

The Influence of Islamic Religious Rituals on Psychological Health in Saudi Arabia

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Abstract

Original Research Article

Introduction: The prevalence of psychological factors and illnesses within society compels the medical community to employ diverse therapeutic interventions, aiming to elevate the standard of healthcare and enhance overall quality of life. Islamic rituals, given their close association with the enhancement of mental health, merit integration into the comprehensive biopsychosocial model of therapy for psychiatric patients. **Objectives:** In the present study I aim to investigate the correlation between Islamic rituals and psychological factors. **Methods:** This is a cross-sectional, observational, survey-based study including 377 individuals. Data were collected through an online questionnaire from a sample in Saudi Arabia. **Results:** Most respondents were males aged 18–40, half of whom were married, were primarily Saudi nationals residing in the western region, holding university degrees and being employed. Participants who were female, unmarried and had a low monthly income reported high scores in psychological factors. Over the preceding month and most of the time, 28.4% of the individuals reported feeling anxious, 25.2% experienced depressive feelings and 23.3% felt psychological stress. Participants who agreed with persisting in humble prayer, maintaining regular sunnah prayer, consistently reading the Qur'an and engaging in daily remembrance (Azkar) exhibited significantly low scores in psychological factors. **Conclusion:** Over three-quarters of the surveyed population exhibited psychological factors, and engagement in Islamic religious practices, such as prayer and reading the Qur'an and Azkar, demonstrated a positive impact on these psychological factors. These findings provide valuable insights for psychiatrists, guiding the enhancement of psychiatric management modalities and the promotion of a positive quality of life.

Keywords: Islamic religious rituals; prayer; azkar; charity; psychological factors; anxiety; depression.

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INTRODUCTION

The human being comprises both a body and a soul, forming an inseparable and interactive unity. The human soul maintains a dual connection, intimately linked with the physical body on one hand and spiritually connected with the Creator on the other. Nurturing the spiritual entity undoubtedly supplies the soul and body with essential energy, fostering stability and health, and potentially aiding in the treatment of various afflictions. Thus, the significance of one's relationship with the Creator becomes evident, emphasizing continuous communication through the practice of diverse Islamic

rituals bestowed upon individuals. In this context, the human soul responds positively or negatively based on the proximity or distance of this relationship. Recognizing that the treatment of the human soul extends beyond biological interventions, by applying spiritual care, underscores the importance of this research. I seek to illuminate this dimension and pave the way for further innovative studies confirming the vital role of the spiritual aspect in nurturing the soul.

Every Muslim is aware of the significance of prayer, the Qur'an and good deeds, understanding their profound impact on the human soul. These practices

provide psychological comfort and alleviate tension, distress, as well as symptoms of anxiety and depression. The Islamic religion, as represented in the Qur'an and the authentic Sunnah, emphasizes the importance of practising Islamic rituals to enable individuals to lead a satisfying and stable life, free from annoyances and worries.

The Holy Qur'an refers to the relationship between practicing the rituals of Islam and their positive impact on the soul in many verses, as well as the Sunnah of the Prophet in many hadiths. Here I will mention some examples of that:

In explaining the importance of the human soul, God Almighty swears by it and points out that purifying it leads to success. He says, "By the Soul, and the proportion and order given to it; (7) And its enlightenment as to its wrong and its right (8) Truly he succeeds that purifies it (9) And he fails that corrupts it! (10)" Sura 91/Verse 7–10.

And God Almighty says, explaining the effect of remembrance on the soul: "Those who believe, and whose hearts find satisfaction in the remembrance of Allah: for without doubt in the remembrance of Allah do hearts find satisfaction" 13/28. Here the remembrance may be alone or be within prayer and other rituals.

God Almighty says, explaining the effect of the Qur'an on the believer: "We send down (stage by stage) in the Qur'an that which is a healing and a mercy to those who believe: to the unjust it causes nothing but loss after loss" 17/82.

In the authentic Sunnah, the Prophet Muhammad, may God's prayers and peace be upon him, would often say: "O Allah! I seek refuge with you from worry and grief, from incapacity and laziness." Narrated by Al-Bukhari and Muslim, No. 4707, in combining them by Abdul Haqq. This is a supplication and is included in the section of remembrance.

And his saying in prayer: "O Bilal! Perform the prayer and give us comfort with it." Narrated by Abu Dawud (4985) and Ahmad (23088). Prayer is comfort and reassurance for the soul.

And his saying: "Heal your sick ones with charity." Sahih Al-Jami' No. 3358. Charity has the effect of medicine.

The Islamic heritage is replete with evidence and narrations about the relationship between the soul and the body, but delving into the details is beyond the scope of this research.

Since early times, scholars have demonstrated the importance of the spiritual element in health, with particular reference to mental health and Islam [1].

In this study I primarily aim to examine the relationship between Islamic rituals and psychological factors. I focus on a set of rituals regularly practiced by Muslims, including prayer, remembrance (Azkar) and acts of charity, and compare them to various psychological factors such as symptoms of anxiety, depression and psychological distress. I also aim to validate the established connection between Islamic rituals and psychological factors as outlined in the Qur'an and Sunnah, addressing any doubts or ignorance surrounding this relationship. I emphasize the significance of a Muslim's adherence to the rituals of their true religion, with a particular focus on the psychological impact of obligatory acts, notably prayer. Additionally, I aim to raise awareness among non-Muslim individuals about the spiritual benefits offered by Islam, encouraging them to study these practices and strive to benefit from them, highlighting that some non-Muslims have found value in these higher spiritual methods.

MATERIALS AND METHODS

Study design

The cross-sectional study was conducted from November 2023 to January 2024 in Saudi Arabia using an online questionnaire.

Study population

The study was conducted among participants 18 years and older in Saudi Arabia. The sample size was calculated with a Roasoft sample size calculator, considering a 50% population proportion, a 95% confidence interval and a 5% margin of error. The minimum representative sample was 377 participants.

Data collection

Data were collected using a self-administered and electronic questionnaire distributed through social media platforms via Google Forms. The questionnaire included three sections: the first described the sociodemographic characteristics, the second assessed Islamic religious habits and the third evaluated the participants' psychological factors.

Statistical analysis

Data were extracted into an Excel sheet and then revised. The statistical analysis was conducted using the computer program IBM SPSS (version 26.0, Armonk, NY, USA). Categorical variables were described in numbers and percentages. A normality test was performed for continuous variables. Continuous, non-normally distributed variables were reported as mean and standard deviation, median and interquartile range (IQR), and minimum and maximum. The total score for psychological status was calculated for the first six questions in the psychological factors section. The answers were given points from 1 to 5 (Totally disagree=1, Disagree=2, Neutral=3, Agree=4 and Totally agree=5). The higher scores mean the presence

of psychological factors. The association between psychological factors scores and independent variables was conducted using the Mann-Whitney and Kruskal-Wallis tests. The Chi-square and Fisher's exact tests were conducted to compare independent variables with having psychiatric illness or receiving psychiatric drugs. P-values less than 0.05 were considered statistically significant.

RESULTS

The study included 377 respondents, 66.9% aged between 18 and 40. More than half (58.1%) of the participants were males, and about half (50.7%) were married. Most participants (91.2%) were Saudi nationals, and 75.9% lived in the western region. Most participants had a university degree (81.6%), 48.5% were employed and 45.4% had a high monthly income, as shown in Table 1.

Table 1: Demographic characteristics of the participants (N=377)

Parameters	Category	Number	Percentage
Age (years) (N=375)	18–40	252	66.9
	More than 40	125	33.1
Gender	Male	219	58.1
	Female	158	41.9
Marital status	Single	179	47.5
	Married	191	50.7
	Divorced	3	0.8
	Widowed	4	1.1
Nationality	Saudi	344	91.2
	Non-Saudi	33	8.8
Region in Saudi	Southern	15	4.0
	Eastern	10	2.7
	North	4	1.1
	Western	286	75.9
	Middle	47	12.5
	Other	15	4.0
Educational level	Elementary	1	0.3
	Moderate	9	2.4
	High school	60	15.9
	University degree	262	69.5
	Postgraduate	45	12.1
Working style	Unemployed	194	51.5
	Employed	183	48.5
Monthly income	Low	113	30.0
	Moderate	93	24.7
	High	171	45.4

Table 2 illustrates the responses of participants regarding practicing Islamic religious rites. About half of the participants totally agreed with persisting in the prayer imposed (47.5%), and more than half did charity work in the last 3 months (58.2%). One-third of the

participants totally agreed with persisting in daily remembrance (Azkar) (30.5%), and about a quarter were constantly reading the Qur'an (14.9%). However, approximately 10% totally agreed with praying humbly and persisting in the regular sunnah prayer.

Table 2: Participants' responses to practice of Islamic religious rites-related questions

Questions	Totally disagree	Disagree	Neutral	Agree	Totally agree
With all credibility, I persist in the prayer imposed.	9 (2.4)	15 (4.0)	56 (14.9)	118 (31.3)	179 (47.5)
With all credibility, I often pray humbly.	6 (1.6)	31 (8.2)	152 (40.3)	150 (39.8)	38 (10.1)
With all credibility, I am persistent in the regular sunnah prayer.	53 (14.1)	102 (27.1)	118 (31.3)	64 (17.0)	40 (10.6)
With all credibility, I am constantly reading the Qur'an.	22 (5.8)	73 (19.4)	139 (36.9)	87 (23.1)	56 (14.9)
Not more than 3 months ago, I did charity work, such as alms or others. (N=376)	10 (2.7)	5 (1.3)	27 (7.2)	115 (30.6)	219 (58.2)
With all credibility, I persist in daily remembrance (Azkar).	20 (5.3)	37 (9.8)	106 (28.1)	99 (26.3)	115 (30.5)

Next, Table 3 illustrates the responses of participants regarding psychological factors. Approximately a quarter of the participants totally agreed with feeling anxiety symptoms over the previous month (28.4%), feeling depressive symptoms most of the time (25.2%) and feeling psychological distress most of the time (23.3%). However, 17.2% totally agreed, and

41.6% agreed with feeling comfortable all the time. Only 3.2% totally agreed with having suicidal thoughts and tendencies, and 0.6% had taken non-tobacco drugs in the previous 6 months. Most of the participants reported that they had no psychiatric illness (91.8%) and used no psychiatric drug (94.7%).

Table 3: Participants' responses to psychological factors-related questions

Questions	Totally disagree	Disagree	Neutral	Agree	Totally agree
Over the past month (30 days before now), I felt anxious symptoms such as feeling uncomfortable, anxious or afraid of the unknown or any of them.	44 (11.7)	73 (19.4)	67 (17.8)	86 (22.8)	107 (28.4)
Over the past month (30 days before now), most of the time, I felt depressive symptoms such as sadness, low mood or chest tightness.	51 (13.5)	65 (17.2)	66 (17.5)	100 (26.5)	95 (25.2)
Over the past month (30 days before now), most of the time, I felt psychological well-being. *	12 (3.2)	37 (9.8)	106 (28.1)	157 (41.6)	65 (17.2)
Over the past month (30 days before now), most of the time, I felt psychological distress (stress due to specific life stressors or causes).	35 (9.3)	48 (12.7)	87 (23.1)	119 (31.6)	88 (23.3)
In the past 6 months, I have had a period of suicidal thoughts or tendencies. (N=342)	264 (77.2)	39 (11.4)	18 (5.3)	10 (2.9)	11 (3.2)
Over the past 6 months, I have taken some non-tobacco drugs and their derivatives. (N=342)	314 (91.8)	17 (5.0)	4 (1.2)	5 (1.5)	2 (0.6)
	Yes		No		
Currently, I have a psychiatric illness.	31 (8.2)		346 (91.8)		
I am currently on psychiatric drugs.	20 (5.3)		357 (94.7)		

*: Reversely coded

The total scores of the participant's responses to the presence of psychological factors are described in

Table 4. The total scores ranged from 4 to 26 out of 30, with a median (IQR) of 15 (6).

Table 4: Total scores of the participants' answers regarding psychological factors

Total score of the psychological factors' responses	Mean (SD)	14.9 (4.632)
	Median (IQR)	15 (6)
	Min-Max	4-26

Regarding the association between the demographic factors and the presence of psychological factors' scores, the participants aged 18-40 years had higher median scores (16) regarding psychological factors' scores than those older than 40 years (13) ($p < 0.001$). Females reported higher scores than males, with a median score of 16 vs. 15, respectively ($p = 0.017$). Additionally, unmarried participants had higher scores

regarding psychological factors than those who were married, with a median score of 16 vs. 14, respectively ($p = 0.001$). The participants with a low monthly income reported higher scores regarding psychological factors than those with a moderate and low monthly income, with a median score of 17 vs. 15 and 15, respectively ($p < 0.001$), as shown in Table 5.

Table 5: Correlation between demographic and psychological factors' scores

Factors	Median (IQR)	P-value
Psychological factors' scores		
Age	18-40 years	<0.001
	More than 40 years	
Gender	Male	0.017
	Female	
Marital status	Married	0.001
	Unmarried	

Factors		Median (IQR)	P-value
Psychological factors' scores			
Nationality	Saudi	15 (6)	0.662
	Non-Saudi	15 (9)	
Educational level	Less than a university degree	16 (8)	0.899
	University degree or above	15 (6)	
Working style	Employed	15 (6)	0.635
	Unemployed	15 (6)	
Monthly income	Low	17 (7)	<0.001
	Moderate	15 (6)	
	High	15 (6)	
Region in Saudi	Southern	16 (6)	0.086
	Eastern	17 (5)	
	North	14.5 (6)	
	Western	15 (6)	
	Middle	16 (7)	
	Other	10 (8)	

Table 6 illustrates the correlation between practicing Islamic religious rites and psychological factors' scores. The participants who agreed with persisting in prayer had a significantly lower score than neutral and disagreed, with a median score of 15 vs. 17 and 17, respectively ($p<0.001$). Moreover, the participants who agreed with praying humbly had a lower score than neutral and disagreed, with a median score of 14 vs. 16 and 17, respectively ($p=0.010$). Additionally, the participants who agreed with persisting in the regular sunnah prayer had a significantly lower

score than those who were neutral and disagreed, with a median score of 13 vs. 15 and 16, respectively ($p<0.001$). The participants who agreed with constantly reading the Qur'an had a significantly lower score than neutral and disagreed, with a median score of 13 vs. 16 and 17, respectively ($p<0.001$). Furthermore, the participants who agreed and were neutral about persisting in daily remembrance (Azkar) had significantly lower scores than those who disagreed, with a median score of 15 and 15 vs. 17, respectively ($p=0.005$).

Table 6: Correlation between practicing Islamic religious rites and psychological factors' scores

Factors		Median (IQR)	P-value
Psychological factors' scores			
With all credibility, I persist in the prayer imposed.	Agree	15 (7)	<0.001
	Neutral	17 (7)	
	Disagree	17 (7)	
With all credibility, I often pray humbly.	Agree	14 (6)	0.010
	Neutral	16 (7)	
	Disagree	17 (8)	
With all credibility, I am persistent in the regular sunnah prayer.	Agree	13 (7)	<0.001
	Neutral	15 (6)	
	Disagree	16 (8)	
With all credibility, I am constantly reading the Qur'an.	Agree	13 (6)	<0.001
	Neutral	16 (7)	
	Disagree	17 (7)	
Not more than 3 months ago, I did charity work, such as alms or others.	Agree	15 (6)	0.938
	Neutral	16 (3)	
	Disagree	13 (9)	
With all credibility, I persist in daily remembrance (Azkar).	Agree	15 (7)	0.005
	Neutral	15 (6)	
	Disagree	17 (8)	

There was no significant correlation between the individuals' characteristics and having psychiatric illness except for their marital status ($p=0.032$).

Unmarried participants (11.3%) reported having psychiatric illnesses more than married participants (5.2%), as shown in Table 7.

Table 7: Correlation between demographics and having a psychiatric illness

Factors		Number (%)		P-value
Having a psychiatric illness				
		Yes	No	
Age	18–40 years	25 (10.0)	226 (90.0)	0.090
	More than 40 years	6 (4.8)	118 (95.2)	
Gender	Male	15 (6.8)	204 (93.2)	0.253
	Female	16 (10.1)	142 (89.9)	
Marital status	Married	10 (5.2)	181 (94.8)	0.032
	Unmarried	21 (11.3)	165 (88.7)	
Nationality	Saudi	29 (8.4)	315 (91.6)	1.000*
	Non-Saudi	2 (6.1)	31 (93.9)	
Educational level	Less than a university degree	5 (7.1)	65 (92.9)	0.715
	University degree or above	26 (8.5)	281 (91.5)	
Working status	Employed	14 (7.7)	169 (92.3)	0.694
	Unemployed	17 (8.8)	177 (91.2)	
Monthly income	Low	11 (9.7)	102 (90.3)	0.783
	Moderate	7 (7.5)	86 (92.5)	
	High	13 (7.6)	158 (92.4)	
Region in Saudi	Southern	2 (13.3)	13 (86.7)	0.131*
	Eastern	3 (30.0)	7 (70.0)	
	North	0 (0)	4 (100)	
	Western	21 (7.3)	265 (92.7)	
	Middle	5 (10.6)	42 (89.4)	
	Other	0 (0)	15 (100)	

*Fisher's exact test

Table 8 illustrates the correlation between practicing Islamic religious rites and having a psychiatric illness. More participants who reported having a psychiatric illness disagreed with persisting in the prayer imposed (29.2%) compared to those who were neutral (10.7%) and who agreed (6.1%) ($p=0.002$). The participants who disagreed with praying humbly (18.9%) were more likely to have a psychiatric illness than those who were neutral (8.6%) and who agreed (5.9%)

($p=0.030$). Additionally, the participants who disagreed with constantly reading the Qur'an (17.9%) were likelier to have a psychiatric illness than those who were neutral (6.5%) and who agreed (3.5%) ($p=0.001$). Furthermore, the participants who disagreed with persisting in daily remembrance (Azkar) (19.3%) were likelier to have a psychiatric illness than those who were neutral (4.7%) and who agreed (7%) ($p=0.003$).

Table 8: Correlation between practicing Islamic religious rites and having a psychiatric illness

Factors		Number (%)		P-value
Having a psychiatric illness				
		Yes	No	
With all credibility, I persist in the prayer imposed.	Agree	18 (6.1)	279 (93.9)	0.002*
	Neutral	6 (10.7)	50 (89.3)	
	Disagree	7 (29.2)	17 (70.8)	
With all credibility, I often pray humbly.	Agree	11 (5.9)	177 (94.1)	0.030
	Neutral	13 (8.6)	139 (91.4)	
	Disagree	7 (18.9)	30 (81.1)	
With all credibility, I am persistent in the regular sunnah prayer.	Agree	6 (5.8)	98 (94.2)	0.259
	Neutral	8 (6.8)	110 (93.2)	
	Disagree	17 (11)	138 (89)	
With all credibility, I am constantly reading the Qur'an.	Agree	5 (3.5)	138 (96.5)	<0.001
	Neutral	9 (6.5)	130 (93.5)	
	Disagree	17 (17.9)	78 (82.1)	
Not more than 3 months ago, I did charity work, such as alms or others.	Agree	27 (8.1)	307 (91.9)	0.646*
	Neutral	2 (7.4)	25 (92.6)	
	Disagree	2 (13.3)	13 (86.7)	
With all credibility, I persist in daily remembrance (Azkar).	Agree	15 (7)	199 (93)	0.003
	Neutral	5 (4.7)	101 (95.3)	
	Disagree	11 (19.3)	46 (80.7)	

*Fisher's exact test

There was no significant correlation between the individuals' characteristics and receiving psychiatric drugs, as shown in Table 9.

Table 9: Correlation between demographics and receiving a psychiatric drug

Factors	Number (%)		P-value	
Receiving a psychiatric drug				
	Yes	No		
Age (years)	18–40 years	17 (6.8)	234 (93.2)	0.078
	More than 40 years	3 (2.4)	121 (97.6)	
Gender	Male	10 (4.6)	209 (95.4)	0.451
	Female	10 (6.3)	148 (93.7)	
Marital status	Married	6 (3.1)	185 (96.9)	0.058
	Unmarried	14 (7.5)	172 (92.5)	
Nationality	Saudi	19 (5.5)	325 (94.5)	1.000*
	Non-Saudi	1 (3.0)	32 (97.0)	
Educational level	Less than a university degree	3 (4.3)	67 (95.7)	1.000*
	University degree or above	17 (5.5)	290 (94.5)	
Working status	Employed	11 (6)	172 (94.0)	0.553
	Unemployed	9 (4.6)	185 (95.4)	
Monthly income	Low	7 (6.2)	106 (93.8)	0.293
	Moderate	2 (2.2)	91 (97.8)	
	High	11 (6.4)	160 (93.6)	
Region in Saudi	Southern	1 (6.7)	14 (93.3)	0.922*
	Eastern	0 (0)	10 (100)	
	North	0 (0)	4 (100)	
	Western	16 (5.6)	270 (94.4)	
	Middle	3 (6.4)	44 (93.6)	
	Other	0 (0)	15 (100)	

*Fisher's exact test

According to Table 10, the participants who disagreed with persisting in the prayer imposed (25%) were significantly more numerous than those who were neutral (7.1%) and who agreed (3.4%) regarding receiving psychiatric drugs ($p=0.001$). The participants who disagreed with praying humbly (16.2%) were significantly more numerous than those who were neutral (5.9%) and who agreed (2.7%) regarding receiving psychiatric drugs ($p=0.003$). Additionally, the participants who disagreed with persisting in the regular sunnah prayer (10.3%) were more numerous than those

who were neutral (1.7%) and who agreed (1.9%) ($p=0.001$). Moreover, the participants who disagreed with constantly reading the Qur'an (11.6%) were significantly more numerous than those who were neutral (3.6%) and who agreed (2.8%) regarding receiving psychiatric drugs ($p=0.007$). Furthermore, the participants who disagreed with persisting in daily remembrance (Azkar) (12.3%) were significantly more numerous than those who were neutral (1.9%) and who agreed (5.1%) regarding receiving psychiatric drugs ($p=0.018$).

Table 10: Correlation between practicing Islamic religious rites and receiving a psychiatric drug

Factors	Number (%)		P-value	
Receiving a psychiatric drug				
	Yes	No		
With all credibility, I persist in the prayer imposed.	Agree	10 (3.4)	287 (96.6)	0.001*
	Neutral	4 (7.1)	52 (92.9)	
	Disagree	6 (25)	18 (75)	
With all credibility, I often pray humbly.	Agree	5 (2.7)	183 (97.3)	0.003
	Neutral	9 (5.9)	143 (94.1)	
	Disagree	6 (16.2)	31 (83.8)	
With all credibility, I am persistent in the regular sunnah prayer.	Agree	2 (1.9)	102 (98.1)	0.001
	Neutral	2 (1.7)	116 (98.3)	
	Disagree	16 (10.3)	139 (89.7)	
With all credibility, I am constantly reading the Qur'an.	Agree	4 (2.8)	139 (97.2)	0.007
	Neutral	5 (3.6)	134 (96.4)	
	Disagree	11 (11.6)	84 (88.4)	
Not more than 3 months ago, I did charity work, such as alms or others.	Agree	17 (5.1)	317 (94.9)	0.269
	Neutral	1 (3.7)	26 (96.3)	
	Disagree	2 (13.3)	13 (86.7)	
With all credibility, I persist in daily remembrance (Azkar).	Agree	11 (5.1)	203 (94.9)	0.018
	Neutral	2 (1.9)	104 (98.1)	
	Disagree	7 (12.3)	50 (87.7)	

*Fisher's exact test

DISCUSSION

Psychiatric symptoms are widespread in daily life, impacting nearly everyone to some extent. According to our study, approximately one-third of the population sample (28.4%) showed anxiety, while a quarter exhibited depressive feelings (25.2%) and psychological distress (23.3%).

The impact of Islamic practices on people's mental health, particularly regarding anxiety and depression, has garnered attention in recent research. Islamic values and beliefs can prove beneficial in the therapeutic approaches of individuals with mental health conditions. This approach involves incorporating Islamic beliefs to improve medication adherence and customizing various psychotherapeutic techniques to align with the unique needs of psychiatric patients [2].

Our study revealed that individuals who consistently and humbly perform the prayer (salat) exhibit statistically significantly lower scores in psychological factors. This trend is similarly observed in those who regularly engage in sunnah prayers, consistently read the Qur'an and persistently engage in Azkar. These findings affirm established Islamic knowledge regarding the positive impact of Islamic practices on mental health. Furthermore, they underscore the importance of integrating spiritual treatment alongside biological, psychological and social approaches in the management of psychiatric conditions.

There are several studies that align with the findings of our research. In a review conducted by Koeng and Al Shohaib in 2019, they examined research conducted prior to 2010 as well as recent studies exploring the relationship between religiosity and mental health among Muslims. The studies encompassed various mental health aspects, such as depression, suicide, anxiety, substance abuse, psychotic symptoms, cognitive impairment and overall well-being. The review suggests that activities such as reading and reciting the Qur'an, regular prayer, strong adherence to Islamic beliefs and following Qur'anic teachings can mitigate stress and contribute to enhanced well-being and happiness. The conclusion drawn is that Muslims who adhere to these practices appear to exhibit better mental health outcomes compared to those who do not, at least in this life [3].

Anxiety disorders and depression are common mental disorders affecting 4% and 3.8% of the global population respectively [4, 5]. Our study indicates a rise in anxiety and depressive symptoms, indicative of an increase in the prevalence of anxiety and depression as clinical disorders. Recently, a literature review study has shown that Islamic practices promote self-control, alleviate anxiety and exert a beneficial influence on the prevalence of depression in everyday life [6].

Similar findings are observed in specific categories or under particular circumstances. A study conducted in the Southeast Asian region, aimed at evaluating the connection among religious coping, religiosity, depression and anxiety among medical students, revealed that the prevalence of depressive and anxiety symptoms in a local university in Malaysia was lower than reported in previous local and international studies. These results suggest a potential increase in resilience within this population [7].

Similarly, in a recent study conducted during the COVID-19 pandemic in Malaysia involving 3500 Muslim students, researchers explored the impact of Islamic religious beliefs on depression. The findings revealed that individuals with a higher level of religious beliefs experienced lower levels of depression. Among various religious activities, engagement in practices such as prayer and taking responsibility for one's actions emerged as particularly effective in combatting pandemic-induced depression [8].

These good results are not limited to anxiety and depression only, but even to more serious diseases such as schizophrenia. It has been found that performing the prayer and Azkar punctually and consistently demonstrates a positive impact on the physical and mental health of schizophrenia inpatients. The author may suggest that mental health hospitals consider providing adequate worship or prayer equipment, including gowns and copies of the Al-Qur'an, for patients [9].

Prayer, in particular, holds significant importance in offering comfort and reassurance and alleviating psychological suffering. Many researchers have specifically examined prayer and its relationship to improving psychological factors. The research indicates a positive correlation between the regular practice of prayer and mindfulness, contributing to improved mental health outcomes [10].

Research also suggests that regular prayer not only reduces stress but also diminishes impulsivity and aggression [11].

Echoing broader understandings, Islamic psychology emphasizes the vital role of prayer in nurturing mental well-being, and research confirms that the spiritual energy of Islamic prayer opens doors for its integration into psychotherapy [12, 13].

In our study we targeted individuals over 18 years old; however, other studies have shown that young people also experience psychological benefits from engaging in religious rituals. Religious engagements and the act of offering prayers exhibit a positive correlation with the mental well-being of individuals enrolled in higher education institutions, with prayer acting as a

shield for adolescent mental health, easing stress and boosting well-being [14, 15].

Even the body's vital responses can be influenced by spiritual factors, as demonstrated in a study indicating that listening to Qur'an recitation has a significant impact on heart rate, a key indicator of stress [16].

It is noticeable in this study that there is no statistically significant relationship between charity and improvement in psychological factors. However, numerous studies have established a connection between charitable work and psychological factors.

Among these studies, one showed that spending money on others led to greater reported happiness than spending money on oneself [17].

Additionally, a meta-analysis of 49 studies led to the conclusion that volunteering is associated with higher levels of life satisfaction, self-esteem and well-being, and reduced rates of depression and anxiety [18].

A different study, whose authors examined the impact of volunteering and charitable donations in later life on psychological well-being, revealed a more significant effect on psychological well-being from any amount of charitable donations than from any amount of time spent volunteering. However, it is worth noting that the overall impact of both time volunteering and charitable donations was relatively modest [19].

In the course of our research, we noted a negative correlation among the presence of a psychiatric illness, the use of psychiatric medication and the consistent practice of prayer, reading the Holy Qur'an and persistent engagement in Azkar.

This further affirms the intimate connection between the engagement in Islamic religious rituals and the psychological factors that may contribute to mental illness and the subsequent use of medications. This presents a broad and fertile area for additional research in this domain.

Recommendations: Special attention should be directed towards clinicians, particularly psychiatrists, to integrate spiritual therapy into the treatment of various psychiatric disorders across therapeutic institutions. In Muslim societies, engagement in Islamic rituals, especially practices such as prayer, recitation of the Holy Qur'an and Azkar, holds significant potential in treating various psychiatric disorders, including anxiety and depression. Moreover, it may exert an influence on the use of psychiatric medications. Therefore, it is essential to incorporate Islamic spiritual therapy into the biopsychosocial model of therapy for psychiatric patients.

Finally, to the best of my knowledge, this study is the first of its kind in Saudi society, serving as an introductory exploration in this field. Additional studies are warranted to enhance the representation of the population, involving larger samples and multiple centers.

Limitations: The study population is still too small to allow for the establishment of a definitive clinical conclusion. Because these studies are prone to biases and confounding variables, prospective studies are a better way to estimate the etiological impact.

This study lacks the utilization of validated scales for both Islamic rituals and psychological factors. This deficiency is attributed to the significant time commitment required for these measures, potentially hindering their implementation on a substantial portion of the population sample. Furthermore, there is a shortage of precise validated translations into the Arabic language.

CONCLUSIONS

The significance of the connection between the spirit and the human soul cannot be overstated, and spiritual nourishment is derived from the divine source manifested in religious rituals. This study illustrates that engaging in Islamic religious rituals proves highly beneficial in alleviating psychological suffering, whether psychological factors or disorders. Persistently engaging in humble prayer, reading the Qur'an and practicing Azkar are among the most crucial Islamic rituals that have demonstrated positive outcomes. It is imperative for all healthcare professionals, including psychiatrists, to incorporate spiritual interventions into diverse psychological treatments.

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Institutional Review Board Statement: The study was conducted according to the guidelines of the Declaration of Helsinki; ethical review and approval were waived for this study due to the data being anonymized, no identifiable human subjects were involved, and no harm, risk, or discomfort was imposed upon the participants, and it did not involve direct interaction or intervention with human participants. We ensure the utmost respect for ethical principles and strictly adhere to the relevant guidelines and protocols for research ethics.

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