Religiosity and Subjective Well-being in the Arab Context

Religiosity and Subjective Well-being in the Arab Context

By

Ahmed M. Abdel-Khalek

Alexandria University, Egypt

Cambridge
Scholars
Publishing

Religiosity and Subjective Well-being in the Arab Context

By Ahmed M. Abdel-Khalek
Alexandria University, Egypt

This book first published 2018

Cambridge Scholars Publishing

Lady Stephenson Library, Newcastle upon Tyne, NE6 2PA, UK

British Library Cataloguing in Publication Data
A catalogue record for this book is available from the British Library

Copyright © 2018 by Ahmed M. Abdel-Khalek

All rights for this book reserved. No part of this book may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without the prior permission of the copyright owner.

ISBN (10): 1-5275-1654-7
ISBN (13): 978-1-5275-1654-0

To Nadia, Mira, Sherif, and Tarek, with love.

The twenty-first century will be the most religious century in recent years.

Novak (1998)

TABLE OF CONTENTS

PREFACE

Religion is considered one of the major influential forces across history. It is an important subject in life, death, health, and disease. To the vast majority of humans, the subject of religion is very important, today, in the past and for countless millennia to come. Some authors estimated that 68% of the world's population (about 4.6 billion) believe that religion is an important part of their lives.

The subject of religion has been present in the realm of psychology before its establishment as an independent discipline. Since approximately a century and a half ago, the founding fathers of psychology, Galton, James, Hall, and Starbuck wrote books on the psychology of religion. For different reasons, this subject disappeared from the psychological literature and was neglected for nearly a century. However, in the mid-fifties of the 20th century, the empirical studies on religion burgeoned and witnessed a rapid upsurge, when psychologists acknowledged the central role of religion in the psychological, social, and cultural aspects of human life.

Based on empirical studies, substantial evidence has accumulated to emphasise the salutary effects of religiosity on physical and mental health, well-being, happiness, satisfaction with life, and longevity. However, the main findings in this endeavour were based, mainly, on samples recruited from the Anglo-Saxon, English-speaking, Christian, and Western industrialised countries. The present book aims to fill in a small section in this gap, by collecting some research studies based on samples from a different religion, culture, and site, i.e., Muslim Arabs from the Middle East.

Religiosity and Subjective Well-Being in the Arab Context falls under, and pertains to, two rubrics representing two of the major trends in contemporary psychology, i.e., religion and positive psychology, to emphasise the adaptive consequences and beneficial outcomes of intrinsic religiosity, apart from fundamentalism and extremism. This book contains 31 chapters, 29 of them are empirical studies published from 2006 to 2018. The utilised samples were children, adolescents, college students, middle-aged adults, elderly people, governmental employees, and retired workers. Different Arab nationalities took part in these studies, they were from: Egypt, Kuwait, Lebanon, Saudi Arabia, Algeria, and Qatar. Many of these studies used large sample sizes, some with as many participants as 7,211 participants.

In this book, 26 chapters were previously published in peer-reviewed scientific periodicals, three were published as chapters in edited books, one chapter was an editorial for *Mental Health, Religion and Culture*, in addition to a new chapter, specifically written for the present book. Since the 31 chapters were written through 12 years, in different periodicals and books, some repetitions were unavoidable which I apologise for.

The 31 chapters are classified into six sections: Islam and Mental Health; Psychometric Measures; Religiosity, Health, and Happiness; Religiosity, Quality of Life, and Subjective Well-Being; Religiosity and Personality; and Religiosity, Subjective Well-being, and Psychopathology.

I would like to thank the original publishers of these articles for their kind permission to republish them, many thanks also to Cambridge Scholars Publishing for their encouragement and cooperation. Thanks are also due to Miss Ala'a Said Rashid, Ph. D. candidate at Alexandria University, for her help in transferring PDF text to Word; she did a great job. Last but not least, it would not have been possible to publish this book without the great effort of Ms. Dahlia Eldeeb who edited all the chapters. Many thanks to her.

Ahmed M. Abdel-Khalek
Alexandria University, Egypt

LIST OF ABBREVIATIONS

A:	Agreeableness
ASH:	Arabic Scale of Happiness
ASI:	Arabic Scale of Insomnia
ASIR:	Arabic Scale of Intrinsic Religiosity
ASMH:	Arabic Scale of Mental Health
BDI:	Beck Depression Inventory
BFM:	Big Five Model
BFQ-C:	Big Five Questionnaire for Children
C:	Conscientiousness
CES-D:	Center for Epidemiologic Studies-Depression Scale
E:	Extraversion
EPQ:	Eysenck Personality Questionnaire
FANS:	Factorial Arabic Neuroticism Scale
HSC-A:	Hopkins Symptom Checklist-Anxiety Scale
HSC-D:	Hopkins Symptom Checklist-Depression Scale
IRM:	Intrinsic Religious Motivation
KUAS:	Kuwait University Anxiety Scale
L:	Lie
LL:	Love of Life
LLS:	Love of Life Scale
MARS:	Muslim Attitude towards Religion Scale
MCADS:	Multidimensional Child and Adolescent Depression Scale
N:	Neuroticism
NEO-FFI:	Neuroticism, Extraversion, Openness-Five-Factor Inventory
NEO-PI-R:	Neuroticism, Extraversion, Openness-Personality Inventory-Revised
NIMH:	National Institute of Mental Health
NS:	Not Significant
O:	Openness
OHI:	Oxford Happiness Inventory
OHQ:	Oxford Happiness Questionnaire
P:	Psychoticism
PCA:	Principal Components Analysis

P, E, N, L:	Psychoticism, Extraversion, Neuroticism, Lie
PMIR:	Psychological Measure of Islamic Religiousness
QOL:	Quality of Life
RSES:	Rosenberg's Self-Esteem Scale
SAH:	Self-Assessed Health
SCL-90-R:	Symptom Checklist 90-item Revised
SRR:	Self-Rating of Religiosity
SRSRB:	Self-Rating of Strength of Religious Belief
SWB:	Subjective Well-Being
SWLS:	Satisfaction with Life Scale
TAS:	Trait Anxiety Scale
WB:	Well-Being
WHOQOL-Bref:	World Health Organization-Quality of Life Scale-Brief

PART I:

ISLAM AND MENTAL HEALTH

CHAPTER ONE

ISLAM AND MENTAL HEALTH: A FEW SPECULATIONS[1]

The present issue of Mental Health, Religion & Culture contains six articles authored by Abu-Raiya and Pargament (2011); Abdel-Khalek and Eid (2011); Abdel-Khalek (2011); Al-Solaim and Loewenthal (2011); Momtaz, Hamid, Ibrahim, Yahaya, and Chai (2011); and Al-Krenawi and Graham (2011). The common element between these contributions is their use of Muslim participants, understudied and underrepresented samples in literature. One may ask: Does the Muslim religion affect the relationship between religiosity and mental health? Certainly, there are similarities and differences between the three monotheistic religions and their believers. Therefore, the impact of Islamic religion on mental health deserves closer scrutiny, given the attention that has been devoted to Christianity, and to a lesser extent Judaism.

Religion is a universal phenomenon. It has played an important role as one of the most powerful forces in life, death, health, and disease. Albright and Ashbrook (2001) stated that humans should be thought of as *Homo religiosus* because religion has been present as long as there has been *Homo sapiens*. Novak (1998) stated that the twenty-first century will be "the most religious century" in recent years. On the basis of personal observation, it can be said that religiosity has increased and has become stronger, at least in the last two decades, in Arab countries, especially among college students. As early as 1833-1835, Lane (1896/1986) in his book *An Account of the Manners and Customs of the Modern Egyptians* wrote: "It is considered the highest honour among the Muslims to be religious . . ." (p. 285).

Islam is the second largest and most rapidly growing religion in the world. Like Christianity and Judaism, it has multidimensional aspects and a multifaceted nature. It is similar to other religions in some ways and unique

[1] First published as an Editorial in *Mental Health, Religion & Culture,* (2011, February), Vol. 14, No. 2, pp. 87-92. DOI: 10.1080/13674676.2010.544867.

and distinctive in others. For the majority of its believers, proper Islam is related to, and the organiser of, all aspects of human life.

Following Judaism and Christianity, Islam is the third and last monotheistic religion revealed to humans. However, it is the only divine religion to recognise and accept all 25 previous prophets sent by God, as reported and acknowledged in the Holy Qur'an:

> "The Messenger (Muhammad) believes in what has been sent down to him from his Lord, and (so do) the believers. Each one believes in *Allah*, His Angels, His Books, and His Messengers, (They say), 'we make no distinction between one another of His Messengers'-and they say, 'We hear, and we obey: (We seek) Your forgiveness, our Lord, and to You is the return (of all)'" (The Nobel Qur'an 2: 285).

Therefore, Muslims believe that there is a continuation of divine messages up to the last messenger: Prophet Muhammad. It is, particularly noteworthy, that one third of the Holy Qur'an is dedicated to the Prophet Moses. In the same vein, the Qur'an contains a chapter (*sourah*) in the name of: Mariam. It consists of 98 verses and describes the birth and mission of the prophet Christ.

Islam is based on five pillars. They are, as follows: (a) the belief that there is no god but God and that Muhammad is his last prophet (Testimony or *Shahada*); (b) conducting the five daily prayers; (c) paying alms to the needy; (d) fasting during the month of Ramadan; and (e) a pilgrimage to Mecca once in one's lifetime if possible (Abou El Azayem & Hedayat-Diba, 1994).

The majority of studies on religion and mental health have been carried out on Western, mainly Christian, samples (e.g., Koenig, McCullough, & Larson, 2001). A few studies have been conducted on Muslims living in Western countries and Muslims living either in the Arab world or in Asian countries, such as Indonesia and Malaysia, in which the main religion is Islam. It is important to study mental health associations among different religions and cultures (Tarakeshwar, Stanton, & Pargament, 2003). Religions may differ in their emphasis on specific spiritual or materialistic aspects of faith, creed, and different matters of daily life. Some of these differences are subtle and disguised, whereas others are clear and major. In this respect, Husain (1998) elucidated the relation between religion and mental health from the Islamic perspective. He illustrated the spiritual and moral systems of the Islamic faith, and the value that Islam attaches to the spiritual, mental, and physical health of mankind. He discussed the concepts of righteousness, equality, wellness, and illness from the Islamic point of view.

In Islam, as in other religions, multiple practices are available as coping mechanisms against everyday stresses and hardships, to relieve anxiety and other negative mental states. Foremost among them are ablution, prayer, reciting Qur'an, remembering *Allah*, supplication or invocation, asking God's forgiveness, and fasting during the month of Ramadan and on other days, among different practices. As stated in The Noble Qur'an (1996, 2: 153): "O you who believe! Seek help in patience and the prayer. Truly! *Allah* is with As-Sabirin (the patient)." And: "Those who believed (in the oneness of *Allah*; Islamic Monotheism), and whose heart find rest in the remembrance of *Allah*: verily, in the remembrance of *Allah* do hearts find rest" (1996, 13: 28). In a similar vein, Loewenthal and Cinnirella (1999) found that most Muslims in their British sample consider prayer effective in treating depression. Generally speaking, Muslims believe that Islam is central not only to their well-being, but also to their life.

Husain (1998) discussed the spiritual, psychological, physical, and moral roles of Islamic ritual prayers. The concentration of the mind during prayer distracts it from perceiving pain. This physical aspect with changing postures has a very relaxing effect on the body. Certain exercises, prescribed by modern physicians for chronic lower back pain, are similar to the postures assumed during part of the Islamic ritual prayer. By the same token, the annual conference for the Division of Clinical Psychology of the British Psychological Society held in London in December 2008, specified a symposium under the title of *Mental Health and Physical Activity*, which accentuated the impact of physical exercises on mental health and healing.

Notwithstanding the dearth of empirical studies on Islam and mental health using Muslim participants, findings have been generally compatible with previous research among samples drawn from other religions. Abdel-Khalek (2011) reviewed a good part of previous studies on religiosity associations with subjective well-being, mental health, and psychopathology among Muslim participants. He noticed that several empirical studies on different religions have demonstrated that people, who are religiously devout and committed to their traditions excluding extremists, tend to enjoy better physical and mental health (Koenig, 1997). Results of numerous studies have been consistent in indicating a salutary relationship between religious involvement and good health (Levin & Chatters, 1998). Multiple empirical studies have revealed a negative association between religiosity and psychopathology (e.g., Hill & Pargament, 2003; Koenig et al., 2001; Levin & Chatters, 1998). In considering this issue, Islam is not an exception. However, it is worth noting that the positive relation between religiosity and both mental health and well-being and the negative one between religiosity and psychopathology using Arab, mainly Muslim participants, is higher

than the same relation using Western, mainly Christian samples (see also Abdel-Khalek & Lester, 2012). Assessment is of great importance in this respect; it is a substantial matter to distinguish between generic religiosity and Islamic religiosity.

The availability of psychometric tools to assess Islamic religiosity is crucial to further the empirical studies on Muslim populations. Abu-Raiya and Pargarnent (2011) summarised and evaluated these scales and measures. Notwithstanding their comprehensive review, further comment regarding some of them is desirable, particularly the Muslim Attitudes Towards Religion Scale (MARS; Wilde & Joseph, 1997). It contains 14 items, adapted from the Francis Scale of Attitude towards Christianity (Francis & Stubbs, 1987). It is noteworthy that one of its items was not suitable for Muslim women: "I observe my daily prayers in the Mosque." In Islam, it is preferable for women, generally, to pray at home. Based on Allport's (1950, 1959) distinction, the MARS assesses both the internal (faith) and the external (practices, e.g., prayer) aspects of Islamic religiosity. The scale was validated using a small sample ($N = 50$) of British Muslims. It also has a Persian version (Ghorbani, Watson, Ghramaleki, Morris, & Hood, 2000).

Many researchers, including the present author, have assessed intrinsic religiosity with a single-item self-rating scale, for example, "What is your level of religiosity in general?" In spite of its good temporal reliability and criterion-related validity, it has specific shortcomings. In addition to the criticism of the single-item by Abu-Raiya and Pargament (2011), it can be said that it assesses only a limited aspect of the range and complexity of the construct of religiosity. Furthermore, there is a need to compute its correlation with social desirability.

By and large, in assessment, it is important to differentiate between Islamic religiosity and religiosity in general. The scale of the former construct must include specific components of Islam as a religion, for example, prayer five times a day, fasting in Ramadan, pilgrimage to Mecca, refrain from alcohol and pork intake, etc. The hypothesis in this endeavour is that some beliefs or practices may enhance mental health and well-being and ameliorate negative affective states such as anxiety and depression. On the other hand, a low score in religiosity will probably have a deleterious effect on the individual Muslim's mental health and well-being. The strategy of the construction and development of the Psychological Measure of Islamic Religiousness (PMIR) by Abu-Raiya, Pargament, Mahoney, and Stein (2008) represents the prototype which is compatible with this perspective.

On the other hand, the assessment of religiosity with a single-item self-rating scale has a different objective. That is, it taps into an overall assessment of religiosity in general, regardless of a specific religion. Therefore, it is feasible with a single-item measure to compare groups of different religions. It is suitable for large-scale projects and epidemiological surveys, particularly in studies that assess the relation between demographic variables, including religiosity, and both morbidity and mortality.

The merits of using a single-item to assess religiosity are similar to the importance of using a single question to assess health. Zullig, Ward, and Horn (2006) quoted an extensive body of literature to support the merit of the single question to assess self-perceived health as a predictive of health problems, disability, age, gender, income, smoking and higher BMI in adolescents, as well as mortality, morbidity, and risk behaviour in adults. They quoted Schulster who stated that self-perceived health is hypothesised as a robust indicator of health status because it spans its past, present, and future physical, behavioural, emotional, and cognitive aspects.

With the single-item self-rating scale of religiosity, the comparison between participants from different religions becomes feasible. On the other hand, it is impossible to compare subjects from different religions using a scale such as the Psychological Measure of Islamic Religiousness. In sum, there is a difference between the assessment of Islamic religiosity and that of generic religiosity. It is important to note that this view does not mean, at all, that the single-item scale is superior to multi-item scales. Rather, both have merits in different contxts. To the best of my knowledge, the PMIR is the most appropriate psychometric tool in its domain for the time being. It represents an ambitious and solid project (Abu-Raiya, Pargament, Stein, & Mahoney, 2007).

The PMIR, developed and validated by Abu-Raiya et al. (2008), consists of 60 items with different response options and seven subscales. It represents a breakthrough in the assessment of Islamic religiosity. However, the scale is in a great need of (a) recruiting larger samples in exclusively Muslim countries (e.g., Arab Muslims, rather than Muslims in Israel and the United States); (b) administering the scale in group, face-to-face sessions and not merely through internet survey; (c) computing the correlation coefficients between the total scores on the seven subscales and running exploratory factor analysis; (d) conducting confirmatory factor analysis of the 60 items; and (e) computing its correlation with a social desirability scale.

One last point remains to be said about any form of religion, which is terrorism: What is its connection to Islam? Unfortunately, many Westerners believe that Islam encourages Muslim aggressiveness towards non-

Muslims. This notion has reached its peak with the publication of Huntington's (1997) *Clash of Civilization*. He stated: "The underlying problem for the West is not Islamic fundamentalism. It is Islam" (p. 217). This is unjust. Terrorism has been associated with every religion at one time or another and closer study is needed of the social and political conditions fostering aggressive Muslim responses.

In summary, the studies on Islam and mental health using Muslim participants have reached the same conclusions as in other religions. That is, a positive relation between religiosity and both mental health and subjective well-being, and a negative association between religiosity and psychopathology. Multiple practices are available in Islam as coping mechanisms against every day stresses and hardships. By and large, the similarities between monotheistic religions overshadow the differences regarding the association between religiosity and mental health.

References

Abdel-Khalek, A. M. (2011). Religiosity, subjective well-being, self-esteem, and anxiety among Kuwaiti Muslim adolescents. *Mental Health, Religion & Culture, 14,* 129-140.

Abdel-Khalek, A. M., & Eid, G. K. (2011). Religiosity and its association with subjective well-being and depression among Kuwaiti and Palestine Muslim children and adolescents. *Mental Health, Religion & Culture, 14,* 117-127.

Abdel-Khalek, A. M., & Lester, D. (2012). Constructions of religiosity, subjective well-being, anxiety and depression in two cultures: Kuwait and USA. *International Journal of Social Psychiatry, 58,* 138-145.

Abou El Azayem, G., & Hedayat-Diba, Z. (1994). The psychological aspects of Islam: Basic principles of Islam and their psychological corollary. *International Journal for the Psychology of Religion, 4,* 41-50.

Abu-Raiya, H., & Pargament, K. I. (2011). Empirically based psychology of Islam: Summary and critique of the literature. *Mental Health, Religion & Culture, 4,* 93-115.

Abu-Raiya, H., Pargament, K. I., Mahoney, A., & Stein, C. (2008). A psychological measure of Islamic religiousness: Development and evidence for reliability and validity. *The International Journal for the Psychology of Religion, 18,* 291-315.

Abu-Raiya, H., Pargament, K. I., Stein, C., & Mahoney, A. (2007). Lessons learned and challenges faced in developing the psychological measure of Islamic religiousness. *Journal of Muslim Mental Health, 2,* 133-154.

Albright, C. R., & Ashbrook, J. B. (2001). *Where God lives in the human brain.* Naperville, IL: Sourcebooks.

Al-Krenawi, A., & Graham, J. R. (2011). Mental health help-seeking among Arab university students in Israel, differentiated by religion. *Mental Health, Religion & Culture, 14,* 157-167.

Allport, G. W. (1950). *The individual and his religion.* New York, NY: Macmillan.

Allport, G. W. (1959). Religion and prejudice. *Crane Review, 2,* 1-10.

Al-Solaim, L., & Loewenthal, K. M. (2011). Religion and obsessive-compulsive disorder (OCD) among young Muslim women in Saudi-Arabia. *Mental Health, Religion & Culture, 14,* 169-182.

Francis, L. J., & Stubbs, M. T. (1987). Measuring attitudes towards Christianity: From childhood to adulthood. *Personality and Individual Differences, 8,* 741-743.

Ghorbani, N., Watson, P. J., Ghramaleki, A. F., Morris, R. J., & Hood, R. W., Jr. (2000). Muslim attitudes towards religion scale: Factors, validity, and complexity of relationships with mental health in Iran. *Mental Health, Religion & Culture, 3,* 125-132.

Hill, P. C., & Pargament, K. I. (2003). Advances in the conceptualization and measurement of religion and spirituality: Implications for physical and mental health research. *American Psychologist, 58,* 64-74.

Huntington, S. (1997). *The clash of civilizations and the remaking of world order.* New York, NY: Simon & Schuster.

Husain, S. A. (1998). Religion and mental health from the Muslim perspective. In H. G. Koenig (Ed.), *Handbook of religion and mental health* (pp. 290-297). New York, NY: Academic Press.

Koenig, H. G. (1997). *Is religion good for your health? The effects of religion on physical and mental health.* New York, NY: Haworth Press.

Koenig, H. G., McCullough, M. E., & Larson, D. B. (2001). *Handbook of religion and health.* New York, NY: Oxford University Press.

Lane, E. W. (1896/1986). *An account of manners and customs of the modern Egyptians. Written in Egypt during the years 1833-1835.* London, UK: Darf.

Levin, J. S., & Chatters, L. M. (1998). Research on religion and mental health: An overview of empirical findings and theoretical issues. In H. G. Koenig (Ed.), *Handbook of religion and mental health* (pp. 33-50). New York, NY: Academic Press.

Loewenthal, K. M., & Cinnirella, M. (1999). Beliefs about the efficacy of religious, medical and psychotherapeutic interventions for depression and schizophrenia among women from different cultural religious groups in Great Britain. *Transcultural Psychiatry, 36,* 491-504.

Momtaz, Y. A., Hamid, T. A., Ibrahim, R., Yahaya, N., & Chai, S. T. (2011). Moderating effect of religiosity on the relationship between social isolation and psychological well-being. *Mental Health, Religion & Culture, 14,* 141-156.

Novak, M. (1998, May 24). The most religious century [Opening Editorial]. *New York Times*.

Tarakeshwar, N., Stanton, J., & Pargament, K. I. (2003). Religion: An overlooked dimension in cross-cultural psychology. *Journal of Cross-Cultural Psychology, 34,* 377-394.

The British Psychological Society (2008, December). Division of Clinical Psychology. Annual Conference 2008, 10-12 December, London.

The Noble Qur'an, English translation of the meanings and commentary (1996). (M. T. Al-Hilali & M. M. Khan, Trans.). Madinah, Kingdom of Saudi Arabia: King Fahd Complex for the Printing of the Holy Qur'an.

Wilde, A., & Joseph, S. (1997). Religiosity and personality in a Muslim context. *Personality and Individual Differences, 23,* 899-900.

Zullig, K. J., Ward, R. M., & Horn, T. (2006). The association between perceived spirituality, religiosity, and life satisfaction: The mediating role of self-rated health. *Social Indicators Research, 79,* 255-274.

CHAPTER TWO

RELIGIOSITY AND WELL-BEING IN A MUSLIM CONTEXT[1]

Abstract

The present paper summarises some basic information about the religion of Islam: the Qur'an; Muhammad, the Messenger and Prophet of God; fundamentals of Islam; its five pillars; and Islamic practices that foster subjective well-being (SWB). Empirical evidence supporting the association between religiosity and SWB in different Muslim, mainly Arab, countries exists. Significant associations were found between religiosity and SWB, happiness, optimism, satisfaction with life, love of life, mental health, physical health, and self-esteem (positive), as well as between religiosity and ill-being, such as anxiety, depression, neuroticism, pessimism, and PTSD (negative). Reviewed research examined the association between religiosity and both SWB and psychopathology among Arab Muslims, as well as non-Arab Muslims living as religious or ethnic minorities in Christian nations. The reviewed studies included participants from different age groups, 14–60 years of age in different Arab countries. The present results are consistent with previous studies carried out in various countries, cultures, and religions. It seems true that Islam, as a value system, is highly appreciated by its believers. It was concluded that psychotherapists should consider clients' religiosity in clinical settings.

Introduction

Religion has played an essential role, as one of the most powerful forces in life, death, health, and disease. The last few decades have witnessed a resurgence of interest in the study of religiosity in different disciplines

[1] First published as a chapter in Kim-Prieto, C. (Ed.). (2014). *Religion and spirituality across cultures* (pp. 71-85). Dordrecht, Germany: Springer Science + Business Media. DOI: 10.1007/978-94-017-8950-9_4.

including psychology, psychiatry, medicine, gerontology, epidemiology, education, anthropology, etc. (e.g., Albright & Ashbrook, 2001; Al-Issa, 2000; Argyle, 2000; Emmons & Paloutzian, 2003; Forsyth, 2003; Loewenthal, 2000; Paloutzian, 1996; Pargament, 1997; Spilka, Hood, Hunsberger, & Gorsuch, 2003). This interest in the study of religion has been driven by several factors. Foremost among them is the findings of a positive relationship between religiosity and psychological well-being (Seybold, 2007).

Subjective well-being (SWB) is the positive side of mental health. Its synonyms include happiness, joy, satisfaction, enjoyment, fulfillment, pleasure, contentment, and other indicators of a life that is full and complete. SWB is not a condition that one achieves after reaching some type of threshold of good feelings. It exists on a continuum, ranging from states of very low to very high SWB (including severe depression and hopelessness) to those of very high SWB (genuine happiness) that are sustained over time. Rather than simply existing to avoid pain, humans strive to experience pleasure, joy, completeness, and meaning.

Argyle, Martin, and Lu (1995) proposed three possible components of happiness: positive emotions, satisfaction, and the absence of negative emotions, such as depression and anxiety. Lucas and Diener (2008) stated that the balance of positive to negative emotions is a powerful determinant of happiness or SWB. Nevertheless, the three terms (SWB, happiness, and satisfaction with life) have been used interchangeably in literature (Diener, Lucas, & Oishi, 2002; Lyubomirsky, 2001).

The relation between religiosity and SWB has been the subject of several studies in the last decades. However, the majority of published research papers in this domain have been carried out on Western, Christian, Anglo-Saxon, and English-speaking samples. Recently, the interest in Muslim populations has intensified significantly. This chapter seeks to review the relation between religiosity and SWB in a Muslim context.

The Religion of Islam

The word Islam means “Peace” and “to submit to the will or law of God”. Islam is the second largest religion in the world following Christianity. There are around 1.5 billion Muslims worldwide and Islam is predominant in approximately 50 countries. Following Judaism and Christianity, it is the third Abrahamic religion believed to be revealed to humans. As such, it recognises as prophets, those known to the followers of the two previously mentioned religions. Therefore, Muslims believe that there is a continuation of divine messages, and that the last of God’s

messengers is the Prophet Muhammad. For example, approximately one third of the Holy Qur'an is dedicated to the Prophet Moses. In the same vein, the Qur'an contains a chapter *(sourah)* in the name of Mariam, which consists of 98 verses about the prophet Christ (Abdel-Khalek, 2011a). However, Islam is not only a religion but also a way of life (Quraishi, 1984).

The Qur'an

The Qur'an is composed of 114 chapters *(sourahs)* containing 6,616 verses *(ayahs)*. The compilation of the Qur'an was carried out by early followers directly after the death of the Prophet (Draz, 1984). It has been preserved in original Arabic both in writing and memory for the past 1,440 years without any change. The Qur'an has been the main definitive source of Islamic law and theology, and the principles and institutions of the Muslim's public life. It seeks to inculcate a righteous and middle-of-the-road view between materialism and spirituality. While its warnings of punishment are very strong, so is its hope in God's compassion and forgiveness (Husain, 1998, p. 282). Muslims believe that the Qur'an is of divine origin. As such, it is believed to be inimitable. The Arabic Qur'an is primarily an aural-oral phenomenon. For example, adherents of Islam, who are not Arabic speakers, learn to recite it in its original language because its rhyme, rhythm, assonance, alliteration, and other poetic qualities are believed to be lost when it is translated into other languages (Robinson, 1999, p. 59). Thus, Qur'anic verses read during prayers must be in Arabic for any Muslim regardless of his or her native language. During times other than prayers, the Muslim can read a translation of the Qur'an. Islam addresses itself to mankind, regardless of the area they live in, their race, tribe, colour or language. The Qur'an always calls upon the "progeny" of "Adam" or mankind to accept Islam. Thus, those who accept it, acquire equal rights and status as believers regardless of their origin (Maududi, 1984, p. 14). The Qur'an dictates: "The believers are nothing else than brothers (in Islamic religion). So, make reconciliation between your brothers, and fear *Allah*, that you may receive mercy" (The Noble Qur'an, 1996, 49:10).

Muhammad: The Messenger and Prophet of God

Muhammad was born in 570 A.D. in Mecca. References to him exist in early non-Muslim writings, including a chronicle written in 660 A.D. by Bishop Sebeos. However, most of our information about him are drawn from the Qur'an and the works preserved or composed by the Tradition

(*Hadith*: his sayings which are different from the Qur'an), and the biographies (Robinson, 1999, p. 84). The Qur'an is believed to be revealed to him through Archangel Gabriel in an episodic manner over a 23-year period between 610 and 632 A.D.

The precise task of the Prophet is to communicate the message of *Allah*. He has neither the right to make any change in the message revealed to him, nor to legislate for the people; instead, his role is to strictly conform to divine commandments. Thus, Muhammad is believed to be neither superhuman nor free of human finitude. As such, Islam ensures that the believers should not turn the Prophet into a demi-god (Maududi, 1984). He has no power to make people righteous and faithful. He cannot benefit or harm others, nor can he do it to himself. The Qur'an dictates:

> "Say O Muhammad: I possess no power over benefit or hurt to myself except as *Allah* wills. If I had the knowledge of the *Ghaib* (Unseen), I should have secured for myself an abundance of wealth, and no evil should have touched me. I am but a warner and a bringer of glad tidings unto people who believe" (7:188).

The mission of Prophet Muhammad, then, is to prescribe a moral code, enunciate the principles of culture, lay down the mode of worship, establish a framework of belief, define the moral imperatives which govern our life, and determine the rules to serve as the basis of social, economic, judicial, and political dealing.

Fundamentals of Islam

There are three major postulates in Islam: monotheism, Muhammad's prophethood, and belief in the hereafter.

Monotheism *(al-tawheed)*. The most fundamental rule in Islam is the belief in one God (*Allah*). He is the Creator, Master, Ruler, Transcendent, and Administrator of all that exists. The Qur'an says:

> "Allah none has the right to be worshipped but He. To Him belong the best names" (20:8). And: "He to Whom belongs the dominion of the heavens and the earth, and Who has begotten no son (children or offspring) and for Whom there is no partner in the dominion. He has created everything and has measured it exactly according to its due measurements" (25:2).

Allah alone is the real Deity and none other than Him has any right to be worshipped. Muslims believe in the absolute oneness of God, His power, mercy, and compassion.

Muhammad's Prophethood. The second most important belief is the belief in Muhammad's prophethood. *Allah* conveyed His message to mankind through Muhammad by revealing the Qur'an. Without this, belief in *Allah* would become a mere theoretical proposition. The Prophet is no more than a messenger of *Allah*. He is but a human being and has no share in divinity (Maududi, 1984, pp. 22–23). The Qur'an dictates:

> "Say O Muhammad: I am only a man like you. It has been revealed to me that your God is one *Allah*. So, whoever hopes for the meeting with his Lord, let him work righteousness and associate none as a partner in the worship of his Lord" (18:110).

Belief in the Hereafter. The third fundamental creed in Islam is the belief in the hereafter *(Al-Akhira)*. Denying it is denial of Islam, even though one may believe in *Allah*, the Prophet, and the Qur'an. A Muslim is accountable to *Allah* for his or her own actions on doomsday. We will all be called upon to render a complete account of our acts of commission and omission to God. Then, following the Day of Judgment, the person will go either to Paradise or to Hell. The belief in the hereafter is related to the belief in fate or destiny.

Those who accept the notion of the hereafter as Islam presents it, know that they alone are responsible for their actions. For them, this belief becomes a great moral force, and a permanent guard stationed within themselves which help them to develop a sound and stable character. It is for this reason that Islam attaches great importance to this issue. Therefore, the quality and character of the true Muslim cannot be limited to the precincts of prayer halls; it must extend to every sphere of his work as a man of God and thus, Islam becomes a way of life (Maududi, 1984).

The Five Pillars of Islam

The pillars of Islam are five: testimony, prayers, fasting during the month of Ramadan, alms giving, and pilgrimage.

Testimony or the declaration of faith *(al-shahadah)*. To bear witness or testify that there is no god but God, and that Muhammad is His messenger. The Qur'an says in *Surat Al-Ikhlas*; *The Purity* Chapter: "Say O

Muhammad: He is *Allah*, the One, *Allah* the Self-sufficient Master, Whom all creatures need. He begets not, nor was He begotten. And there is non-co-equal or comparable unto Him" (113:1–4).

Prayers *(al-salat)*. Prayers are prescribed five times a day as a duty toward God: the dawn *(Fajr)*, midday *(Zohr)*, the late afternoon *(Asr)*, the sunset *(Maghrib)*, and the night *(Isha)* prayers. It involves Qur'anic recitations and various postures, including standing, sitting, bowing, and prostrating. One of the meanings of *Al-salat* in Arabic is the connection or contact between the Muslim and *Allah*. Prayer strengthens and enlivens the belief in God and inspires man to higher morality. It purifies the heart and controls temptations, wrong-doing, and evil. Ablution *(wudu)* is a prerequisite of prayer. It symbolizes a state of purity of intention, dress and place. Another prerequisite is facing Mecca where *Ka'bah* is situated (Husain, 1998).

Fasting during the month of Ramadan *(al-sawm)*. This means abstinence from dawn to sunset from food, beverages, sex, and curbing evil intentions and desires. It teaches love, sincerity, and devotion. It develops patience, unselfishness, social conscience, and the will power to bear hardships (Husain, 1998). It is pointless to give up food and drink unless the Muslim believer also abstains from speaking and practicing falsehood. The fast is annulled by lying, backbiting, gossip, ungodly oaths, and lustful glances. Hence, in Ramadan devout Muslims strive to control their passions and live better lives. This month is of socio-religious significance. The fact that all Muslims fast during the same period and break the fast at the same time increases their sense of solidarity, providing a feeling of community and connectedness. Those who fast become more sensitive to the needs of poor and hungry people; and they make a conscious effort to alleviate their plight. Furthermore, fasting is a means of curbing lustful desires (Robinson, 1999).

Alms giving *(al-zakah)*. A proportionately fixed contribution is collected from the wealth and earnings of the well-to-do and the rich and is spent on the poor and needy in particular, and the welfare of society in general. The payment of *al-zakah* purifies one's income and helps to establish economic balance and social justice in society (Husain, 1998). In the Arabic language, the noun *zakah* (alms giving) is derived from the verb *zakah* "to be purified". Therefore, the purpose and significance of *al-zakah* are to purify the soul from greed and selfishness, to save the person who

receives it from the humiliation of begging and to prevent him from envying the rich (Robinson, 1999, p. 115).

Pilgrimage to the *Ka'bah* in Mecca *(al-hajj)*. It is an obligation on all free adult Muslims to perform the *hajj* once in a lifetime, provided that it does not cause financial hardships to their families. The *hajj* comprises a series of rituals performed in and around Mecca, during the tenth day of the twelfth month of the Muslim year (Robinson, 1999). The purpose and significance of the Muslim *hajj* is longing to see God's "house" in this world as a preparation for seeing Him in the next life. Setting aside provisions for the journey to Mecca reminds the pilgrim that he will only take piety and good work to the hereafter. Bidding farewell to his family and friends is a foretaste of being wrenched from them at death (Robinson, 1999).

Islamic Practices that Foster SWB

The relation between religiosity and SWB could be elucidated in light of specific practices, behaviours, and cognitions. In Islam, as in other religions, multiple practices are available as coping mechanisms against every day stresses and hardships, to relieve anxiety, depression, and other negative mental states. Foremost among them are ablution, prayer, reciting Qur'an, remembering *Allah*, supplication or invocation, asking God's forgiveness, and fasting in Ramadan. The Noble Qur'an says:

> "O you who believe! Seek help in patience and the prayer. Truly! *Allah* is with *As-Sabirin* (the patient)" (2:153). And: "Those who believed (in the oneness of *Allah* −Islamic Monotheism), and whose heart find rest in the remembrance of *Allah*: verily, in the remembrance of *Allah* do hearts find rest" (13:28).

In a similar vein, Loewenthal and Cinnirella (1999) found that most of the Muslims in their British sample consider prayer effective in treating depression.

Ablution *(wudu)* or washing hands, arms, face, hair and feet, and other body parts, five times a day before prayers has a refreshing psychological effect on believers, helping them to, momentarily, put behind mundane worries (Abou El Azayem & Hedayat-Diba, 1994). In addition to its profound religious significance, *al-salat* ensures that Muslims make regular exercise. While expressing his adoration of God through a series of physical acts, the worshipper builds up his stamina, strengthens the musculature of his spine, and keeps his joints supple. Husain (1998) discussed the spiritual, psychological, physical, and moral roles of Islamic prayers. The concentration