

Combination of Psychological and Religious Intervention in Reducing Psychological Distress among University Students

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Abstract

The aim of the present study is to analyze the impact of religious intervention in combination with psychological intervention on emotional distress during perceived life stress. For this purpose from each of the 20 volunteered participants in-depth report on their most severe ongoing stressor was taken. Next the 3-items Religious Orientation scale and The Brief Symptom Inventory subscales on depression, anxiety and hostility, was administered. Those participants with higher intrinsic religious orientation were screened out and were exposed to relaxation technique and religious intervention. The participant's psychological distress was measured and compared at each phase. The conclusion drawn from the findings and qualitative analyses of participant's response suggest that religious intervention in combination with psychological intervention is effective in reducing emotional distress level, thus illustrating the importance of using religious intervention as a coping mechanism.

Keywords: Education, Religion, Psychological Distress

Introduction

During life-induced stressors like physical trauma, serious loss, relationship problems, work stress, financial setbacks, physical and psychological problems and other unacceptable changes in life patterns, individuals may differ in their reactions, appraisal and coping styles towards these stressors. Here religion can function as a stress buffer during high levels of life stress and mental health problems where there is increased vulnerability to psychological distress. Religion can also serve as a Coping construct by providing a source of guidance, comfort, protection, or an aid to organize and cognitively restructure the distressing event and therefore a means of coping with these stressors. Previous researches have demonstrated that religion influences the coping process during its utilization and during its outcome, religion to

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some involves producing a sense of meaning in life;¹ instilling a feeling that things would turn out better as they are in the control of a beneficent God,² or by having a strong belief in the existence of God.³

The term religious-spiritual coping is defined by “as a process that people engage in to attain psycho-moral strength in stressful circumstances”.⁴ Religious coping are those unique set of values and living standards that people utilize in stressful situations. Pargament reviewed 30 studies showing the use of religious coping where religious coping may lead to increased distress or decreased distress depending on the type of religious coping involved.⁵

Pargament, Smith, Koenig and Perez described two types of Religious Coping. Positive Religious Coping expresses “a sense of spirituality, a secure relationship with God, a belief that there is meaning to be found in life, and a sense of spiritual connectedness with others”.⁶ Negative Religious Coping reflects instead “a less secure relationship with God, a tenuous and ominous view of the world, and a religious struggle in the search for significance”.⁷ Empirical evidence confirms that Positive Religious Coping predicts relatively greater and Negative Religious Coping relatively poorer mental health.⁸

Other most common religious coping behaviour during stress is Prayer.⁹ Prayer is defined in the Concise Oxford English Dictionary as “solemn request or thanksgiving to God or object of worship”.¹⁰

According to Majid, “In Islamic perspective prayers are of various kinds: Calling to Allah any time is prayer (duaa), calling Him on special occasions in sacred places is prayer which is answered readily”.¹¹

Thus religious coping in the form of prayer may serve multiple purposes, such as coping with the stressor by finding meaning and purpose in life and forming a close bond with God. In her book on *The Psychology of Religion*, Lowenthal elaborated in detail “types of prayers” and stated at least five types of prayer as identified by Meadows and Kahoe.

- i). Petitionary prayer: the cry for help for oneself;
- ii). Intercessory prayer: pleading for help for another person;
- iii). Thanksgiving: for help and favours received;
- iv). Adoration: expressing awe, wonder, praise;
- v). Confession, dedication, and communion: righting and consolidating the relationship with God.¹²

Poloma and Gallup defined four activities of prayers:

- i). Ritual prayer: reading a relevant book or reciting a learned prayer.
- ii). Conversational prayer: communicating with God.
- iii). Petitionary prayers: accomplishment of spiritual or material needs.

- iv). Meditative prayer: behaviours for the purpose of experiencing God's presence.¹³

For Muslims 'Dua' Prayer means, devotional phrases, blessings, a request made which involves petitionary prayers or thanking God or asking for forgiveness, or trying to seek comfort and support. Therefore reading verses from Holy Quran is a strong healer during stress. In the Holy Quran there are many verses emphasizing on the importance of 'Sabr' (sustained patience) and the rewards in this world and in the hereafter. "Through every difficulty there is relief. Verily, through every difficulty there is relief".¹⁴

Mediation as practiced in *Zikr* (the remembrance or repetition of the divine unity, *La Ilaha Illa Elah*) is a potential method of relaxation. *Zikr* is mentioned in the Qur'an as having a calming effect on the believers:

"Those who believe, their hearts being at rest in God's remembrance-in God's remembrance are at rest the hearts of those who believe and do righteous deeds; theirs is blessedness and a fair resort".¹⁵

Recently an interesting study was conducted in Allama Iqbal Medical College, Lahore on the effect of "Tahajjid Salat" (late night prayer) in curbing depression. In this study, one experimental group was advised to recite the Holy Quran, offer prayer and be busy in vocation (*dhikr*). The other group was advised to remain busy in home task etc. Then the Hamilton Depression Rating Scale was used to measure results. Astonishingly, 25 out of 32 patients in the experimental group showed remarkable recovery from depression, whereas the other group showed no major changes.¹⁶

Many studies have supported the positive role of prayer in improving mental health conditions.¹⁷ According to Johnson, prayers provide relief from worries, make us accept and adjust to stressors in our lives, strengthen our faith, clarifies the meaning of life, and provide emotional energy by connecting with God and seeking his forgiveness.¹⁸

Empirical evidences of the healing effect of prayers are evidenced from the review of several western studies. Pargament and Hahn surveyed US undergraduates for their view of God's role in health difficulties. They termed God more as a source of support rather than a moral guide.¹⁹ An Australian study by Parker and Brown highlighted prayer as one of the many possible ways to cope with the adverse events and feelings in life.²⁰ Parker and St. Johns reported a study which showed comparison between neurotic patients receiving prayer therapy, psychotherapy and the ones receiving no therapy whatsoever but

carrying out with their own praying habits. The group of the neurotic patients receiving 'prayer therapy' showed more improvements than others.²¹

According to Loewenthal and MacLeod, prayer and other religious activities reduce distress, anxiety, and depression levels and results in better mental health. They found that individuals feel more optimistic in facing their stressors by interpreting the stressor as God's will and feeling his support and control over the situation.²² Their study also supported the importance benefits of the use of prayers which enables the individual to find meaning of significance behind the stressor with the conviction that God is in the control and He does (or will) support me through the dilemma. Lowenthal and Cinnirella carried out a semi-structured interview on 59 adult women in the United Kingdom. They found that Muslims and Black Christians as compared to Jews, Hindus, and White Christians believed more in the efficacy of prayers than in psychotherapy and psychopharmacological intervention for depression and schizophrenia.²³

Stress and religious involvement is related by the cognitive changes induced by praying behavior, where a higher level of religious involvement is related to lower levels of distress and mental illness.²⁴ The important buffering role of religion is also evidenced among British Asians who were more equipped to face unemployment stress by using religion for seeking social support during stressful life circumstances.²⁵ Argyle and Hallahmi deduced that frightening or threatening situations gave rise to praying behaviors and invoked religious feeling in people which in turn helped them to cope up with the situation.²⁶ Another similar finding by Loewenthal showed that when individual's attribute unpleasant situations to external factors, like the Will of God this in turn gives them comfort and relief from their miseries.²⁷

The available literature clearly highlights the significant relationship between religious coping and stress. However, the studies conducted so far on religious coping can be seen to have limitations in certain respects. Therefore purpose of the present research is focused on studying the use of relaxation technique in combination with religious intervention in dealing with emotional distress during perceived life stressor.

Method

Participants

The research participants for this study were 20 students of M.S and M.A (previous) level, enrolled in the morning program of University of Karachi. All subjects were females and the age range was 21-27 years.

Measures

All the measures were presented in a questionnaire written in Urdu. The Brief symptom Inventory developed by Derogatis and Spencer was used to measure psychological distress. Only three subscales were administered. These included the depression (6items), Anxiety (6items) and Hostility (5items) subscales.²⁸

Religious motivations were measured with the three statements identified by Gorsuch and Macpherson as the best single-item indicators of the three religious orientations of interest. The intrinsic item stated “*my whole approach to life is based on my religion*”. The extrinsic personal motivation was expressed in the claim, “*what religion offers me most is comfort in times of trouble and sorrow*” reflecting the extrinsic-social orientation was “I go to activities with my religion mainly because I enjoy seeing people I know there”.²⁹

For psychological intervention relaxation exercise audiotape was used. For religious intervention literature on significance and importance of reciting *Sûrat-ar-Rahmân* and instruction sheet to recite these specified verses was given “Then which of the blessings of your Lord will you both (jinn and men) deny?”.³⁰

Procedure

The study was conducted at the preliminary level. A focus group was conducted on a sample of 20 participants at the master’s level department of psychology. A major criteria for all selected participants was their perceived vulnerability and severity of life stresses experienced and not resolved in past 6-12 months. The study was conducted in 5 sessions.

Session 1

All participants were informed about the purpose of the study. They were then required to recall a detailed account of their life stressor and the accompanied emotional distress.

Session 2

In second session they were given a questionnaire with sections measuring religious orientation, emotional distress, and social support. Out of the 20 participants those scoring high in intrinsic religious orientation were placed in the final study.

Session 3

In the third session all participants were required to listen to a recording on relaxation technique of 20 minutes and all were provided this material to listen consequently for a week at home.

Session 4

In the fourth session the participants were required to fill up the scale measuring emotional distress. The participants were then given detailed lecture on use of Holy Quran in dealing with their stressors. They were given literature on the importance of *Sûrat Ar-Rahmân* and told to recite the given verse from *Sûrat Ar-Rahmân*, verse no.13 “Then which of the blessings of your Lord will you both (jinn and men) deny?”, every day for 10 minutes and then to lists their blessings and write a description of each of their life blessings for 7 days.

Session 5

In the final session the participants were once again required to fill up the emotional distress scale and then feed back of their level of emotional distress was taken.

Statistical Analysis

Means and Standard Deviations were calculated for analyzing the descriptive statistics on all the responses of psychological distress subscales.

Results

Mean (*M*) and Standard Deviation (*SD*) On Emotional Distress Variables before and After Relaxation and Religious Intervention.

Before Intervention N=12		After Intervention N=12		
Variables	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Anxiety	19.33	6.005	11.75	6.497
Hostility	14.33	5.105	7.33	1.435
Depression	19.42	6.186	11.08	4.602
Total emotional distress level	40.14	11.420	22.78	7.855

Discussion

Research in psychological intervention in medical profession (clinician, clinical psychologists, psychiatrist, nurses) in Pakistani society involve usage of psychological therapeutic treatments and less use of religious intervention in treating psychological problems as compared to the west where physicians, doctors, nurses and counselors are endorsing religious coping in treating their patients.³¹ Further research support for the significant effect of religious orientation and religious coping on the

mental health was found on sample facing significant negative life events.³²

Therefore the objective of the present research was to study at the preliminary level, the extent to which the level of emotional distress would decrease by the use of an intervention technique involving relaxation and daily listening of *Sûrat ar-Rahmân* for duration of 10-14 days during perceived current life stress. Before initiating this intervention the specific criteria for screening out participants was carried out. This was because on reviewing relevant researches on religion, Pargament³³ identified three important factors leading to more use of religious coping. These were that people with stronger faith turn more to religion, secondly in more threatening situations there is increase use of religion and finally religious culture makes one seek more religious methods to cope with life difficulties. Based on the above given rationale, from the 20 participants, only 12 of the participants who scored higher in religious interest and intrinsic religious orientation were made part of the final study as it was assumed this sample would benefit more from religious intervention. Secondly all these participants reported a severe unresolved stressor in the past 6 months.

In the data of the 12 participants on the variable of extrinsic religious orientation six of the participants disagreed with social elements of extrinsic religious orientation and remaining three participants agreed in use of religion in order to make friends to establish wider social connections. But in extrinsic personal religious orientation all the ten participants agreed with obtaining peace, protection, and happiness through religion. It was assumed that those participants with both use of extrinsic personal and extrinsic-social religious orientation would benefit lesser from religious intervention as compared to those participants with higher extrinsic-personal religious orientation score. Geertz states that the more religious one is and the more it is integrated in one's life, the greater is the chance of realizing one's limitations in times of stress, and greater is the reliance on the supreme power.³⁴

Based on these reasoning the emotional distress level of participants due to their stress before intervention was measured on variables of anxiety, hostility and depression and found to be (M = 19.33, M=14.33, M=19.44.). After relaxation and religious intervention the emotional distress level lowered in all three emotional distress levels, (M = 11.75, M=7.33, M=11.08). Thus present results are consistent with previous finding where one's religious values, beliefs, and practices have an influence on how we positively or negatively perceive ourselves, others and our relationship with God and thus contribute to a positive quality of life.³⁵ The data supports earlier finding that an important adaptive resource in facing stressors appears to be an intrinsic religious

orientation, which leads to healthier religious appraisal of the stressors and also promotes healthy psychological functioning.³⁶

Another possible explanation for the given results is the role of cognitive restructuring in minimizing negative emotions and coping with the stressor by engaging in positive religious coping. As in positive Religious Coping³⁷ one senses having a secure relationship with God, seeing God as loving, seeking support and comfort directly from God. This is evidenced in the verbalism given by the participants after religious intervention where the participants along with listening to *Sûrat Ar-Rahmân* at a specific time were also required to recite this specific verse no: 13 from *Sûrat Ar-Rahmân*. "Then which of the blessings of your Lord will you both (jinn and men) deny?"

After which they had to write in detail the blessings they felt given by Allah so that they could maximize positive things in their lives., Most participants did say that after religious intervention and recalling blessings in their lives, they realized that their stressors were not that severe when they weighted the "naimats" Allah had blessed them with.

A review of the narrative responses of each of the participants gathered during 15 minutes of interview at the end of the study addressing their level of satisfaction in using this religious intervention, their current perception of their stressor and suggestions on this intervention were gathered. All the participants endorsed the fact that while listening to Quranic verses with specific instructions to fully concentrate on the verses and feeling the strong presence of Allah was effective in reducing their negative emotions and made them feel that their problems were insignificant. According to Pargament "every religion offers a way to come to terms with tragedy, suffering and the most significant issues in life".³⁸ Thus, by reading and listening to these specified verses from *Holy Qur'an* may have given them more hope and encouragement and strengthened their faith in Allah. These results thus are consistent with previous researches where religion helped in how one interprets the negative event leading to better mental health (McIntosh, 1995).³⁹ All the participants gave a general feedback of decrease in their level of emotional distress after religious intervention and felt better equipped to solve their problem. Like one participant stated "while listening to the surah and writing the blessings given by Allah, I felt that Allah would take away my problems and he would give me strength to deal with my problems". The participants also suggested that interventions on problem focus skill would also be beneficial in coping and managing their life problems. Only two participants gave negative feedback on religious intervention, one said "I still feel stressed and anxious and don't feel any change by listening to *Sûrat ur-Rahmân* and

still feel highly anxious and upset”. Both these participants had multiple stressors as compared to others and did not carry out the intervention for the required time frame. Another explanation might be that those participants who engaged in emotional-focused coping strategies like distancing, self-blame, isolation, or avoidance, failed to adequately cope with their problems or stressors.⁴⁰

The results showed that religious intervention provided greater hope, inner peace, alleviation of anxiety, depression and hostility, tension reduction and more inner contentment in most of the participants. It confirms earlier findings that Islamic faith may help Muslims deal with life challenges. It proves that turning to religion and finding meaning is a vital source in coping with life threats.

Conclusion

In summary, this study supports the finding that when religious intervention is used as an intervention with other treatments employed in dealing with psychological problems can lead to positive outcomes. . Various questions about the best strategies to be incorporated were also addressed where it was suggested that cognitive intervention and problem focus coping may help in finding solutions in managing with life – stressors. However the results on such a limited sample must be interpreted with caution as more clearer valid picture can be drawn when this study may be replicated on a larger sample and one of goals of intervention would be to teach how to find solutions of stressors through Muslim Holy book “*Holy Qur’an*”, as mostly adolescence seek relaxation but not solution through *Holy Qur’an*. These findings indicate that youths can be helped in reducing their negative emotions in dealing with life stressors by understanding the form of religious coping being utilized by them, their belief and religious commitments so that religious intervention can also be made part of any intervention program designed to guide them in how to deal with life-stressors. Therefore in future carrying out both cognitive and religious intervention and studying the outcomes would be a goal that psychologists of religion could explore leading to more advantageous outcomes.

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Background: Psychological distress (PD) is common among medical students. Many studies used mindfulness based interventions (MBI) to reduce psychological distress and enhance coping mechanisms. However, the duration of the commitment required to attend these interventions led to many prospective participants to either withdraw or not participating in the programs. Many studies explored shorter versions of MBI and found it successful in reducing psychological distress. Objectives: To determine the prevalence and risk factors of PD, depression, anxiety and stress (DAS) among preclinical medical students--implications for service delivery. Aust Fam Physician. 2008 Aug;37(8):673-7. PubMed | Google Scholar. Sherina Mohd Sidik, Lekhraj Rampal, Kaneson N. Prevalence of emotional disorders among medical students in a Malaysian university. Asia Pacific Family Medicine. 2003; 2(4):213-217. Omigbodun OO, Odukogbe AT, Omigbodun AO et al. Stressors and psychological symptoms in students of medicine and allied health professions in Nigeria. Soc Psychiatry Psychiatr Epidemiol. 2006 May;41(5):415-21. Coping styles and interventions to reduce psychological distress in carers. There is increasing interest in examining the factors that help caregivers successfully manage their role, while minimizing the effect on their mood and general well-being.⁶⁰ Much of this research has been done within the general framework of stress and coping theory,⁶¹ examining coping styles of caregivers and the relationship between types of coping styles and reported symptoms of depression.⁶² • Combination of education and emotional support. • Spiritual support. • Religious coping. • Appraisal of caregiving, burden and psychological distress in relatives of psychiatric inpatients. European Psychiatry.2004; 19: 402-407.10. Significantly greater reductions in psychological distress, state anxiety, and perceived stress were found in the experimental group. This brief mind/body training may be useful as a preventive intervention for college students, according to the authors, who called for further research to determine whether the observed treatment effect can be sustained over a longer period of time. • @article{Deckro2002TheEO, title={The Evaluation of a Mind/Body Intervention to Reduce Psychological Distress and Perceived Stress in College Students}, author={Gloria R Deckro and Keli M. Ballinger and M. Hoyt and Marilyn Wilcher and J. Dusek and P. Myers and B. Greenberg and D. Rosenthal and H. Benson}, journal={Journal of American College Health}