

## Mental Health and Stress-coping Strategies among Memorizers of Holy Quran

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### Abstract

**Background and Objectives:** Although mild stress could cause activity and impetus in life, but too much of it may cause physical and psychological illness, too. One of the most effective resources in the field of stress management is religion and religious beliefs. Although modern scientific developments claim to control stresses in life, not all of them have actually been effective. The purpose of the present study was to determine mental health and coping strategies in memorizers of the Quran in Kashmar city in 2013.

**Methods:** In this study, 80 memorizers of Quran in Kashmar who were available were selected. The questionnaires included demographic form, GHQ28 and CISS were applied to gather the data, then he obtained data was analyzed by SPSS software (V: 16)

**Results:** Memorizers of Quran had high mental health and the priority of copying strategies that were used by them were emotional, problem solving and avoiding strategies, respectively.

**Conclusion:** According to our discussion, one of the best and most reliable ways for maintaining and improving mental health is obtained by managing spiritual beliefs including reading Holy Quran.

**Keywords:** Coping Strategies, Holy Quran, Mental Health, Stress,.

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### Introduction

Socio-psychological types of stress have always been considered important factors in the formation and development of physical and mental diseases as well as mortality among people. Stressful circumstances are hand in hand with cardiac diseases, skin and the immunity system problems, and other diseases including ulcer and cancer.

Stress is evidently an inseparable part of human life. What people should do is to learn about the ways to cope with it. Familiarity with factors

initiating stress can pave the way to cope with this problem (1, 2).

Different ways are known to cope with stress the majority of which have a psychological nature. Depending on their personality characteristics, individuals may select one way or another. Some attempt to look at daily problems positively; some seek social support; and some try to flee from problems. Adoption of proper coping strategies can help people handle stress and the problems arising from it (2, 3).

Mental change and resorting to the spiritual shelter of faith and religious ethics are among

the coping strategies against mental tensions. It is because the human kind attains an utmost power by the sense of having faith in God and returning to his/her very self. The psychoanalysis of faith explains: The ones who have faith in God feel that they have a mighty source for reliance, and that all their affairs are supervised by God. They feel they supersede all things that may take their peace of mind because they consider God the Benefactor and the Mighty One. They believe that death is inevitable for all and none can flee from it. A believer believes that people's final age and time of death are registered in the heavenly Book of God, and s/he is always hopeful for mercy from God. That is why human being believes that God will endow him/her when s/he asks for something. A believer maintains that both happiness and sadness are from God; God is both the Guide, Saturator, and Curer. More importantly, a believer feels that the greatest defender of the humankind is God Himself, and it is this correct opinion that assists humans in the face of problems, and strengthens humans. Therefore, the less an individual's peace of mind, the less his/her faith (4, 5).

Religious psychology and spiritualism have attracted significant attention in recent decades with special attention given to the relationship between religion, spiritualism, and physical and mental health. Several institutes and associations have been founded with regard to religious psychology, and many books and journals have been published. In addition, a lot of research have been conducted on the relationship between religious activities and physical and mental health. One of the areas with a lot of research includes the relationship between employing religious and spiritual coping strategies and physical and mental health (2, 5, 6).

The rhythmic sound of Quranic verses as a mystic music with its special properties and melody are among the miracles of Holy Quran. Several research findings indicate that the sound of the Holy Quran can act as an effective and harmless remedy for diseases such as stress, irritability, loneliness, bad temperament and excitement, and in all, for enhanced mental health (7, 12). The majority of researches have

focused on the effects of reciting and sound of the Quran on physical and mental health with few focusing on the effects of the memorization of the Quranic verses on mental health. Therefore, this study aimed to determine mental health and stress coping strategies among memorizers of Quran in Kashmar city in 2013.

### Methods:

This study was conducted on 90 memorizers of Holy Quran in Kashmar -who were had consented to participate in the study- using availability sampling. Ten questionnaires were excluded from analysis because they were incompletely filled out. Therefore, the sample size was 80.

The instruments included three questionnaires: 1. the demographics form which dealt with personal information of participants such as age, marital status, education, occupation, the extent to which they had memorized Quran, etc. As a frequently used instrument, both the validity and reliability of this questionnaire have been confirmed.

2. The General Health Questionnaire (GHQ28): The adapted form with 7 or 28 items has been devised to increase variance, and it is based on the full 60-item version using factorial analysis. It covers four subscales including physical symptoms, anxiety, disorder in social functioning, and depression. Each of these subscales involves seven items categorically separated where questions concerning the physical symptoms came first, items 8-14 concerned anxiety, items 15-21 related social performance, and 22-28 were about depression.

The physical scale is also known as Scale A. Two of the items in this scale are concerned with the feelings of health and sickness, two items are about headache, and the other three items are about the feeling of the need for drugs, weakness, and feeling of hotness or coldness of the body. Items on the anxiety scale (Scale B) are concerned with insomnia, feeling of pressure and tension, anger and bad-temperament, horror and terror, anxiety, and inability to do tasks. The scale for social performance disorder (Scale C) investigates an individual's performance during the last month. Scale D, which focuses on anxiety concerns

about feelings of worthlessness, disappointment, worthlessness of life, and suicide (13).

Noorbala et al (2008) investigated the validation of this questionnaire on 879 individuals in two stages. Having determined the cut point of 23 as the best cut point for their sample, they reported the sensitivity, characteristics, and the general error in categorization by this cut point as  $70.5 \pm 2.4$ ,  $92.3 \pm 2.4$ , and  $12.3 \pm 2.4$  respectively. According to their study, validation of this questionnaire across different countries and in Iran suggests the high validity and reliability of the questionnaire (14).

### 3. Coping inventory for stressful situations (CISS 48)

This instrument was first developed by Endler and Parker in 1990. It includes 28 items whose answers are distributed on a 5-point Likert scale from never (1) to very frequently (5). The inventory covers a set of coping behaviors which include problem solving (concentration on the problem and its solutions), emotional (concentration on the emotions that arise from the problem), and avoiding (concentration on avoiding mechanisms). The dominant style of an individual is determined based on the score s/he receives on this test. That is to say, the higher mark s/he attains in any of these three sub-scales shows his/her dominant style. According to the findings of the developers of this test and judgments made by experts and psychologists, especially clinical psychologists, it can be inferred that this test is of a reasonable validity. Endler and Parker reported a Chronbach's alpha of 0.92 for the problem-solving, 0.82 for emotional, and 0.85 for the avoiding styles among teenagers (15).

In Iran, Shokri et al (2005) have reported the alpha coefficient of problem solving, emotional, and avoidance coping subscales to be 0.75, 0.82, and 0.73, respectively (16). Emphasizing the invariant factorial structure and the potential efficiency of CISS to measure coping in stressful situations, they demonstrated that this inventory is of high validity (17).

As for analyses, the data from the questionnaires are first described, followed by the examination of hypotheses, and then the data

are analyzed at both descriptive and inferential levels. To describe the data, the mean, median, variance, standard of deviation, frequency, percentage, etc. are applied in SPSS. Inferential analyses were made using one-sample t test, Hotelling's T test for dependent samples, and paired t test.

## Results

The demographic characteristics of study units are shown in Table 1. Results indicate that the majority of the female memorizers are married (85.3%), and that they mostly aged between 20 to 30 years of age (45.2%).

Table 1: Descriptive statistics of demographic variables

demographic status	Frequency	Percentage	
Age (year)	< 20	6	8.2
	20-30	32	45.2
	30-40	27	37
	> 40	7	9.6
Extent of memorization*	<10	33	33
	10-20	15	19.5
	>20	29	37.7
Education	High school dropout	11	14.4
	diploma	26	34.2
	Associate	10	13.2
	Bachelor	25	32.9
	> Bachelor	4	5.3
Marital status	Single	13	16.5
	Married	66	83.5

\*out of 30 sections of the Quran

Anxiety and sleep disorder among the memorizers are at a significantly low level. The results of two-way t-student test are shown in Table 2:

According to Table 2, it can be said that depression is at a low level among memorizers of the Quran. It is because the depression mean level among memorizers is 8.27, which is less than 17.5. In other words, memorization of the Quran is effective in reducing depression. Two-way student t test was used to study physical health among the memorizers, and to compare

Table 2: Descriptive statistics and t test results for anxiety and sleep disorder

Variable	Statistic t	number	Means differences	Mean $\pm$ SD	Significance level	Confidence interval 95%	
						Lower	Upper
Anxiety and sleep disorder	-13.65	80	-5.3	12.16 $\pm$ 3.49	0.00	-6.10	-4.55
Depression	-36.26	80	9.23	8.26 $\pm$ 2.27	0.00	-9.73	-8.72
Physical health	8.27	80	3.93	21.43 $\pm$ 4.25	0.00	2.98	-4.87
Social functioning	2.86	80	1.48	18.98 $\pm$ 4.63	0.00	0.45	2.51

their means, t test was used by a constant value. The constant value was set at 17.5 in this study. According to Table 2, the memorizers were of a high physical health since the mean level of their physical health was 21.4 which is higher than 17.5. It suggests that memorization of the Quran contributes to physical health.

According to Table 2, the social functioning of the memorizers is 18.9. Therefore, it is at a high level, meaning that memorization of the Quran contributes to social functioning.

Therefore, the mean levels of anxiety and depression are different. The mean level of anxiety is 12.24 and that of depression is 8.26. That is, depression of the memorizers is lower than their anxiety and sleep disorder levels. In other words, memorization of the Quran is more effective on the reduction of depression than anxiety. To study the type of stress coping strategy, two-way student t test was used to compare mean sample with a constant value. The results of this test are reported in Table 4.

According to Table 4, application of problem-solving and emotional coping strategies are high in the memorizers of Quran. Problem-solving coping is 52.31 among the memorizers ( $> 48$ ); emotional coping is 52.54 among them ( $> 48$ ). Thus, it is safe to say that problem-solving and emotional coping strategies are at a high level in the memorizers of Quran. In other words,

memorization of Quran is effective on problem-solving and emotional coping strategies against stress. However, avoidance coping strategy is at a low level among the memorizers, i.e. memorization of Quran is not effective on avoidance coping strategy against stress.

To determine the most frequent strategy against stress among the memorizers, Hotelling's T test was used to compare the means of three dependent samples. The test showed that the frequency of the strategies was not similar among the memorizers ( $p < 0.001$ ). According to the means, the emotional, problem solving, and avoiding are the more frequent, respectively.

### Discussion:

Several studies have shown that the sound of the Quranic verses, recitation of Quran, and intimacy with Quran are effective on the reduction of depression and anxiety (6). Results from the current study indicate that anxiety, sleep disorder and depression are at low levels among the memorizers of the Quran, and that they are of high physical health and social functioning .

In the current study, there was not a significant difference between memorizers of more sections and the beginners. In the study by Mirish, there was a significant difference between memorizers and non-memorizers in

Table 3: Two dependent samples t test to compare general health indices

Variable	Statistic t	Degree of freedom	Significance level	Means differences	Confidence interval 95%	
					Lower	Upper
Difference between physical health and social functioning levels	4.3	79	0.00	2.44	5.02	1.32
Difference between anxiety and depression levels	11.8	79	0.00	3.89	2.93	3.24

Table 4: Descriptive statistics and t test results for coping variables

Variable	number	Statistic t	Means differences	Mean $\pm$ SD	Significance level	Confidence interval 95%	
						Lower	Upper
Problem-solving	80	3.67	4.31	52.31 $\pm$ 10.50	0.00	1.98	4.31
Emotional	80	5.31	4.54	52.54 $\pm$ 7.64	0.00	2.83	4.54
Avoiding	80	-6.82	-6.72	41.27 $\pm$ 8.81	0.00	-8.68	-6.72

terms of depression. Nonetheless, Kimiayi (2011) showed that memorizers of more sections are of a higher mental health than the beginners. Thus, as mental health has both an external nature (family, school, peers, and society) and an internal nature (physical, emotional, motivational, behavioral, and cognitive), findings of Kimiayi's study suggest memorization of the Quran can affect the internal factors and enhance the mental health of individuals and contribute to coping with daily stresses and challenges (12).

In many of the teachings of Holy Quran, orientation is made towards God replacing a kind of peace for worry and helplessness: (Verily, peace will not come to the heart but by remembrance of Allah) (Ra'd/ 22). A frequently mentioned concept in Quran is trust in God: "Say, we will never receive but what God has decided for us; He is our Master, and in whom only shall trust believers" (Tobeh/ 51). This trust can lead to the internal confidence of the humankind to God in all affairs, whereby the person relies on God and His unlimited power rather than other persons. From among the effects of this trust are release from anxiety and worry, increased hope and feelings of a mighty supporter (4, 6, 12).

According to studies conducted globally, religious beliefs and invocation have proved positive on health and contributed to the treatment of several diseases such as cancer, cardiovascular diseases, and rheumatoid. Ghadimi believes that individuals who have religious beliefs will undergo mental reactions complicated by sorrow and sadness to a lesser extent. He traces the reason for the peace of mind of memorizers of Quran to their intimacy with the Quranic verses, referring to the verse (He is (the God) who sent down peace to the heart of believers to add a faith to their faith) (6). Anxiety and ways to prevent it, as mentioned in religious texts and narrations, have been

extensively discussed by scholars under two main categories :

1. According to the verses relevant to anxiety such as Fatih, Verses 4 and 26, as well as Tobeh, Verse 26, the factors that lead to anxiety from the viewpoint of Islam include negligence of remembrance of God, obedience to lust and Satan, contamination by sins, lack of belief and ingratitude to God, discord, disappointment, and lack of thinking about the world around us .

2. Ways to prevent anxiety and its control are mentioned in some verses of Holy Quran. Here, there is mention of attaining religiously allowed sustenance, which is taken to be determined by God. Remembrance of God, which stems from faith in God, contributes to relief from anxiety; this is mentioned in verse 28 of Ra'd. In addition, marriage (Rome/21), acquiring peace at night (Naml/86), shelter and house (Nahl/80), meditation (Nesa/1; Alagh/14), etc. (6, 8) are also contributory .

Quranic teachings invite individuals to patience and reasonable reaction against social conflicts and problems. It is because if a person does not react hastily, s/he will undergo less stress. As recommended in Baghareh (Verse 45), "Seek assistance from prayer and patience [and gain power by patience, control over lusts, and attention to God]; this is difficult to the obedient believers". In addition, religious teachings orient people to peace, good will, certainty, humbleness, accord, self-esteem, etc. and abstain from issues such as bad will, scandal, backbiting, humiliation, anxiety, tress, pessimism, mistrust, etc. (6, 8).

### Conclusion:

It is noteworthy that there are quantitative studies carried out on the memorizers of Quran. There are many queries to be asked about the memorizers, which require systematic investigations. Therefore, there is a potential for research in this regard, especially in Iran, since there is a wide target population available.

Given the wealth of emphasis put forward by Imams, it can be understood that memorization of Quran can have several positive outputs in the personal and social lives of people. Therefore, an enquiry into these outputs and effects requires widespread attempt. Although the few studies mentioned here and the findings of the current study shed some light on the positive effects of memorization of the Quran, there is still need for understanding all the benefits of memorizing Quran through opening the doors of science.

### Conflict of interest statement

no conflict of interest to declare.

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### References

1. Shamsi M, Bayati A, Jahani F, Farhangnia L. The effect of Holy Quran recitation on perceived stress among personnel of Arak University of Medical Sciences. *Scientific-Research Journal of Shahed University*. 2011;19(95):1-11. [Persian]
2. Khodayarifard M, Parand A. *Stress and Coping Styles* (e book). [Persian]
3. Taghilo S. The Effect of the Holy Quran Reading Instruction on Stress Reduction in the Young and Adolescents. *Journal of Medical Faculty Guilan University of Medical Sciences* 2009;18(71):72-81. [Persian]
4. Moazedi K, Asadi A. Mental Health Status in the Quran. *Journal of Ardabil University of Medical Sciences* 2011;12(1):85-96. [Persian]
5. Miryan SA, Hassanzadeh R, Hosseini SH, Sakhaie SKh. The relationship between Quranic intimacy and psychological health. *Journal of Babol University of Medical Sciences* 2013;15(suppl.1):66-71. [Persian]
6. Mohammadinia L, Yaghoobi M, Kolahdouzan A. Anxiety Management by Relaxation Approach: Quranic Verses. *Health Information Management*. 2012;8(8):1225.
7. Sadeghi H. Voice of Quran and health: A review of performed studies in Iran. *Quarterly of Quran & Medicine*. 2011;1(1):33-7. [Persian]
8. Avazeh A, Ghorbani F, Azimi A, Siahkali S, Khodadadi M, Mahdizadeh S. Evaluation of the Effect of Reciting the Word "Allah" on the Pain and Anxiety of Dressing Change in Burn Patients. *Quarterly of Quran & Medicine*. 2011;1(2):43-47. [Persian]
9. Shafiei N, Salari S, Sharifi M. Comparison between hearing the Quran Arabic Voice and Arabic voice with Persian Meaning on Decreasing the anxiety and Vital Signs Stabilization of Patients before induction of Anesthesia. *Quarterly of Quran & Medicine*. 2011;1(1):11-5. [Persian]
10. Ansari Jaberi A, Negahban Bonabi T, Sayadi Anari AR, Agha Mohamad Hasani P. The effect of the Koran reciting on the depressed patients in Psychiatry Department of Moradi Hospital in Rafsanjan. *Scientific Journal of Kurdistan University of Medical Sciences*. 2005;10(36):48-2. [Persian]
11. darabadi E, Saleh Moghadam AR, Elmi MS, Ghanbari b, Mazloom SR. Effect of listening to the Holy Koran on patients' anxiety before open heart surgery. *Journal of Mashhad School of Nursing & Midwifery*. 2004;5(17-18):15-20. [Persian]
12. Kimiaee SA, Khademiyan H, Farhadi H. Quran Recitation impact on mental health. *Journal of Scientific Research Sociology of Women*. 2012;2(4):1-19. [Persian]
13. Yaghobi H. Screening for mental disorders: a test stand and how to determine the cut score validation. *Journal of Mental Health*. 2008;1(1):39-51. [Persian]
14. Noorbala AA, Bagheri yazdi SA, Mohammadi K. The validity of General Health Questionnaire, 28 as a psychiatric screening tool. *Hakim Research Journal*. 2008;11(4):47-53. [Persian]
15. Kamali S, Hasani F. Mental health and its relationship with stress coping strategies and emotional intelligence in female students at pre-university level. *Journal of Behavioral Sciences*. 7(1);2013:49-56. [Persian]
16. Shokri O, Moradi AR, Farzad V, Sangari AA, Ghanai Z, Rezaei A. The role of personality traits and coping styles on university student's mental health: introducing

causal models. *Advances in cognitive science*. 2005;7(1):28-38. [Persian]

17. Shokri O, Taghiloo S, Geravand F, Paeizi M, Moulaei M, Abd Elahpour M, et al. Factor structure and psychometric properties of the farsi version of the coping inventory for stressful situations. *Advances in Cognitive Science*. 2008;10(3):22-33. [Persian]