

Investigating the effectiveness of prayer on people suffering from depression and anxiety disorders

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Abstract

In this article, we examine the potential link between worship and connection with God and reducing depression and anxiety. In fact, this study examines the potential impact of religious worship and connection with a higher power (i.e., God) on people with depression and anxiety. Research suggests that religious/spiritual practices may offer a range of psychological benefits, including:

- * Social support: Religious communities provide social networks and a sense of belonging, fostering social support that can protect against stress and isolation, both of which are major contributors to depression and anxiety.

- * Meaning and purpose: Belief in a higher power and a spiritual framework can provide individuals with a sense of meaning, purpose, and hope, and provide a framework for understanding suffering and finding resilience.

- * Coping mechanisms: Prayer, meditation, and other spiritual practices can serve as coping mechanisms, helping people manage stress, regulate emotions, and find inner peace.

Forgiveness and acceptance: Religious teachings often emphasize forgiveness, acceptance, and compassion, which can promote emotional healing and reduce rumination on negative experiences.

The aim of this study was to investigate the specific mechanisms through which prayer and connection with God may help improve mental health outcomes.

The study involved 40 people with anxiety, with two control and intervention groups, and after a period of spiritual therapy, a post-test was administered to them, and it was found that prayer and worship have a potential effect on reducing anxiety and depression.

Keywords: worship, prayer, connection with God, depression, anxiety, spiritual healing.

Introduction

Depression and anxiety are common diseases of the new century and the result of living in a world full of technology and complex and relentless communications. A world that, with rapid and increasing advances, deprives humans of the opportunity to reflect and relax. Rapid and complex advances in civilization and communication and information tools, while ignoring religious and family

values, are creating new concerns and factors that produce anxiety more and more every day than the previous day, to the extent that the statistics of mental illnesses and the use of tranquilizers, as well as the rate of suicide attempts and madness and madness are increasing every day. Although various scientific reasons have been presented by different schools and perspectives as the causes of mental and psychological problems and their exacerbation, moving away from faith and religious beliefs still plays a significant and undeniable role in the emergence of anxiety. Therefore, the preventive and even therapeutic role of religion in the form of communication with God and remembering Him regarding mental distress and pain can be examined. [1]

Dale Karndegi, a famous Western psychologist, writes: In America, on average, one person commits suicide every 35 minutes and one person goes crazy every two minutes. If these people had benefited from the peace of mind and tranquility that religion and worship give to a person, most of these suicides and many insanity could have been prevented. [2] He continues: When exhausting and heavy work reduces our physical strength, and the sorrow and suffering resulting from the depletion of strength and tiring work deprives us of any will to return, and most of the time when the doors of hope are closed to us, that is when we turn to God. But why should we let things drag on here and let the spirit of despair and hopelessness overcome us? Why should we not renew our strength every day through communication with God and prayer and supplication to God? Professor William James says in this regard: "Regarding the healing and treatment of the patient through prayer, it should be said that if we accept the medical facts and realities, a large number of doctors have stated that in many cases prayer and effective communication with God have been effective in improving the patient's condition. [3] Therefore, prayer should be considered as one of the effective therapeutic methods in treating patients. [4]

According to studies conducted on many people, prayer and worship have been very effective in treating mental problems, and improving their mental and physical health will lead to their mental and physical health. According to Dr. Karl, even a simple prayer in the form of parrot-like recitation of sentences affects a person's behavior and conduct. According to psychologists, successful people are those who can focus all their thoughts when doing something and remember and apply all their knowledge about it. [5] Scientific and psychological research has proven that if the human spirit and mind are fully focused on a subject or are used to do something, it creates an amazing and incredibly powerful force that will be able to do the most complex and difficult tasks. [6]

Prayer as a spiritual and moral act, in simple terms, means talking to God and sharing secrets and needs with Him and asking for His help and assistance, has a profound, wonderful and positive effect on the human soul and mind, and increases peace, improves mental health, and increases hope in human life. The

results of empirical research indicate that there is an inverse relationship between religious beliefs such as prayer, prayer, and pilgrimage to religious shrines with mental and psychological illnesses such as depression. Mental and psychological disorders such as feelings of failure in life, isolation, and decreased interest in life, and depression are more common in non-religious people who do not believe in prayer and worship. [7] A person who leaves the fence and veil of the material world and nature and enters the spiritual world and truth becomes a spiritual being and will suffer less from adversity and mental disorders. A feeling of emptiness in life, fear of death, and hopelessness about the future are factors that cause stress and anxiety, and one of the practical areas of prayer on the health of the human soul and mind is the prevention and treatment of stress and anxiety. [8]

Belief and faith in God, who is a superior and eternal power and is responsible for the sustenance of all creatures and is aware of our circumstances at all times. Relying on Him and trusting Him and asking Him for needs and solutions to problems brings peace and hope to the human being and gives those who pray the power to fight against emptiness, despair, and hopelessness. [7-10]

Religion is an important cultural dimension, and psychologists need to be ethically sensitive to cultural issues. Recently, several studies have been conducted on the effect of religion on mental health, and the results of these studies have shown a positive effect of religion on adjustment and mental health and its reducing effect on symptoms of illness. Having a purpose and goal in life, a sense of relying on a higher source, hoping for help and assistance from the Creator in difficult life situations, having social support, spiritual support, etc. are all resources that religious people can use to suffer less damage when faced with stressful life events. Religious behaviors have a positive value in addressing meaningful aspects of life. Behaviors such as trusting in the Creator can bring inner peace to an individual by creating hope and encouraging positive attitudes. [7-9] The belief that there is a Creator who controls situations and watches over worshipers greatly reduces situation-related anxiety. So much so that most believers describe their relationship with the Creator as being like a very close friend and believe that by relying on and appealing to the Creator, the effects of uncontrollable situations can be controlled in some way. For this reason, it is said that religion can be actively effective in the coping process. [9]

Religion can play an effective role in all factors that cause stress and reduce psychological distress in the appraisal of the situation, the individual's cognitive appraisal, coping activities, support resources, etc. Accordingly, it has long been believed that there is a positive relationship between religion and mental health, and recently, the psychology of religion has provided much empirical support in this regard. [11]

Method

This study is a quasi-experimental study conducted based on a pre-test and post-test design with a control group. In this method, the subjects were replaced after selection in the control and experimental groups. Also, before implementing the independent variable of group spirituality therapy, the subjects selected in both groups filled out the research questionnaires in the pre-test. The independent variable in this study was: spiritual therapy group and the dependent variables were "resilience" and "cognitive emotion regulation in patients with depression and anxiety. After completing the 12 treatment sessions, a post-test was administered to the two groups. After examining the demographic characteristics of the patients and conducting a clinical interview, the clients who met the necessary conditions for the study were identified and assigned to two groups of 20: experimental and control. Then, the experimental group entered this treatment for 12 weeks, one session per week, lasting 60 to 90 minutes. Before and after the 12 group therapy sessions, both groups were tested using research tools.

The data obtained were analyzed using SPSS 18 statistical software based on pre-test, post-test and follow-up scores of depression and anxiety variables. Mean and standard deviation were used to provide descriptive information to compare the demographic characteristics of the two groups of the test, and repeated measures analysis of variance was used to compare the mean scores of the experimental and control groups in the three stages of the test. Research instruments Depression, a version (BDI-II), is composed of 21 items, like the first edition, and the subject selects one of four options from zero to three for each item, which indicates the severity of depression. [1-12] The range of the entire questionnaire is between 0 and 63. A score of 0 to 13 indicates minor depression, a score between 14 and 19 indicates mild depression, a score between 20 and 29 indicates moderate depression, and a score between 30 and 63 indicates severe depression. [2-13] Beck et al. (1996) This questionnaire was used in an Iranian sample with Cronbach's alpha coefficient is 0.91, the inter-half correlation coefficient is 0.89, and the test-retest reliability coefficient is 0.94 at a one-week interval (Feti et al., 2006). Beck Anxiety Inventory (BAI) This test was developed by Yek and his colleagues in 1989 to specifically measure the severity of clinical anxiety symptoms in individuals. This questionnaire consists of 21 options, which have 4 options from zero to three. The range of scores for individuals is between 0 and 63. A score of up to 7 indicates minor anxiety, a score of 8 to 15 indicates mild anxiety, 16 to 25 indicates moderate anxiety, and 26 to 63 indicates severe anxiety (Beck et al., 1989). This questionnaire has a Cronbach's alpha coefficient of 0.92, a test-retest reliability coefficient of 0.83 at a two-week interval, and a validity of 0.72 (Kaviani and Mousavi, 2008). [14]

Treatment protocol

In this study, the group spirituality therapy protocol proposed by Richards and Bergin was used, including

8 psycho-spiritual components including trust and appeal to God, prayer and supplication, gratitude, patience and tolerance, forgiveness and ignoring anger, communication with God and inner dialogue

Results Discussion

There was no significant difference in gender between the two groups ($U = 0.55$) and ($p < 0.67$). The mean

with God, self-awareness and listening to the inner voice, reading sacred texts, and using spiritual and religious books.

age and length of education in the two groups were not significantly different according to Table 1.

Table 1: comparison of two test and control groups in terms of Demographic characteristics.

Demographic characteristics	Group	Domain	Average (number of years)	Standard deviation	T value	Degree of freedom	Significant level
Duration of education	Test	9-16	12.64	2.01	0.28	20	0.77
	Control	9-18	12.36	2.42			
Age	Test	22-34	28.55	3.14	1.53	20	0.13
	Control	20-35	25.64	5.31			

Table 1 presents descriptive indicators including the mean and standard deviation of pre-test, post-test, and

follow-up scores of the experimental and control groups on the depression and anxiety scales.

Table 2: descriptive index scores of depression and anxiety in different stage of of the test in two groups.

Variable	Groups	Number	Pre-test	Post-test	Follow up
			Mean standard deviation	Mean standard deviation	Mean standard deviation
Depression	Test	11	6.03 ± 24.55	4.65 ± 20.09	4.23 ± 19.82
	Control	11	6.56 ± 23.36	5.49 ± 22.73	6.24 ± 22.18
Anxiety	Test	11	6.40 ± 23.55	5.45 ± 19.18	5.07 ± 19.02
	control	11	6.50 ± 23.06	6.33 ± 22.55	6.34 ± 23.00

According to Table 2, the mean depression of the experimental group at post-test (20.09) and at follow-up (19.82) is lower than that of the control group at post-test (22.73) and follow-up (22.18). Also, the mean anxiety of the experimental group at post-test (19.18) and at follow-up (19.02) is lower than that of the control group at post-test (22.55) and follow-up (23). From the comparison of the means, it can be concluded that there is a difference between the experimental and control groups in depression and

anxiety scores. To examine whether this difference is significant, the repeated measures variance and covariance test were used. The results are presented in Table 3. Before performing the analysis of variance homogeneity, it was examined. In all variables of this study, the Mauchly sphericity test was not significant at the 0.05 level, as a result, the assumption of equal variances and, more precisely, the condition of covariance matrix homogeneity was ensured and the repeated measures statistical model was used.

Table 3: result of multivariate analysis of variance whit repeated measures for intergroup effects and deal.

Inter group effect of life skills training		Value	F	Degree of freedom	Error Degree of freedom	Significant level	Eta squared
depression	Wilks lambda	0.338	18.58	2	19	0.0001	0.662
Depression and group	Wilks lambda	0.541	8.07	2	19	0.003	0.459
anxiety	Wilks lambda	0.362	16.71	2	19	0.0001	0.638
Anxiety and group	Wilks lambda	0.524	8.617	2	19	0.002	0.476

As Table 3 shows, the measurements of depression and anxiety scores differ significantly in the three stages. In other words, there was a significant difference between the factor scores (pre-test, post-test, and follow-up) in depression and anxiety ($p < 0.01$). Also, a significant interaction was observed between the factor scores of pre-test, post-test, and follow-up and groups in depression and anxiety ($p < 0.01$). These results indicate the effectiveness of prayer and supplication skills training on depression

and anxiety; Therefore, the multiple comparison test showed that the levels of depression and anxiety in the experimental group changed significantly in the post-test and follow-up compared to the pre-test. In order to determine at which stage of the test each variable has a significant difference, post hoc tests (LSD) were used with the condition of homogeneity of variances. This test is performed by comparing the means by two, the results of which are shown in Table 4.

Table 4: result of repeat measurement of depression and anxiety in a two by two comparison of test in each droup.

	Stage	Pre-test Post test		Pre-test Follow up		Post-test Follow up	
	group	F	Significant level	F	Significant level	F	Significant level
Depression	Test	33.72	0.0001	26.44	0.0001	0.50	0.49
	Control	1.15	0.30	2.97	0.11	0.80	0.39
Anxiety	Test	41.43	0.0001	11.07	0.008	2.16	0.17
	Control	2.06	0.18	0.007	0.93	0.50	0.49

According to the results of Table 4, there was a significant difference between the mean scores of depression and anxiety in the experimental group between pre-test-post-test and pre-test-follow-up (0.01), while there was no significant difference between the scores of pre-test and post-test and pre-test-follow-up in the control group. There was also no significant difference between the scores of post-test and follow-up in the experimental and control groups.

Conclusions

Remembrance of God is like a refreshing breeze that gives spiritual life to man. The tired and depressed heart of man finds refreshment with the remembrance of God, and in the struggle of problems and many troubles, he remembers the Beloved, who brings

security and peace to souls. According to the divine worldview, the factors affecting the events of the world are of two types: material (natural) and spiritual. In order to prevent and treat diseases and achieve health, just as it is necessary to use doctors and medicines to treat diseases and achieve health, it is also necessary to cling to the lap of the Creator of the physician and the Creator of medicine in the light of remembrance and prayer. In Islamic teachings, many verses and narrations have spoken of the effectiveness of prayer and remembrance. Therefore, in this study, by searching the verses and narrations, the role of prayer and remembrance on physical and mental health has been investigated.

The recommendations for remembrance in verses and narrations often refer to mental health and treatment; because having a healthy mind leads to spiritual vitality and cheerfulness, and this cheerfulness will greatly help equip physical strength and treat physical illness. However, the recommendations for prayer according to verses and narrations are for the prevention and treatment of physical and spiritual illnesses. It seems that the difference between remembrance and prayer, the former being limited to mental health and the latter including both physical and mental health, is because humans are more engaged in prayer than remembrance and constantly turn to God in problems and illnesses, especially when they are hopeless about material causes, and call upon Him with their tongue and soul. In general, peace and anxiety play a very important role in the health and illness of the individual and society, and the happiness and misery of humans, and it is not something that can be easily ignored. For this reason, many books have been written so far whose subject is only worry and the way to fight it and how to achieve peace. Human history is full of sad scenes where man has done anything to gain peace, has stepped into every valley and has given in to all kinds of addictions, but the Quran has shown the safest and closest way with a short and thoughtful sentence and says: Know that the remembrance of God is what soothes the hearts. The results of this research showed that prayer, supplication and religious beliefs can be very effective and influential in treating and preventing depression. It was also proven in this article that there is a direct relationship between spirituality and human mental health. The more spirituality a person has in life, the healthier his mind will be.

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