

## Efficacy of Surah Al-Rehman in Managing Depression in Muslim Women

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**Abstract** The study empirically investigated the idea that Quranic verses (Surah Al-Rehman) can help manage depression. Abdullah Ibn Mas'ud (radiAllahu anhu) reported that the Prophet (salAllahu alayhi wasalam) said, “Everything has an adornment, and the adornment of the Qur'an is Surah Al-Rehman.” Surah Al-Rehman is the most rhythmic surah of the Quran, so it was used for our experimental study. The idea of the study was drawn from the premise that music therapy helps reduce depression. The objective of the present study was to investigate the efficacy of Surah Al-Rehman for managing depression in Muslim women admitted for treatment of major depressive disorder in a psychiatry ward of a government hospital. It was hypothesized that women diagnosed with severe depression in the treatment group will have reduced level of depression as compared to control group at post-assessment level. It was further hypothesized that the amount of decrease in depression in treatment group at the post-assessment level will be greater as compared to the control group. A purposive sample of 12 female patients diagnosed with depression was randomly assigned to the treatment group ( $n = 6$ ) and control group ( $n = 6$ ). Assessment was done at pre- and post-level by using Beck Depression Inventory-II. Both groups did not significantly differ on pre-assessment depression scores. Twelve structured group sessions of 22 min, two times a day, were conducted for a period of 4 weeks with the groups. Treatment group was made to listen to Surah Al-Rehman recited by Qari Abdul Basit, and control group was exposed to music used for relaxation and treatment of depression. Wilcoxon signed ranks test was used to find the within-group differences between pre- and post-assessment scores. Both groups had decreased level of depression at post-assessment level, so it was important to assess if there was any difference in level of decrease. Mann–Whitney U test for comparison of groups on level of decrease at the post-assessment level endorsed that treatment group had significantly greater decrease than control group on depression. Our study highlights the efficacy of

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Surah Al-Rehman as a remedy to reduce depression. The Holy Quran intones, “This sacred book is ‘shifa’ for its followers.” Hence, we recommend that researchers should focus on finding remedies for other psychological and physical diseases from Quranic verses. An exploration of possible mechanism (such as activated cognitions or associated emotions while listening to Quran) through which effects of recitation are reached, can also be subject of investigation for forthcoming studies.

**Keywords** Surah Al-Rehman · Depression · Efficacy · Experimental research · Music therapy

## Introduction

With the significant growth of the Muslim population all over the world, there exists a corresponding increase in the need for mental health services that suit this particular group of patients. Research demonstrates the effectiveness and the integration of spirituality and religiosity into psychotherapy and how religious beliefs could affect the management plans (Tepper et al. 2001; Worthington et al. 2011). Even in the present age, where there are numerous therapeutic techniques available, followers of Islam can benefit themselves from Quranic guidance and Islam-based psychotherapy. It is written in Quran that Quranic verses contain an omnipotent power to heal and cure disease-afflicted individuals (Leiden: Brill 2001). However in Muslim countries, obscure methodologies in curing mental ailments are used and the real and simple efficacy of Quranic guidance is not used as a prominent modality (Nelson 2001; Tabatabai 1987). The question is if Muslims can be treated with the help of Quranic Surah’s, why are we not applying these religious verses in context to treatment of mental and physical ailments.

Makhdoom Syed Safdar Ali Bokhari earlier had done a remarkable research on music and Dhammal therapy ([www.alrehman.com](http://www.alrehman.com)). According to him, “the whole sacred book, the Quran is “Shifa.” We selected Surah Al-Rehman because it is the most rhythmic surah of the Quran and the recitation of Qari Abdul Basit is very soothing and effective as he has recited from the deep of the heart (Leiden: Brill 2001). The one who recites and listens with deeper concentration does get the benefit from Quranic verses (Nelson 2015); all you have to do is to feel its revelation in your heart. Always feel the presence of GOD, never be ignorant, a connection with God and religion is likely to help in providing benefits like relief from diseases (Makhdoom Bokhari 2014). (<http://kakiyanwalisarkar.blogspot.com/p/origin-of-ultimate-remedy.html>).

We tried to empirically investigate the idea that Quranic verses can manage and facilitate in reducing depression. Surah Al-Rehman is one of the most rhythmic Surah of the Quran (Leiden: Brill 2001; Nelson 2001), so we used this surah for our experiment. The idea was drawn from the premise that music therapy is beneficial for patients and improves, restores and helps maintain health (Bruscia 1998; Leiden 2002). “Active” music therapy is based on the idea that patients improvise or compose music, and in “Receptive” process patients are made to listen to music (Bruscia 1998). In our study, we used the receptive approach to investigate the efficacy of Surah Al-Rehman for managing major depressive disorder in Muslim women admitted for treatment in a psychiatry ward of a government hospital.

Islam provides Muslims with a code of behavior, ethics and social values, which helps them in tolerating and developing adaptive religious coping strategies to deal with stressful life events (Esposito 2016). Islam teaches its followers how to live in harmony with others

“Seek the life to come by means of what God granted you, but do not neglect your rightful share in this world.” Quran has benefits for those who recite and listen to it (Quran, 28:77). According to attachment theory by Bowlby (1988), secure attachments have been linked to the overall well-being of individuals. People who have secure attachment with others cope better, are healthier, have enhanced self-esteem. Later researchers found that proximity between a person and an attachment figure, which can be the figure of the God, can help in maintaining a balanced life, free from many health-related issues (Esposito 2016). Kirkpatrick (2005) proposes that for several individuals in many religions, the attachment system is essentially intricated in their thinking, beliefs and reasoning about God and their connection to God. Having a “healthy attachment” to God is linked to better psychological functioning and spiritual well-being (Leiden 2001; Sabry and Vohra 2013); according to Quran “*and who so ever puts his trust in Allah, and then he will suffice him...*” (Quran, 65:3). We think it is highly beneficial to integrate certain Islamic views in Westernized therapeutic techniques to make them more acceptable for Muslim societies. Hence, it is imperative to recognize how Islam and in particular Quranic verses facilitate the treatment and prevention of mental disorders in Muslim patients.

From the biological perspective, different studies have found that being religious increases patients’ satisfaction and adherence to treatment (Logan 2002; Marcotte et al. 2003). This can be applied to Islam in the way it helps with drug adherence through encouraging Muslims to look after their health by seeking advice and receiving treatment as health is considered a gift from God, which should be cherished. The Prophet Muhammad (PBUH) has reported “*down a cure even as He has sent down the disease.*”

On the contrary to what is commonly thought among Western societies that Muslims believe that mental illnesses are due to demons or bad spirit, it was in fact the Europeans in the Medieval Period who viewed mental illness as demon-related. Muslim scholars of that time, including Ibn Sina (Marmura 1962) (known in the West as Avicenna—the founder of Modern Medicine), rejected such concept and viewed mental disorders as conditions that were physiologically based. Ibn Sina goes on to explain how the world and its order emanates from God; hence, a higher-order relationship with God through the medium of faith can help in cure of diseases (Marmura 1962).

Islam and Quranic text in addition to its recitation plays an important role in helping Muslims to cope with negative life events, which helps them in both prevention and treatment of mental illnesses like depression (Leiden: Brill 2001; Nelson 2015). Listening to Quranic verses creates a positive effect on mind and heart. The rhythm of Quranic verses helps reduces ailments and helps improve health and wellness, through mechanisms and pathways that further needs exploration (Esposito 2016; Smith et al. 2007).

Quran clearly states that it has hidden treasures and its recitation can help relieve stress and other mental and spiritual diseases (Haque 2004). “*So, verily, with every difficulty, there is relief: Verily, with every difficulty there is relief.*” (Quran, 94: 5–6). Islam encourages people to stay hopeful, even if someone has committed the worst sin or faced with most difficult life event as there is always God’s mercy. “*And never give up hope of Allah’s soothing Mercy: truly no one despairs of Allah’s soothing Mercy, except those who have no faith.*” (Quran, 12:87). Faith in God can help counter maladaptive thoughts related to hopelessness and feelings of being overwhelmed with life. There is no place for despair in Islam as muslims believe that it is God himself who is incharge of everything; the All seeing, All knowing, All Fair and All Wise (Hamdan 2008) As God says, “*And for those who fear Allah, He always prepares a way out, and He provides for him from sources he never could imagine. And if anyone puts his trust in Allah, sufficient is Allah for him. For*

*Allah will surely accomplish His purpose: verily, for all things has Allah appointed a due proportion.*” (Quran, 65: 2–3).

Empirical investigations also reveal there is an association of religiosity and spirituality with reduced psychological distress (Lesniak et al. 2006; Levin 2011). A wide range of studies posited that religiosity is associated with reduced levels of anxiety and depression (Azhar and Varma 1995; Eliassen et al. 2005; Mitchell and Romans 2003; Pridmore and Pasha 2004; Rose et al. 2001; Youssef et al. 1996), decreased post-traumatic stress symptoms, and other mental and physical health indicators (Watlington and Murphy 2006).

## Hypothesis

Muslim women diagnosed with depression in the treatment group will have reduced level of depression as compared to control group at the post-assessment level.

## Research Design

Pretest–posttest experimental research design was used for conducting the current study.

## Sampling Strategy

A purposive sample of 12 Muslim women diagnosed with depression ( $n = 6$  in treatment group and  $n = 6$  in control group) were taken from a psychiatry unit of a government hospital.

## Sample

Muslim women diagnosed with depression were randomly divided into two groups and compared, namely treatment and control groups.

## Inclusion and Exclusion Criteria

Female patients aged 18 and 30 years, formally diagnosed with severe major depressive disorder, were included in the sample. Patients already taking prescribed antipsychotic drug treatment and having scored between 29 and 63 on Beck Depression Inventory-II (BDI-II) at the pre-assessment level were recruited for the current research. Pregnant women or patients suffering from a comorbid medical or psychological condition were excluded from the sample. Furthermore, women who could not comprehend Urdu language were also excluded from the sample (women who could easily comprehend Urdu are more likely to follow the instructions given by the researcher).

## Assessment Measure

The experimental research utilized the standard assessment instrument for depression developed by Beck. Beck Depression Inventory (BDI-II) comprises 21 questions, each answer being scored on a scale value of 0–3. Higher total scores indicate severe depressive symptoms. The standardized cutoffs used were the following: 0–13 minimal depression, 14–19 mild depression, 20–28 moderate depression and 29–63 severe depression.

## Procedure

Ethical approval to conduct the study was sought from the hospital ethics committee before commencement of the study. Participants in the experimental and control group were made to sign an informed consent. They were briefed about their participation in the study, and that they could withdraw from the study anytime without penalty and prejudice. Experimental group was made to listen to Surah Al-Rehman. A recitation of Qari Abdul Basit Abdul Samad was played by a volunteer who was neither the staff of the hospital nor was directly involved in the research. The volunteer gave the patients instructions to listen to the recitation by closing their eyes and asked them to empty their mind of all thoughts and feel the presence of God Almighty. The Surah was then played and everyone listened to it till the end with deeper concentration. After the recitation ended, patients were asked to open their eyes. Then, the experimenter served every participant with a half glass of water and they were instructed to, “Close your eyes go deep into your heart and then say” “ALLAH” three times in their hearts and then drink water while keeping their eyes closed. The control group was made to listen to relaxation therapy music and was made to drink water afterward without chanting the word “ALLAH” three times ([www.alrehman.com](http://www.alrehman.com)).

## Session Contents

### *Pre- and Post-Assessment*

Assessments were done at pre- and post-level by using BDI-II. Twelve structured group sessions of 22 min two times a day were conducted for a period 4 weeks with the treatment group. Treatment group was made to listen to Surah Al-Rehman recited by Qari Abdul Basit Samad, and control group was exposed to music used for relaxation training.

## Results

The efficacy of Surah Al-Rehman for mitigating depression was assessed by analyzing the results in two dimensions. First, results were analyzed by using Mann–Whitney U test in two groups: treatment group and control group, to assess the between-group differences (see Table 1). Wilcoxon signed rank test was carried out to analyze the differences between pre- and post-assessment of each group in order to assess the within-group difference (see Table 2).

Table 2 shows that both groups did not significantly differ on pre-assessment depression scores. At post-assessment level, treatment group was significantly lower than control group on depression.

**Table 1** Sample characteristics

Participant pseudonyms	Group	Age	Education	Marital status	Work status	Background	Sept
Sana	Treatment	24	Intermediate	Married	Working	Rural	Sunni
Ayesha	Treatment	28	Bachelors	Married	Not working	Urban	Sunni
Sadaf	Treatment	22	Matric	Unmarried	Working	Urban	Sunni
Maha	Treatment	18	Intermediate	Unmarried	Not working	Rural	Shia
Mahreen	Treatment	27	Matric	Married	Not working	Urban	Sunni
Firdos	Treatment	30	Matric	Married	Not working	Urban	Sunni
Minha	Control	29	Matric	Married	Working	Urban	Shia
Zareen	Control	19	Matric	Unmarried	Not working	Rural	Sunni
Raazia	Control	22	Matric	Unmarried	Not working	Urban	Sunni
Rimsha	Control	27	Bachelors	Married	Working	Urban	Sunni
Zainab	Control	30	Intermediate	Married	Not working	Urban	Sunni
Erum	Control	23	Intermediate	Married	Not working	Rural	Shia

**Table 2** Pre- and post-assessment scores of control and treatment groups on depression

	Treatment group pre-assessment scores	<i>T</i> post	<i>D</i>	Control group pre-assessment scores	<i>T</i> post	<i>D</i>
1	36	18	18	54	38	16
2	60	30	30	51	48	3
3	54	28	26	45	37	8
4	42	20	22	57	51	6
5	48	22	26	32	30	2
6	51	24	27	38	33	5

**Table 3** Mann–Whitney U test for difference between treatment group ( $n = 6$ ) and control group ( $n = 6$ ) at pre- and post-assessment levels

Time	Mann Whitney U	p
Pre	16.00	.75
Post	0.50	.005

**Table 4** Wilcoxon signed ranks test for differences between pre- and post-assessment scores

Group	Wilcoxon <i>W</i>	<i>p</i>
Control	−2.20	.03
Treatment	−2.21	.03

**Table 5** Mann–Whitney U test for comparison of groups on level of decrease

	Mann–Whitney U	<i>p</i>
Level of decrease	0.00	0.04

Table 3 illustrates that both groups had decreased level of depression after the sessions. Hence, it was important to assess if there was any difference in level of decrease.

Table 4 illustrates that there was significant difference in decrease in level of depression.

Treatment group had significantly greater level of decrease than the control group (see Table 5).

## Discussion

The results of the present study support the above hypothesis as women diagnosed with depression in the treatment group reported reduced level of depression as compared to control group at the post-assessment level. This indicates that Surah Al-Rehman is helpful for managing the symptoms of depression among group of Muslim women. The Islamic system aims to create balance in a Muslim's life, by putting life matters into perspective, rearranging priorities accordingly and harmonizing all circles of relationships between the individual and his God. Quran clearly denotes that it has solution for all worldly problems. Health whether physical or mental can be gained by following the principals laid by Quran (Sabry and Vohra 2013).

“Seek the life to come by means of what God granted you, but do not neglect your rightful share in this world. Do good to others as God has done good to you. Do not seek to spread corruption in the land, for God does not love those who do this” (Quran, 28:77). People feel depressed or sad when this harmonious emotional equilibrium is disturbed, in which case Islam steps in, not to condemn the feeling, but to offer a solution for regaining psychological and mental health and to help restore balance (Worthington et al. 2011). Muslims have a strong belief that religion is associated with every sphere of life and cannot be separated from personal, social and political life (Esposito 2016). The emphasis is on application of religion and faith to help mankind live a better and healthier life (Tabatabai 1987).

Sabry and Vohra (2013) discussed the impact of various beliefs in the Islamic faith on the bio-psychosocial model for the management of different psychiatric disorders, focusing on the modification of psychotherapeutic techniques as cognitive restructuring. Pidmore and Pasha (2013) attested the efficacy of Quranic text and recitation in alleviating

depressive symptoms. A meta-analysis found moderately strong evidence supporting religious therapies over conventional therapies in Muslim population (Smith et al. 2007).

Ebrahimi et al. (2013) compared spiritually integrated psychotherapy with conventional CBT for Muslims diagnosed with depressive disorder. The authors found efficacy of spiritually integrated psychotherapy over conventional CBT for Muslims. The treatment group in the study was given daily lectures on Quranic verses, and recitations were played throughout the wards for the admitted patients. They were encouraged to read the Quran if they were able to. The researchers found a remarkable improvement in depressive symptoms over a period of time. They concluded that Quranic verses, religious beliefs and coping methods are more effective in dealing psychiatric concerns in Muslims.

There is scant credible evidence in this regard from indigenous studies, but an account by an eminent medical professional provides testament to our study results. According to Dr Javed, “During the treatment of a direly ill patient, Surah Al-Rehman was continuously played by his bedside and this worked as a wonder antidote.” Interestingly, Dr Javed is neither a cleric nor a faith healer. He has a distinguished record as a medical practitioner as his visiting card shows—MBBS, FCPS (Pakistan), FCCS (USA) and FDM (USA). When the research was conducted, he was serving as the head of the Services Hospital’s ICU and a consultant physician and intensivist. According to him, several patients of epilepsy, brain hemorrhage, organ failures and depression have shown unbelievable recovery because of the “Surah Al-Rehman.” Dr. Agha Irfan Khan, a staunch supporter of spiritual treatment, shared his experiences, saying many patients get cured through “*ayaat-i-shifaa*” and “*Sura Al-Rehman*” even when the medical science fails to find an answer. Majority of people didn’t readily believe in faith healing but “many such courses are prescribed by the Quran and the Sunnah.”

Many studies claim to empirically support religious and Muslim-based cognitive therapeutic interventions (Hook et al. 2009; Koenig 2012; Smith et al. 2007; Worthington et al. 2011). The fact is that 84% of the world’s population pronounce themselves as being part of a religion (Hackett and Grim 2012), and among them one billion are identified as Muslims (Esposito 2016). Religious coping strategies are used by 80% of people to cope with mental health issues (Tepper et al. 2001). Therefore, the importance of religion cannot be undermined; patients want to discuss religious issues in therapy and do get more relief when religious concepts and Quranic verses are used during the course of cognitive restructuring (Rose et al. 2008).

Research examining the efficacy of religious-based therapy in general and Islamic-based therapy in specific compared to non-religious-based cognitive behavioral therapies is becoming a popular trend (Hafizi et al. 2016). Defensible arguments on both sides of the issue exist. There are arguments supporting religious-based and Islamic-based therapies over their secular counterparts (Tabatabai 1987). These results provide ample support for application of Quran-based modalities in conventional psychotherapies (Leiden: Brill 2001; Rose et al. 2008).

It is expected that religious CBT would be advantageous for religious populations due to the cultural compatibility hypothesis, therapeutic alliance, refusal of therapy and strong religious ideology. The cultural compatibility hypothesis asserts that similarities between the client’s culture and therapy lead to desired therapeutic outcomes (Fraser et al. 2009). The hypothesis is in direct support of religious CBT over conventional CBT.

Anderson et al. (2015) examined seven religious CBT programs and found that the religious-based therapies were beneficial in the treatment of depression, but the benefit fell just short of statistical significance. Religious CBT has also been shown to produce effects quicker than conventional CBT (Azhar et al. 1994; Rosmarin et al. 2010). This is important

because it is advantageous for a patient to recover from their mental illness quicker and results can directly be explained through the cultural compatibility hypothesis.

The results of our study have limited generalizability as they apply more to the Muslim community than other religious groups because Muslims have a stronger belief in the efficacy of religious coping methods and Quranic verses. Cognitive restructuring through the application of religion and Quranic verses have found more useful for followers of Islam compared to other religions (Loewenthal et al. 2001). Research has highlighted ample support in favor of cognitive therapies tailored for Muslim patients over conventional therapies (Anderson et al. 2015). Furthermore, patients have recovered quicker from depression receiving cognitive therapies developed for Muslims than those being administered conventional therapies (Azhar et al. 1994; Hook et al. 2009).

## Conclusion

Surah Al-Rehman has 78 verses and it is “Makki.” Surah Al-Rehman reduces depression from one’s heart. A depressed person needs a source to turn to, turning to God for help, support, mercy and forgiveness helps in reducing sadness and other symptoms of depression. Quran says, “This sacred book is ‘shifa’ for its followers” so it is only the ultimate ALLAH who gives “shifa” and when we talk about “shifa” it has multiple dimensions, physical, mental and spiritual (Kassis and Rahman 1983). Our study empirically proves the idea of Mr. Bokhari (2014) ([www.alrehman.com](http://www.alrehman.com)) of curing diseases through the “Quranic verses.” He said, “every alphabet of Quran radiates, it generates light and energy in the heart and mind, provided it is listened with deeper concentration.” Our research suggests that our brain does respond to the meaning and rhythm of Surah Al-Rehman thereby reducing the intensity of depression. So this form of cost-effective therapy can easily be taught to the patients and may be more cost-effective to other forms of cognitive behavioral therapies.

## Limitations of the Study

No follow-up assessment after the post-assessment level was done in this study, as six of the patients did not turn up for the scheduled follow-up. It is important to mention other limitations of this study. It was not possible for the researchers to control all extraneous variables as the study was carried out in the hospital. The physical health, life experiences of the participants, noise, etc. Results of our study apply more to the Muslim community than other religious groups. Researcher’s allegiance is an influential bias that cannot be ruled out in this research.

## Recommendations

The researchers strongly recommend future research with development of interventions which address the need of the various sects and cultures within the Muslim population and placing them under the microscope of valid scientific evaluation free from research allegiance and publication bias. The diversity within Muslim populations, both religious and cultural, must be considered in religious-based therapies. Randomized controlled trials of

individual and group therapy with Surah Al-Rehman for people with depression are recommended. Further longitudinal research employing a larger sample where the researcher is blind about the allocation status of participants is needed. These studies should be sufficiently powered to be able to detect clinically significant changes in depression scores. Future research could investigate whether changes in the outcomes are associated with different Quranic verses.

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#### Compliance with Ethical Standards

**Conflict of interest** The authors declare that they have no conflict of interest.

**Ethical Approval** All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

**Informed Consent** Informed consent was obtained from all individual participants included in the study.

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