

SPIRITUALITY AND RELIGION IN THE TREATMENT OF ANXIETY DISORDERS: INTEGRATING QURAN AND SCIENCE

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Abstract

What causes us to be anxious and worried? Anxiety disorders are the most common mental health disorders prevalent in world today. It is due to this reason that modern era has been described as the "Age of Anxiety". Over the last several years, there has been growing interest in psychotherapy towards integrating spirituality and religion into mental health treatment. Spirituality and religion can involve cognitive or emotional states such as beliefs, opinions concerning the existence, motivations, worship of a deity, a sense of gratitude or attachment to God, etc. The aim of this study is to provide a vital link to understand anxiety disorders through spirituality and religion. This paper will come up with some of the Quranic verses both in Arabic and English translation and scientific investigations to find the fact to prove how spirituality and religion can overcome anxiety issues. The study will be divided into several sub-headings with conclusion at the end.

Keywords: anxiety disorders, spirituality, religion

INTRODUCTION

Anxiety disorders are the most common disorders among various prevalent mental health conditions. Based on a survey in 2019, it has been found that 1 in every 8 people around the globe are suffering from mental condition among which anxiety and depression are the most common ones (World Health Organization). The prevalence rate of anxiety disorders among adolescents in India is 0.41 (confidence interval: 0.14-0.96) for studies with more than low risks and 0.29 (confidence interval: 0.11-0.46) for studies with low risks (Pal et al.). Consequently, modern period is labeled as the "Age of Anxiety".

Anxiety is a kind of emotion that is characterized by excessive fear, feeling of tension, negative thoughts, and physical changes like high blood pressure, increase in pulse rate which occurs due to the anticipation of any internal or external danger. Although anxiety is a common mental condition, it is sometimes diagnosed as a mental disorder when it affects the routines of daily life and continues for a longer period of time. According to DSM-V, there are five major anxiety disorders known as generalized anxiety disorder, obsessive-compulsive disorder (OCD), panic disorder, post-traumatic stress disorder (PTSD), and social phobia. Mental health professionals provide effective psychological treatment depending on age and severity of the disorder. However, clinicians hardly interrogate spirituality or religion in the context of patient's mental health, despite the fact that more than half of the mental health patients want to discuss spirituality or religion in psychotherapeutic treatment (Rosmarin et al. , as cited in Rosmarin and Leidl). As such, it seems imperative for mental health professionals to understand how spirituality or religion is an affective nonpharmacological therapy to treat anxiety disorders.

Spirituality and Religion

The term spirituality generally refers to a way of discovering purpose and realization of value and meaning in one's life. Spirituality is defined as "an attempt to foster sensitivity towards oneself, others, beings other than human and god, or a challenge to find what is required to become human and a discovery for complete humanity" (Hinnells qtd. in Javanmard, p. 1961). Some people have considered spirituality as having the experience of freedom, while others defined it as a set of actions and activities in accordance with ethical and religious beliefs. Spirituality consists of two dimensions — religious well-being and existential well-being. Religious well-being refers to the relationship with higher being i.e., God, whereas existential well-being refers to the worldly aspect of spirituality i.e., relationship with oneself such as who he is, to where he belongs, and why he does.

Religiosity is defined as a particular system of faith or belief system, opinions regarding the divine nature, and practices relating to the super power. "Religious beliefs are characterized by adherence to a set of sacred doctrines or membership in a body of people who share similar beliefs about God, holy observance, and morality" (Davis et al. p. 358). The words "spirituality" and "religion" have different meanings but are used synonymously with each other. Religiosity shares many characteristics with spirituality; however, religiosity is based on divine structure and spirituality is free from such formalism. In other words, spirituality and religion are considered as

separate constructs; however, they are not necessarily contradictory to each other. They may exist side-by-side or may exist in the absence of each other. Both spirituality and religion have a positive effect on physical and mental health.

The role of spirituality and religion in several aspects of mental health treatment such as anxiety, depression, substance use disorders, suicidal behaviors and antisocial behavior has been an area of study for concerned scholars. It has been examined that spirituality and religion is a possible coping method for all age groups to treat those individuals who face psychological trauma or difficult circumstances in life. Prior to the emergence of modern psychiatry, no clear relationship existed between religiosity and mental health. This connection was largely ignored. Since last 20 years, there has been a dramatic increase in systematic investigation between spirituality/religious and mental health conditions. Clinical practitioners are starting to acknowledge the role of spirituality and religion in mental health conditions. Earlier, practitioners had a negative attitude towards spirituality/religiosity. Few psychologists like Freud, Ellis etc. believed religion/spiritual dimension as illogical and "a crutch for people who can't handle life" (Clay qtd. in Davis et al. p. 356). However, the perspective is changing. Studies have shown that spirituality and religion improve mental wellness. In addition to this, WHO has considered spiritual dimension as one of the healthy dimensions to treat mental health conditions along with other aspects such as physical, psychological, and social. Studies have shown that spirituality and religion are linked to productive psychological consequences such as mental wellness, high self-esteem, good physical health, and conjugal satisfaction. However, lack of spirituality and religiosity is correlated with negative psychological consequences such as anxiety, depression, substance abuse, and suicide (Wright, Frost, and Wisecarver, 1993; Maton & Zimmerman, 1992; Baker & Gorsuch, 1982; Gartner, Larson, & Allen, 1991; Sturgeon & Hamley, 1979 as cited in Davis et al. p. 356). It has been recognized that spiritual or religion beliefs can inculcate value and hope in adolescents that they have control over their lives. It can also enhance the positive cognitive appraisal of negative life events.

Cognitive-emotional Perspective of Spirituality and Religion

Cognitive-emotional aspect of spirituality and religion refers to the belief system, attitude and motivation. Usually, such aspects are categorized into two states: positive and negative state. Positive state includes trust in God, believing that God is kind, benevolent, loving, generous and caring, secure attachment with religion, religious gratefulness, and religious inspiration while as negative state refers to the mistrust towards God, lack of attachment with religion or religious practices, misrepresenting God as angry, malevolent, punitive, critical and destructive. Numerous research findings reveals that positive attitude towards spirituality and religion tends to reduce the levels of anxiety; however, negative attitude consistently increases worries and anxieties. Furthermore, a report was published in 2014 based on a large survey of 1426 US adults. The report predicted that kind and generous God is negatively associated with anxiety issues for instance social phobias, obsession compulsions etc. Studies consistently showed a significant result on large sample data that faith in loving and caring God anticipated fewer social anxiety, generalized anxiety, delusions or paranoid ideations and obsessive compulsions. However, malevolent and punitive God showed association with paranoia and higher social anxiety (Silton as cited in Rosmarin and Leidl, p. 49). Likewise, attachment- avoidance to God is highly related with anxiety and neuroticism (Rowatt and Kirkpatrick as cited in Rosmarin and Leidl, p. 51). Another cognitive-emotional perspective of motivation in spirituality and religion is divided into two aspects: 1. intrinsic motivation refers to firm hold on religious or spiritual rules and regulations because it represents higher and deep internal values; 2. Extrinsic motivation refers to religion or spiritual practices that are associated with self-interest, social identity, and status. Based on this aspect, numerous researchers (e.g., Davis and colleagues in 2003, Maltby et al., in 1999; Park et al., in 1990) found that intrinsic religiosity is negatively associated with anxiety and distress while as extrinsic religiosity is positively correlated with anxiety and distress.

Spirituality and Religion with Respect to Health

According to the findings of Donnelly et al, there is a positive correlation between spirituality-based interventions and lowering of anxiety and depression. Another study, conducted by Momeni et al. in which randomized clinical trials were performed on ischemic cardiac disease patients revealed a positive outcome of spirituality-based program on patients' anxiety level. Similarly, Momennasab et al, revealed the efficacy of spiritual programs in reducing stress, anxiety and depression and advancement in physical health conditions. In cancer patients, spiritual well-being has found a positive correlation with physical wellness and psychological state such as faster recovery of illness, coping capability, meaning in life, high self-esteem, and social aspects of life (McCoubrie and Davies). However, in other studies, low level of spiritual wellness among patients with terminal cancer shows an association with negative psychological behavior and impaired quality of life such as excessive worry, mood swings, hopelessness, anger, depression, suicidal thoughts, and wish for hastened death. Religiosity has been associated with positive physical and mental health of patients (McCoubrie and Davies, p. 380). It has been reported that improvement in health conditions is greatly influenced by religiosity such as less cardiovascular disease and hypertension, reduction in cancer rate, less cirrhosis, lower rate of anxiety and depression, reduction in suicidal cases, less substance abuse, less divorce, and higher satisfaction in life.

According to a report published in 2006 by Baetz and colleagues, individuals who participated in more religious activities have fewer phobia or panic disorders. Another study conducted by Ellison et al., revealed that church attendance is associated with fewer anxieties. Similarly, few studies found that reciting Catholic rosary is correlated with lesser anxiety levels (as cited in Rosmarin and Leidl, p. 46). A handful of research studies have explored the relationship between spirituality/religious and anxiety, depression, delinquency, substance use and suicidal thoughts of adolescents among which 92% have found at least 1 significant ($p < .05$) level of relationship between spirituality/religion and mental health conditions. (Dew et al.).

Attitude of Mental Health Patients towards Spirituality/Religion in Treatment

Numerous surveys consistently showed that mental health clients generally believe in religiosity/spirituality. Large proportion of population is engaged in religion and spiritual practices such as faith in God, attend religious services, worship of deity, and incorporate spirituality in everyday lives. When it comes to the client's preferences of integrating religiosity/spirituality into treatment, they often want their practitioners to discuss or bring it into practice. Findings of such aspects extended to individual, group or marital counselling. Clients often expect from their therapists to be "sensitive and respectful of their beliefs and values, and to remain open to discussing them in treatment" (Oxhandler et al. p. 2).

Stanley et al. conducted a research to study the preferences of older adults for spirituality or religion into therapy for the treatment of anxiety and depression. 66 adults of more than 55 years old participated in this study and were examined on Geriatric Anxiety Inventory, Patient Interview, Client Attitudes Toward Spirituality in Therapy, Brief Religious Coping, Santa Clara Strength of Religious Faith, Religious Problem Solving Scale, and Brief Multidimensional Measure of Religiousness and Spirituality. About 83% of participants who were positive towards religious practices have faith and belief in God, preferred spirituality or religion in the treatment of anxiety and depression. Hence, the study revealed that incorporating spirituality or religion in the treatment of anxiety and depression was desirable.

First US national survey was conducted by Oxhandler et al., regarding the attitudes towards integrating religious/spirituality (RS) in the treatment of mental conditions. The study was conducted on a sample of 989 participants and used RSIPAS-CAv2 which is a revised version of the Religious/Spiritually Integrated Practice Assessment Scale-Client Attitudes (version 2). The findings of the study revealed that participants have positive attitude towards integrating RS into therapeutic treatment. The study also predicted background characteristics of such participants and found that the attitude towards such approach was because of the participants' intrinsic religiosity.

What Causes us to be Anxious and How to Battle with Anxieties: An Islamic Perspective

The fact is that we don't want to lose things that we love. Suppose, if you are being told that you could go to the most powerful king, seek his protection and that king would make you sure that you would never lose anything valuable to you or if you lose you will be given more than the thing you had. Would you feel anxious anymore? You would feel secure and protected because you have a powerful protector. One of the attributes of Almighty Allah is Al-Wakeel (trustee). If we entrust Allah we would feel safe and secure. The reason why we have anxieties is because of the lack of tawakkul (reliance in Allah) or we are afraid of losing or not getting our provisions. But what if you know that Almighty Allah is the provider, no matter what happens to you, how much money you have. He will never stop you because he is Al- Razzaq (the all provider).

Feeling anxious, worried or stressed is a part and parcel of being human. People of taqwa (faith) can feel stressed, people of piety can feel anxious but it does not mean that they have weak/lack of imaan (faith). In the Holy Quran Allah tells us that the mother of prophet Musa (PBUH) was full of grief when she put Musa (PBUH) in a basket and left. Maryam (AS) was anxious when she was giving birth, she was all alone without any friend or companion. In the Quran, we learn that prophet Yaqub (AS) was anxious and his anxiousness caused him to lose his sight. Therefore, feeling anxious and having Imaan are mutually exclusive to each other or one can both have together. Anxieties or worries at some level is considered normal and are part and parcel of being human.

Let us take another scenario. In this scenario, we will talk about how we can be healthy in two elements i.e., mind and heart. A person can never be blissed unless he managed the way of his thinking. So, one of the key concept is "whatever you focus on it will grow". There are some people who are "problem focused" i.e., their problem is their focal point. Such people tend to have very high level of anxieties. Let us take "cake analogy". There is a boy A holding a piece of cake. He is so happy because he is holding a slice of cake. Then there is a boy B who is holding an entire cake with one slice missing and he is so sad. The boy A is so happy because he is focused on what he has which is a piece of cake. And the boy B is sad because he is focused on what he does not have, which is just one slice of cake. Allah says in the Holy Quran:

وَإِذْ تَأَذَّنَ رَبُّكُمْ لَئِن شَكَرْتُمْ لَأَزِيدَنَّكُمْ ۖ وَلَئِن كَفَرْتُمْ إِنَّ عَذَابِي لَشَدِيدٌ [14:7]

And remember! your Lord caused to be declared (publicly): "If ye are grateful, I will add more (favours) unto you; But if ye show ingratitude, truly My punishment is terrible indeed" (Surah Ibrahim 14:7).

The key to keep the heart healthy is Salah, Azkaar (zikr or remembrance of Allah), and reciting the Holy Quran. " As a source of peace of mind, Dhikr and Quran plays an essential role in the lives of Muslims. It is the simplest

way to get closer to Almighty and seek peace and love from Him" (Farooq and Magray). In the recent years, numerous studies have been conducted to find the relation between Islam and science. Neuroimaging studies have shown that zikr and Quran have a calming and relaxing effect on brain. It increases Delta wave in the parietal lobe of the brain which is associated with deep relaxation. Almighty Allah says in his holy book:

فَأذْكُرُونِي أَذْكَرْكُمْ وَأَشْكُرُوا لِي وَلَا تَكْفُرُونَ [٢:١٥٢]

"Then do ye remember Me; I will remember you. Be grateful to Me, and reject not Faith" (Surah Al- Baqara 2:152).

CONCLUSION

Anxiety is the most prevalent mental health condition throughout the globe. It can cause a significant morbidity in future among individuals. From the presentation of holy verses and scientific analysis of anxiety issues, it can be argued that spirituality and religiosity are the nonpharmacological therapies that needs to be integrated into practice by clinical professionals. Mental health professionals are recommended to use spiritual and religious activities as a tool to help their patients to overcome their anxieties. It can be stated that addressing spirituality and religion at clinical practices results in better physical and mental wellness and improved the quality of life among patients suffering from different anxieties at different levels. From the perspective of Quranic teaching, it can be stated that attaining religion or spiritual practices can work as a buffer against anxiety disorders. It does not eliminate anxieties but it has proved an effective tool to cope with it. Therefore, to keep one's heart and mind healthy it is recommended for Muslims to incorporate Salah, Azkaar (recitation of Allah's names) and the recitation of holy Quran in their daily routine.

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