

# The Need for Deen: Muslim Mental Health During the COVID-19 Pandemic

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## Abstract

The COVID-19 pandemic has impacted every aspect of daily life, but its toll on people's mental health has been especially concerning. Previous studies have presented mixed evidence about the efficacy of religious coping behaviors in improving mental health outcomes. Our goal in this study was to investigate the religious coping behaviors and mental health outcomes of Muslims worldwide in response to the COVID-19 pandemic. The Yaqeen Institute for Islamic Research surveyed nearly 9,000 Muslims globally during three stages of the pandemic—initial quarantines, pre-Ramadan, and post-Ramadan. They asked about Muslims' religious beliefs, behaviors, and perspectives about the pandemic. We then analyzed the results and found that Muslims primarily relied on religious coping behaviors like seeking forgiveness from Allah, performing daily prayers, making du'a, and reading Qur'an, and that these behaviors were associated with better mental health outcomes. These findings underscore the importance and benefit of Islamic teachings for Muslims dealing with trials and calamities like the pandemic.

## Introduction

The COVID-19 pandemic has significantly impacted every aspect of daily life, though its toll on people's mental health has been especially concerning. Multiple studies around the world have documented rising rates of anxiety and depression (1). As a result, the mental healthcare system has become overwhelmed, further exacerbating the world's collective mental health crisis (2). For many, coping mechanisms have been a critical tool to combat new mental health challenges.

These mechanisms include general coping (e.g., regular exercise and meditation) and negative coping strategies (e.g., substance abuse and watching the news excessively) (3-4). Religious coping (e.g., reading/listening to the Quran, prayer, seeking forgiveness from God, supplicating to God, donating to charity, and listening to religious lectures) has been an additional tool for many and has allowed people to adopt new outlooks, beliefs, and behaviors that offer a sense of meaning, connection to God, emotional comfort, and personal control (5-8).

Although there is research on religious coping strategies and their impact on mental health, the findings are mixed. Some studies have found that positive religious coping is associated with higher life satisfaction, but not with depressive symptomatology (9-10). Another study found that positive religious coping is associated with lower rates of depressive symptomatology, but not with anxiety disorders (11). Moreover, positive religious coping is associated with greater meaning in life and the ability to spiritually connect with others (5). The research on Muslims and religious coping is even more sparse. Not only is there very little research on Muslims living in Muslim majority countries, but there is far less on Muslims living in non-Muslim majority lands. The research that does exist shows that religiosity is associated with lower anxiety in Muslim samples and that mosque attendance increases the amount of support that a person receives (12).

To understand why the relationship between religious coping and mental health outcomes is so mixed, some have suggested that a faith tradition's specific beliefs may influence how adherents of that faith use religious coping mechanisms, which further impacts mental health outcomes. For example, Islam suggests that plagues and pandemics may be tests or punishments from Allah (13-15). This religious belief may impact the way that Muslims use religious coping strategies during COVID-19, which may further influence their mental health outcomes.

Our goal in this paper was to further understand the relationship between Islamic teachings, religious coping, and mental health outcomes of Muslims living in non-Muslim majority countries during the start of the COVID-19 pandemic and pre- and post-Ramadan.

## Methods

The Yaqeen Institute for Islamic Research conducted online surveys during three stages of the COVID-19 pandemic (i.e., initial quarantines, one month into the pandemic and pre-Ramadan, and two months into the pandemic and post-Ramadan) to investigate the beliefs, practices, and perspectives of Muslims around the world. They shared their surveys online through various social media outlets like YouTube, Facebook, and WhatsApp and used previously validated scales (for depression, anxiety, mindfulness, etc.) and newly constructed measures (for masjid attitudes, checking the news, etc.) in their surveys—all can be found in Umarji et al., 2020. In a collaborative effort between researchers from the Yaqeen Institute and the Stanford Muslim Mental Health

and Islamic Psychology Lab, we analyzed the data from these surveys using regression techniques. We used multiple linear regression to investigate the correlates of anxiety and positive Ramadan experience and used logistic regression to investigate the correlates of depression. Furthermore, we conducted t-tests to analyze the pattern of missing data and were able to conclude that the missing data was not systematically biased. Finally, we did list-wise deletion for multivariate analyses with missing data in order to have a complete case analysis.

## Results

Of the nearly 9,000 Muslims who completed the surveys, we analyzed 4,271 responses focusing specifically on Muslims living non-Muslim majority lands: North America, Europe, New Zealand, and Australia. The participants were generally educated (on average, they held a bachelor's degree), and 73% were female.

**Stage 1 surveys** were administered during initial quarantines, and asked participants about their religious beliefs about COVID-19, coping behaviors, mental health, and religious concerns about the pandemic. We found that most Muslims believed that COVID-19 was a test or wakeup call from Allah. Moreover, 10% of respondents felt that the pandemic was a great punishment from Allah, though the majority did not feel it was much of a punishment. In terms of coping behaviors, our team found that religious coping behaviors were positively associated with age, reading the Qur'an, and seeing blessings during the pandemic. In terms of mental health, we found that, on average, respondents were sometimes feeling anxiety—11% of respondents reported feeling anxiety always or most of the time, and 48% reported feeling it little to never. Anxiety was positively associated with greater uncertainty tolerance and negatively associated with seeing blessings during the pandemic, praying five times a day, expressing gratitude, and reading the Qur'an. Finally, 52% of respondents reported seeing a lot of blessings during the pandemic, which was positively associated with gratitude, age, praying five times a day, and reading the Qur'an.

**Stage 2 surveys** were administered one month into the pandemic, before the start of Ramadan, and asked participants about their mental health, coping behaviors, and religious beliefs about the pandemic. We found that respondents were feeling slightly more anxiety than during initial quarantines and that 24% of respondents met the cut-off for major depressive disorder. Uncertainty intolerance and negative coping were

associated with greater odds of reporting depression, while mindfulness and self-esteem were associated with lower odds of reporting depression. In terms of coping behaviors, we found that religious coping behaviors were used frequently—76% of respondents made du'a, supplication, and 66.03% engaged with the Qur'an in some way. Religious coping behaviors were negatively associated with uncertainty intolerance and positively associated with seeing blessings and mindfulness. Negative coping behaviors were positively associated with anxiety, uncertainty intolerance, and financial concerns, but negatively associated with reading the Qur'an, seeing blessings, and mindfulness. Finally, in terms of religious beliefs about the pandemic, we found that the majority of respondents said that their relationship with Allah had improved during the first month of the pandemic—44% of respondents reported that it was somewhat better and 25.5% reported that it was much better.

**Stage 3 surveys** were administered two months into the pandemic and after Ramadan, and they asked respondents about their well-being. We found that well-being after Ramadan was significantly better than before Ramadan. Moreover, we found that 73% of respondents said that they had a better Ramadan during the pandemic compared to the year before. Having a better Ramadan during the pandemic was positively associated with accessing masjid content online, reading more Qur'an than the previous year, enjoying tarāwīḥ prayers, giving charity, mindfulness, exercising regularly, and self-reported self-regulation.

## Discussion

Through this study, we were able to investigate the mental health and religious coping behaviors of a large sample of Muslims living in multiple countries around the world. Ultimately, we found that religious coping mechanisms like seeking forgiveness from Allah and reading the Qur'an were associated with lower levels of anxiety, suggesting that, for Muslims, Islamic activities and beliefs were associated with better mental health during the pandemic.

We found that Muslims were more likely to seek forgiveness and make du'a than to engage in any other coping mechanism, religious or not. This finding supports existing research that shows that Muslims—more than any other faith group—most often rely on religious coping mechanisms as their initial form of coping, as opposed to seeking professional help or utilizing other general coping strategies (3). This

behavior is reinforced by Islamic teachings, which provide Muslims with a holistic worldview with which to interact with and understand the world. To Muslims, Allah is Omnipotent, Omnipresent, and in total and active control of peoples' lives. The Muslim's daily activities (like prayer or reading Qur'an) further reinforce this worldview, making it unsurprising that Muslims most often rely on religious coping mechanisms in times of distress, like the COVID-19 pandemic.

We also found that respondents who believed that the COVID-19 pandemic was a substantial punishment from Allah were more likely to engage in religious coping behaviors like praying and reading Qur'an compared to those who did not view the pandemic similarly. The way that people respond to calamity is primarily influenced by their beliefs about the *nature* of calamity. The Qur'an speaks to the nature of calamity and trials in life through multiple verses that emphasize the fact that life is merely a test. For example, the Qur'an states that "We will surely test you with something of fear, hunger, a loss of wealth, lives, and fruits" (Qur'an, 2:155) so that "they would return [to God]" (Qur'an, 7:168). Moreover, Islam also outlines the appropriate response to such tests such as increasing religious practices like reading the Qur'an, prayers, practicing patience, seeking forgiveness, and finding the blessings in difficulty. Finally, Islam even speaks to the view of calamities like the pandemic as punishments (14-16). Indeed, historically, the Islamic literature has characterized pandemics as punishments, but has emphasized that they offer great rewards for those who respond appropriately (13,15,16). Ultimately, the Qur'an and Hadith frame such events as opportunities to become closer to Allah.

It is important to note that positive religious coping (e.g., prayer) was associated with less anxiety, negative coping was associated with more anxiety and depressive symptomatology, and general coping was not related to anxiety or depressive symptomatology at all. Additionally, mindfulness was associated with better mental health and was positively associated with religious coping, whereas mindfulness was negatively associated with negative coping. We also found that 73% of respondents reported having a better Ramadan during the pandemic than the year before. These findings further emphasize the critical role and strength of religious coping behaviors and their positive impact on the mental health outcomes of Muslims facing distress.

Finally, we found that the negative effects of uncertainty intolerance persist despite a person's religious coping behaviors and despite Islam's emphasis on the

importance of accepting uncertainty in life. This might be explained by how uncertainty beliefs are rooted in a person's culture and upbringing (17). Ultimately, more research is necessary to examine the relationship between religious coping behaviors and uncertainty intolerance, especially in Muslim contexts.

## Conclusion

Our goal in this study was to examine the impact of religious coping behaviors and beliefs on the mental health of Muslims living in non-Muslim majority countries at the outset of the COVID-19 pandemic and pre- and post-Ramadan. We found that positive religious coping strategies like seeking forgiveness from Allah, making du'a, reading the Qur'an, and praying five times a day were associated with lower anxiety and depression and higher mindfulness and perception of blessings in life. These forms of religious coping behaviors are rooted in Islamic teachings that encourage Muslims to understand the nature of trials in this world and outline several religious practices (like reading Qur'an and praying) as constituting appropriate responses to calamities like the pandemic. Moreover, these behaviors are framed as opportunities for Muslims to become closer to Allah. This study also brings up the importance of dedicating further research on addressing the barriers to accessing professional help from a faith-based lens given that Islamic faith encourages a balance between religious coping and seeking out treatments for ailments. Ultimately, our findings underscore the foundational role that Islamic beliefs and behaviors play in positive mental health outcomes for Muslims, especially in response to the COVID-19 pandemic.

## References

1. Ettman CK, Abdalla SM, Cohen GH, Sampson L, Vivier PM, Galea S. Prevalence of Depression Symptoms in US Adults Before and During the COVID-19 Pandemic. *JAMA Netw Open*. 2020;3(9):e2019686. doi:10.1001/jamanetworkopen.2020.19686
2. Pinals DA, Hepburn B, Parks J, Stephenson AH. The Behavioral Health System and Its Response to COVID-19: A Snapshot Perspective. *PS*. 2020 Oct 1;71(10):1070–4.
3. Bentzen, Jeanet, 2020. "In Crisis, We Pray: Religiosity and the COVID-19 Pandemic," CEPR Discussion Papers 14824, C.E.P.R. Discussion Papers.
4. Kar, S. K., Yasir Arafat, S. M., Kabir, R., Sharma, P., & Saxena, S. K. (2020). Coping with Mental Health Challenges During COVID-19. *Coronavirus Disease 2019 (COVID-19): Epidemiology, Pathogenesis, Diagnosis, and Therapeutics*, 199–213. [https://doi.org/10.1007/978-981-15-4814-7\\_16](https://doi.org/10.1007/978-981-15-4814-7_16)
5. Abu Raiya, H., & Pargament, K. I. (2010). Religiously integrated psychotherapy with Muslim clients: From research to practice. *Professional Psychology: Research and Practice*, 41(2), 181.
6. Richard A. Jenkins PhD & Kenneth I. Pargament PhD (1995) Religion and Spirituality as Resources for Coping with Cancer, *Journal of Psychosocial Oncology*, 13:1-2, 51-74, DOI: [10.1300/J077V13N01\\_04](https://doi.org/10.1300/J077V13N01_04)
7. Lim, Chaeyoon & Putnam, Robert. (2010). Religion, Social Networks, and Life Satisfaction. *American Sociological Review - AMER SOCIOL REV*. 75. 10.1177/0003122410386686.
8. Pargament, K., Smith, B., Koenig, H., & Perez, L. (1998). Patterns of Positive and Negative Religious Coping with Major Life Stressors. *Journal for the Scientific Study of Religion*, 37(4), 710-724. doi:10.2307/1388152
9. Abu-Raiya, H., Pargament, K. I., & Mahoney, A. (2011). Examining coping methods with stressful interpersonal events experienced by Muslims living in the United States following the 9/11 attacks. *Psychology of Religion and Spirituality*, 3(1), 1–14. <https://doi.org/10.1037/a0020034>
10. Adam, Z., Ward, C. (2016). Stress, religious coping and well-being in acculturating Muslims. *Journal of Muslim Mental Health*, 10, 3–26.
11. Thomas J, Barbato M. Positive Religious Coping and Mental Health among Christians and Muslims in Response to the COVID-19 Pandemic. *Religions*. 2020; 11(10):498. <https://doi.org/10.3390/rel11100498>
12. Nguyen, A. W., Taylor, R. J., Chatters, L. M., Ahuvia, A., Izberk-Bilgin, E., & Lee, F. (2013). Mosque-Based Emotional Support Among Young Muslim Americans. *Review of Religious Research*,



55(4), 535–555. <https://doi.org/10.1007/s13644-013-0119-0>

13. Awaad, R., Salam Conn, Y., Nursoy-Demir, M., Helal, H., Maklad, S., & Farajallah, I. (2021, February 4). Coping with Pandemics: Psychological and Spiritual Lessons from Islamic History. *Yaqeen Institute for Islamic Research*. <https://yaqeeninstitute.org/rania-awaad/coping-with-pandemics-psychological-and-spiritual-lessons-from-islamic-history>
14. Umarji, O., Awaad, Mahmood, A., & Raza, L. (2021). *Religiosity, Coping and Mental Health: An Empirical Analysis of Muslims Across the COVID-19 Pandemic*. [Manuscript submitted for publication].
15. Umarji, O., Elwan, H., & Umar, M. (2020, April 14). A Punishment or a Mercy? What We Can Learn from the Coronavirus. *Yaqeen Institute for Islamic Research*. <https://yaqeeninstitute.org/osman-umarji/a-punishment-or-a-mercy-what-we-can-learn-from-the-coronavirus>
16. Bajirova, Mira. “The Divine Cure of Coronavirus and Widespread Diseases”. N.p., Partridge Publishing Singapore, 2020.
17. Minkov M, Hofstede G. A replication of Hofstede’s uncertainty avoidance dimension across nationally representative samples from Europe. *International Journal of Cross-Cultural Management*. 2014;14(2):161-171.