). This may be because in wellbeing which is measured by one’s interpersonal relationship, feeling of worthiness, being optimistic with goal and meaning of life appears to be unrelated with religious orientation based on master motive or with one’s interest in religion. The results show that the subjects did not use religion to attain peace and comfort as measured by Extrinsic personal religious orientation item thus displaying non-significant relationship with wellbeing and Quranic practices. As the items developed in Quranic practices were done where Quran was used as a guidance, support and inspiration force to its followers. But when the subjects showed non-significant correlation of wellbeing with religious orientation as mentioned earlier the participants did not use religion as the main motive and objective in their lives and thus this may be one possible explanation of the non-significant association with

Quranic practices. Another possible reason of why these variables were uncorrelated is on closing look at the extrinsic religious orientation we can see that there is a significant positive correlation of Extrinsic social religious orientation with Quranic practices thus implying that listening or reading the Holy Quran was done with the motivation to obtain social recognition and appreciation. As researches repeatedly state that extrinsic social religious orientation is motivated by a superficial, selfish, personally beneficial and instrumental outcome (Allport & Ross, 1967; Hunsberger, 1999; Nielsen, 1995). If this is the case than the non-significant association of wellbeing in all the measures can be understood with the possible explanation that religion since used for social approval and recognition therefore in the current sample it lost its effect and lead to non-significant association with wellbeing.

Conclusion and Recommendation

The present study revealed the positive effect of hearing and listening to the Quran on the wellbeing of participants. As a final conclusion and on the basis of the findings of this study, it can be said, particularly in Muslim communities, hearing and reading the Quran recitations improves the wellbeing of the people. Therefore, it is recommended to use the Quran recitations to reinforce positive emotions and psychological comfort for students. It is also recommended in future researches larger study samples from different student populations using Quranic verses as healing could further add research-based knowledge in a more scientific method.

References

1. Abdel Haleem, M.A.S. (2005). *The Quran*. Oxford UP.
2. Abdel-Khalek, A. (2006). Happiness, health, and religiosity: Significant relations. *Mental Health, Religion, & Culture*, 1, 85-97.
3. Aghababaei N, Tabik MT. Gratitude and mental health: differences between religious and general Khan,
4. Allport, G. W., & Ross, G. M. (1967). Personality, religious orientation, and prejudice. *Journal of Personality and Social Psychology*, 5, 432-433.
5. Alsharif, N. Z., Galt, K. A., & Kasha, T. A. (2011). Health and healing practices for the Muslim community in Omaha, Nebraska. *Journal of Religion & Society*, (Suppl. 7), 150-168.
6. Asgari, R., Khalaji, H. R., & Motahari Khahc, Z. (2012). Parents' rights after their death from the view point of Islam. *Procedia—Social and Behavioral Sciences*, 31, 580-583.
7. Amit, K. (2010). Determinants of life satisfaction among immigrants from western countries and from the FSU in Israel. *Social Indicator of Research*, 96, 515-534.
8. Boalhry RJ, Ferrand A. Koran and the ways to deal with mental stress. The third national symposium on Stress; Tehran. 1995. p. 70.
9. Bowlby J. "Maternal care and mental health". Geneva: Monograph World Health Organization; 1952.
10. Darabinia M, Gorji AMH, Chabra A. Medicinal properties of pomegranate in Quran and Islamic Traditions (Hadith). *International Journal of Humanities and Cultural Studies* (IJHCS). 2016; 1: 1591- 601. [16] Mahjoo
11. Diener, E., & Biswas-Diener, R. (2008). Happiness: Unlocking the mysteries of psychological wealth. Malden, MA: Blackwell Publishing.
12. Donahue, M. J. (1985). Intrinsic and extrinsic religiousness: Review and meta-analysis. *Journal of Personality and Social Psychology*, 48, 400-419.
13. Eliassen, A. H., Taylor, J., & Lloyd, D. A. (2005). Subjective religiosity and depression in the

18. transition to adulthood. *Journal for the Specific Studies on Religion*, 44, 187-199.
Elliott, M., & Hayward, R. D. (2007). Religion and the search for meaning in life. *Journal of*
19. *Counseling Psychology*, 53, 80-93.
Gorsuch, R. L. & McPherson, E. (1989) Intrinsic/extrinsic measurement: I/E revised and single
20. item scales, *Journal for the Scientific Study of Religion*, 28, 348-354.
Hamidi, F., Bagherzadeh, Z., & Gafarzadeh, S. (2010). The role of Islamic education in mental
21. health. *Procedia Social and Behavioral Sciences*, 5, 1991–1996.
Hunsberger, B. (1999). Social-psychological causes of faith; new findings offer compelling
22. clues. *Free Inquiry*, 19(3), 34-38.
Jafari M, Mousavi Z, editors. Effect of continuance of the Quran recitation in coping with stress
23. among female students in Qom city. *Proceedings of the conference on religion and mental*
24. health; 1997; Tehran
Jones JW. Religion, health, and the psychology of religion: How the research on religion and
25. health helps us understand religion. *Journal of Religion and Health*. 2004;43:317–328. doi:
26. 10.1007/s10943-004-4299-3
Kovess-Masfety V, Evans-Lacko S, Williams D, et al. The role of religious advisors in mental
27. health care in the World Mental Health surveys. *Social Psychiatry and Psychiatric*
28. *Epidemiology*. 2016. 1-15 p. [15]
Kazemi, M., Ansari, A., Alah, T. M., & Karimi, S. (2004). The effect of the recitation of holy
29. Quran on mental health in nursing students of Rafsanjan University of Medical Sciences.
30. *Journal of Rafsanjan University of Medical Sciences and Health Services*, 3(1), 52–57
Khadem, N., Afzal Aghaei, M., Kabousi, M., & Hasanzadeh Bashtian, M. (2008). Assessment of
31. Effect of Quran sound and music on intrauterine insemination. *The Quarterly Journal of*
32. *Fundamentals of Mental Health*, 10(3(39)), 215–220
Khan, Z.H, & Watson, P. J. (2004) Religious orientation and experience of eid;ul-aza among
33. Pakistani Muslim journal of scientific study of religion , p 537-545.

34. Kimiaee, S. A., Khademan, H., & Farhadi, H. (2012). Quran memorization and its effect on the elements of mental health. *Sociology of Women (Journal of Woman and Society)*, 2(8), 1-20.
35. Leondari, A., & Gialamas, V. (2009). Religiosity and psychological well-being. *International Journal of Psychology*, (4), 241-248.
36. McCullough, M. E., Hoyt, W. T., Larson, D. B., Koenig, H. G., & Thoresen, C. E. (2000). Religious involvement and mortality: A meta analytic review. *Health Psychology*, 19, 211-222.
37. McCullough ME, Willoughby BLB. Religion, self-regulation, and self-control: Associations, explanations, and implications. *Psychological Bulletin*. 2009;135:69–93. doi: 10.1037/a0014213. [PubMed] [Cross Ref]
38. Mirbagher Ajourpaz, N., & Ranjbar, N. (2010). Effects of recitation of holy Quran on anxiety of women before cesarean section: A randomise clinical trial. *Qom University of Medical Sciences Journal*, 4(1), 15–19.
39. Mottaghi, M. E., Esmaili, R., & Rohani, Z. (2011). Effect of Quran recitation on the level of anxiety in athletics. *Quarterly of Quran & Medicine*, 1(1), 1–4
40. Nasrollahi, N. (2010). Educational psychology in Quran. *The Islamic Science Quarterly*, 5(19), 153–187.
41. Nielsen, M. E. (1995) Operationalizing Religious Orientation: Iron Rods and Compasses. *The Journal of Psychology*, 129(5), 485-494. doi:10.1080/00223980.1995.9914921
42. Pargament, K. I., Koenig, H. G., & Perez, L. M. (2000). The many methods of religious coping: Development and initial validation of the RCOPE. *Journal of Clinical Psychology*, 56, 519–543.
43. Pew Forum.(2011, January).The future of the global Muslim population. *Pew Forum on religion and the public life* . Washington, DC: Pew Research Center. Retrieved March 10, 2013
44. Powell, L. H., Shahabi, L., & Thoresen, C. E. (2003). Religion and spirituality: Linkages to

50. physical health. *American Psychologist*, 58, 36–52
Rodriguez, C. M., & Henderson, R. C. (2010). Who spares the Rod? Religious orientation, social
51. conformity, and child abuse potential. *Child Abuse and Neglect*, 34, 84-94.
Sadeghi, H. (2011). Voice of Quran and health: A review of performed studies in Iran. *Quarterly*
52. of Quran & Medicine *Summer*, 1(1), 33–37
Shirazi.M.Q., AL-Rad. (1996) Quran-e-Karim Verse 28,. Darol Quran Publications.
Witter RA, Stock WA, Okun MA, Haring MJ. Religion and subjective well-being in adulthood:
53. A quantitative synthesis. *Review of Religious Research*. 1985;26:332–342.
doi:
54. 10.2307/3511048. [Cross Ref]
Yakushko, O. (2005). Influence of social support, existential well-being, and stress over sexual
55. orientation on self esteem of gay, lesbian, and bisexual. *Journal for Advancement of*
56. *Counseling*, 27, 131-143.