Comparison of General Health in the Individuals Committed to Prayer/Meditation with Those Who Are Not

Abstract

This descriptive-correlational research aims to compare general health and its components in those individuals committed to prayer and/or meditation with those who are not. The research method is causal-comparative and the statistical population was selected from all people in the society regardless of age, gender, and education. The individuals who completed the GHQ28 were put into four groups: committed to prayer, committed to meditation, committed to both, and not committed to any of them. Since there were only 14 participants in the meditation group, some participants in other groups were randomly eliminated so that the groups do not vary in size. The results showed that those individuals "committed to prayer and meditation" and those "committed to prayer" had significantly better conditions in terms of general health and all its components, i.e., physical health, anxiety & sleep disorder, social functioning disorder, as well as depression in comparison to those who were "not committed to these two"; Also, those people who were just meditating had a better condition than those who did not use any method, however only in the overall score of the general health and depression scale. Therefore, it can be concluded that therapists may be able to help people's health by encouraging them to do prayer or teaching them meditation methods.

Keywords: Prayer, Meditation, Mental Health, Physical Health.

Introduction

Human health is considered one of the most pressing problems in the twenty-first century and the academics' attention has been directed toward several facets of human health, not only physical health. In this sense, prayer is one of the religious duties that may play a vital part in humans' mental, physical, social, and spiritual health (Yarahmadi, 2021). Meditation is also a popular practice for enhancing individuals' psychological health and well-being (Gál, Ştefan & Cristea, 2021).

Salah, or prayer, is a kind of meditation in Islam, and every Muslim, whether Shia or Sunni, must perform it five times -Subh, Zuhr, Asr, Maghrib, and Isha - facing the Kaaba (in Mecca). These are called obligatory prayers. Muslims must do at least two and a maximum of four Rak'a, or cycles, throughout their daily prayers. Standing, Ruku, and Prostration should be performed in each cycle. In every prayer, it is compulsory to recite the Qur'anic surahs (short or long).

The chapter of Fatiha is an important chapter, which needs to be recited twice in each of the five daily prayers (or meditation), which means: "In the name of Allah, The Merciful Beneficent, The worshippers thanksgiving adoration is due only to Allah: The creator and nurturer of the worlds, The Merciful Beneficent, The absolute Sovereign of The Day of Judgement, You alone Do we worship, and your Aid alone do we seek, Please do guide us to the straight path, The path of those upon whom you Bestowed the blessing, not of those were

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inflicted by your Wrath, not those gone astray". Additionally, prayers contain Qur'anic terms (for example, Subhanallah Alhamdulillah La ilaha illallah Allahu Akbar, which means you are a pure and beautiful God, and you are worthy of praise and praise, and there is no god but Allah, and Allah is great and mighty).

In Iran, most of the Shia are accustomed to praying at noon and afternoon and also the prayers of sunset and Isha' in a short time distance, very close together, and thus it seems to pray 3 times per day).

In this study, participants reported feelings of calmness, lightness, and joy, as well as a sense of being closer to God and experiencing spiritual progress.

Meditation is a mental exercise that includes relaxation, concentration, and awareness, similar to exercises for the body. This activity is often performed alone (even when done in a group setting, such as a meditation retreat), seated (there are other methods to undertake walking meditation and incorporate mindfulness into other activities), and with eyes closed (but not always, Zazen and Trataka styles of meditation are with open eyes). In psychology, meditation is "a series of mental activities meant to acquaint the practitioner with certain mental processes." Meditation is practiced in three ways: Concentration is focused awareness of a single internal or external item (focused attention meditation). Observation: attention to what is prominent in one's experience in the current time, without distraction to other things (open observation meditation); awareness: enabling consciousness in the present moment, without distraction; concentration and observation (Dienstmann, 2018).

Listening to a podcast before bed, focusing on the breath, Zazen, listening to pre-recorded audio files, meditation, picturing and writing down thoughts, relaxing the brain and body, mindfulness, regular meditation, using music, yoga, movement meditation, Positive method, mantra, and traditional Eastern and Latin American techniques were all <u>highlighted</u> in this study. People have reportedly experienced relaxation, pleasure, increased daytime concentration, lightness, and a sense of power even without a particular technique (For further information, please refer to the description section).

According to studies, prayer and meditation can impact general health, including physical health, anxiety, sleep disorders, social dysfunction, and depression.

In the GHQ28, the physical symptoms section, the first subscale, overall health status, and physical symptoms encountered during the previous month are evaluated. In part, on anxiety symptoms and sleep problems, known as the second subscale, the clinical signs, and symptoms of extreme anxiety, sleeplessness, being under pressure, anger, and sadness are addressed. The third subscale of the social action scale examines a person's capacity to execute daily tasks, happiness in completing duties, the feeling of usefulness, learning ability, and enjoyment of everyday activities. Examined in the section on depressive symptoms or the fourth subscale are emotions of worthlessness, hopelessness, suicidal thoughts, wanting to die, and the capacity to perform tasks (Khani, 2022).

According to the 2018 study by Albatnuni and Koszycki titled "Prayer and Well-Being among Muslim Canadians: Exploring the Mediating Role of Spirituality, Mindfulness, Optimism, and Social Support," prayer is helpful for mental health. Essential factors that explain the favorable impacts of prayer on a Muslim's mental health include daily spiritual encounters and optimism.

According to Vijayaraghavan and Chandran (2019), the influence of meditation on psychological well-being can lower the number of symptoms reported by individuals with a broad range of diseases and disorders. After three months of meditation, 96% of students reported maximum or high levels of relaxation, while 64% reported minimum or no stress levels. Therefore, three months of meditation can improve students' mental health compared to their mental health before meditation.

According to Munif, Poeranto, and Utami (2019), Islamic spiritual mindfulness (ISM) is an adaptive coping approach that can decrease various negative psychological responses to stress elements generated by the body. Consequently, ISM lessens the stress of nursing students working on their theses. In "systematic review and meta-analysis," Mohammadi, Zahedi Tajrishi, & Tashkeh, (2021) found that meditation prevents anxiety by increasing people's concentration and raising their spirits. These intervention techniques support a variety of treatment regimens and patients because of their usefulness and simplicity. Physical activity and meditation have a favorable relationship with and effect on depression and anxiety.

Rahmandani, Kahija, and Salma (2019) investigated the effect of forgiveness meditation on the mental health of college students, revealing a substantial reduction in distress after treatment and a sustained and accumulative benefit if conducted frequently.

Sheibani et al. (2021) conducted a study to determine the impact of mindfulness-based stress reduction (MBSR) on the severity of pain, anxiety, depressive symptoms, and quality of life (QoL) of patients with chronic pain. They discovered that MBSR therapy reduced the severity of pain, decreased anxiety and depressive symptoms, and enhanced the quality of life for those patients.

Matiz et al. (2020), "examined the positive effect of mindfulness meditation on the mental health of female teachers during the COVID-19 epidemic in Italy" and discovered that an 8-week course of Mindfulness-Oriented Meditation (MOM) reduces the adverse psychological effects of the Covid-19 outbreak, such as anxiety, depression, and emotional weariness, and helps restore well-being in the most vulnerable. Valosek, et al. (2019) evaluated the influence of meditation on the social-emotional learning (SEL) of middle school students and discovered that it enhances emotional coping abilities and good conduct, resilience, resilience, and self-actualization. These findings demonstrate the usefulness of applying Transcendental Meditation (TM) to enhance middle school students' social-emotional development and decrease their psychological suffering.

There is a need to research ways to partially avoid anxiety, depression, social dysfunction, and diseases, given the issues these conditions can create. According to the research, meditation, and prayer produce inhibitions that promote overall health and increase happiness. However, there has yet to be much research comparing four prayer/meditation-committed groups with those who are not prayer/meditation-committed. As a result, this research aims to determine if general health and its components differ between persons who are committed to prayer/meditation and those who are not.

Method

The statistical population of this causal-comparative research consisted of all WhatsApp group members and their close friends. Among the 108 people who answered the questionnaire, 22 people from group 1: neither pray nor meditate (group not committed to both). Fourteen people in group 2: meditate, 27 people; in Group 3: pray and meditate (a group committed to both), and 45 in group 4: pray). Then, a number was randomly removed so that all the groups were equal to the meditation group, which was 14 people, and statistical analysis was done with a sample size of 56 people (14 people in each group).

A questionnaire distributed online and paper-based containing three parts was used to collect information: 1- Demographic information, 2- Committed or not committed to prayer/meditation, and 3- GHQ 28.

Questions on age, gender, education, place of birth and current residence, occupation, and marital status were included in the demographic information. In the second section, the following questions were included: those about prayer (including duration, regular prayer, heart presence, satisfaction, and quality of prayer) and meditation (including duration, technique, regularity in doing it, satisfaction, and quality). In the third component of the GHQ 28, medical complaints and the individual's general health during the last month were assessed using a four-point scale of "more than usual, normally, less than usual, not at all" including physical, social dysfunction, anxiety, and depression subscales.

The data was then analyzed using SPSS software version 26. ANOVA was used to establish the significance of the difference between the four groups, and Levene's Test was used to determine variance equality. The LSD test provides the essential data for comparing each group to other groups.

Findings

The average age of the participants in the research was 39 years. The youngest person in the study was 14 years old, and the oldest was 88 years old; 71% were women, and 29% were men; 43% had a diploma and below diploma education; 45% had master's degree and bachelor's degree, and 12% had master's degree and doctorate; 91% were born in Tehran and suburbs, and 9% were from other cities; 29% were single, 57% were married, 14% were divorced, or their spouse had died, and 70% were employed, and 30% were homemakers.

Medit	ation Group	-	Med	itation/Prayer G	oup				Pray	er Group	
Perc	Meditation scales	Question	Per	Meditation	Questi	Per	Prayer scales	Quest	Per	Prayer scales	Que
ent			cen	scales	on	cen		ion	cen		stion
			t			t			t		
50	Less than 2years	Me tim	50	Under 2years	Me tim	29	Under 2 years	Pra	29	Under 2years	Pra
43	2 to 10 years	e e	21	2 to 10 years	dita e	7	2 to 10 years	yer	14	2 to 10 years	yer
7	More than ten	tior	29	More than ten	tior	64	More than ten	tim	57	More than ten	tim
	years	1		years	1		years	e		years	e
78	Sometimes I	Coi	72	Sometimes I	Coi	36	Sometimes I	Coi	57	Sometimes I	Cot
	meditate	ntin		meditate	ntin		pray	ntin		pray	ntin
22	I have been	uity	14	I have been	uity	14	I have been	uity	0	I have been	uity
	meditating for 2	′ of		meditating for	' of		praying	′ of		praying	' of
	to 10 years	me		2 to 10 years	me		continuously	pra		continuously	pra
		dita			dita		for more than 2	yer		for more than	yer
		tior			tior		years			2 years	
0	I have been	L L	14	I have been	1	50	Always pray		43	Always pray	
	meditating for			meditating for							
	more than ten			more than ten							
	years			years							H
7	Never	.egu	0	Never	egu	7	I have read	ray	0	I have prayed	ray
14.5	rarely	ng ılar	14	Rarely	ng Ilar	7	Never	/ing	29	Never	/ing
57	sometimes	ি	50	Sometimes	١y	21	Rarely	, re	29	Rarely	, reg
14.5	most of the time	8	22	Most of the		29	Sometimes	gula	7	Sometimes	gula
		ned		time	ned			urly			urly
7	Always	itat	14	Always	itati	36	Most of the		35	Most of the	
		ion			ion		time			time	
43	10minutes and	Dai	36	10 minutes	Dai mec	0	Always	Pray	7	Always	Pray
	less	ly litat			ly litat			ying e			ying e
21.5	15 minutes	tion	7	15 minutes	tion	14	Never	04	14	Never	04
7	20 minutes	-	36	20 minutes	-	22	Rarely	on	43	Rarely	on

	c	1	c
Table 1- The quality	of prayer o	r meditation in 3	groups of practitioners

7	30 minutes		7	30 minutes		57	Sometimes		36	Sometimes	
21.5	45 minutes and	-	14	45 minutes		7	Most of the		0	Most of the	
	more						time		Ť	time	
14	Never	Z	0	Never	Z	14	Always	М	7	Always	Ζ
7	Rarely	issi	57	Rarely	ISSI	29	Never	issi	14.	Never	issi
		ng t			ng t			ng t	5		ng t
29	Sometimes	he o	22	Sometimes	he	50	rarely	the	71.	Rarely	the
		char			char		5	time	5	5	time
21	Most of the time	ıce	14	Most of the	nce	7	Sometimes	e of	0	Sometimes	e of
		to n		time	to n			pra			pra
29	Always	nedi	7	Always	nedi	0	Most of the	ıyer	7	Most of the	ıyer
	-	itate		-	itate		time			time	
29	Never	Ďo	7	Never	Ď	29	I do not fulfill	Do	21	I do not fulfill	Do
43	Rarely	ing	0	rarely	ing			ing			ing
14	sometimes	ove	43	sometimes	ove	0	Sometimes I	ove	36	Sometimes I	ove
		rdu			rdu		do	rdu		do	rdu
7	most of the time	e m	43	most of the	e m	14	I will do it	e pr	14	Anyway, I	e pr
		edit		time	edit		anyway	aye		pray	aye
7	Always	tatic	7	Always	latic	57	I will do it as	r	29	I pray at the	
		n			on		soon as			first	
					H H	-	possible			opportunity	
7	Never	Expe	0	Never	Bxpe ned	0	Never	The	7	Never	The
0	rarely	ecte	7	rarely	ecte	7	Rarely	fe ent j	29	Rarely	fe
28.5	Sometimes	d on	7	sometimes	d on	14	Sometimes	elin in pi	21	Sometimes	elin in pi
36	Most of the time	fee	43	most of the	fee	36	Most of the	g (raye	36	Most of the	g raye
		ling		time	ling		time	of 9r		time	of r
28.5	Always	λΩ	43	Always	ίΩ΄	43	Always	bei	7	Always	bei
0	V	in F	0		in n F	7	37	ngF p	0	37	ngF p
0	Very little	reeli	0	very little	eeli nedi	/	Very little	'eeli rayı	0	Very little	eeli ray
0	Low	ing	/	Low	ing	0	Low	ing er	14	Low	erg
29	Up to a certain	sat	22	up to a certain	sat	21	Up to a certain	sat	36	Up to a	sat
	level	tisfi		level	tisfi		level	tisfi		certain level	tisfi
50	Much	ed	7	Much	ed	36	Much	ed	36	Much	ed
21	Very much	Б.	64	very much	ın.	36	Very much	in.	14	Very much	Б.
Zazen	, concentration, relay	kation	Zen t	echnique with mo	vements						
Using	ready-made audio fi	lles	Silen	ce (sitting with clo	osed eyes i	in the r	nountain)				
Breath	ing technique to	increase	No sp	pecial technique							
energy			Posit	ive technique							
V isual	ize meditation and	write down	Mant	ra							
feeling	s. Yoga meditation		Yoga	l							
Relaxi	ng the brain, body		Movement meditation								
Mindf	uiness	•	Normal meditation								
Norma	a meditation with m	US1C	Traditional Eastern techniques, such as TM								
Focus	on the breath		A te	cnnique from La	tin Amer	ica to	tocus more ener	gy and			
			pnysi	icai and mental str	engin				1		

As can be seen, people in the group committed to prayer and committed to meditation and prayer show a significant difference in terms of the duration of prayer and meditation from the group that is committed only to meditation. People in the prayer group and the meditation and prayer group not only

used a religious technique, but people in these two groups had more time and continuity in this regard.

Table 2- One-way ANOVA to compare general health between 4 groups

ANOVA	Sum of	df	Mean	F	Sig
GHQ 28	squares		square		

Uliq 20	squares		Square						
Table 3 - One-	way ANO	/A to c	ompare the	subscales	s of the	general h	ealth t	test in	2

GHQ 28	squares		square						
able 3 - One-way ANOVA to compare the subscales of the general health test in 4 groups									
Sum of Squares df Mean Square F Sig							Sig		
Somatic Symptoms				.978		3	1.993	6.686	0.001
Anxiety & In	isomnia		6	.615		3	2.205	4.326	0.009
Social Dysfu	nction		5	.610		3	1.870	6.749	0.001
Depression			1	2.683		3	4.228	7.738	0.000

One-way ANOVA of the subscales also showed that the subscale of Somatic Symptoms (p=0.001, F=6.69), Anxiety & Insomnia (p<0.01, F=4.33), Social Dysfunction (p=0.001, F=6.75) and Depression (p<0.001, F=7.74) was a significant difference.

By determining the presence or absence of a difference between the test groups (checking the test's significance in the ANOVA table), is the average difference between which two groups significant? For this purpose, the LSD test significantly differed between the two groups, wherever the p-value was less than 0.05.

Table 4 - Results of LSD	post hoc test analy	vsis for significant	differences of gene	ral health subscales in 4	groups
	1		67		

Scale and subscales	Higher mean	Lower mean	Mean difference	Significance level
General Health	Non-committed group	Meditation group	0.4898	0.017
	1.4872	0.9974		
	Non-committed group	Meditation/Prayer Group	0.9413	0.000
	1.4872	0.5459		
	Non-committed group	Prayer Group	0.7831	0.000
	1.4872	0.7041		
	Meditation group	Meditation/Prayer Group	0.4515	0.027
	0.9974	0.5459		
Somatic symptoms	Non-committed group	Meditation/Prayer Group	0.8878	0.000
	1.4082	0.5204		
	Non-committed group	Prayer Group	0.5511	0.010
	1.4082	0.8571		
	Meditation group	Meditation/Prayer Group	0.5918	0.006
	1.1122	0.5204		
Anxiety and insomnia	Non-committed group	Meditation/Prayer Group	0.9388	0.001
	1.6020	0.6633		
	Non-committed group	Prayer Group	0.6632	0.017
	1.6020	0.9388		
Social dysfunction	Non-committed group	Meditation/Prayer Group	0.7449	0.000
	1.5204	0.7755		
	Non-committed group	Prayer Group	0.7857	0.000
	1.5204	0.7347		
Depression	Non-committed group	Meditation group	0.8266	0.005
	1.4184	0.5918		
	Non-committed group	Meditation/Prayer Group	1.1939	0.000

Between	3.012	3	1.004	2.777	0.50
Groups					
Within	18.798	52	.362		
Groups					
Total	21.810	55			

In one-way ANOVA, the relationship with the GHQ 28 general health questionnaire, the difference between the four groups is significant (p=0.05, F=2.77).

1.4184	0.2245		
Non-committed group	Prayer Group	1.1327	0.000
1.4184	0.2857		

According to Table 4, in all subscales and general health, the group committed to prayer and meditation had a better condition than the non-committed group. The prayer-committed group had almost the same conditions compared to the non-committed group. The meditation group had better conditions than the non-committed group, only about general health and depression. The group committed to prayer and meditation had significantly better physical health and general health condition than those in the meditation group (p<0.01, p<0.001).

Discussion

This research aims to compare general health in people who "pray," "meditate," "both pray and meditate," and those who "neither pray nor meditate."

According to one-way ANOVA, there is a significant difference between the scores of the four groups (P=0.05). In all four subscales, the F value in physical symptoms (P=0.001), anxiety and sleep disorder (p<0.01), social dysfunction (P=0.001), and depression (P<0.001) showed that the difference between the groups is significant.

<u>However, the ANOVA results were insufficient</u>, and further post hoc tests were used. There is a significant difference between the non-committed group with meditation group (P<0.01), the non-committed group with meditation and prayer group (P<0.001), The non-committed group with the prayer group (P<0.001)) and the meditation group with the meditation and prayer group (P<0.01).

There are significant differences between the non-committed group and the other three groups. However, the difference is mostly for groups that pray (with or without meditation). These groups are better than the meditation group and the group that is not committed to any technique. These differences are related to the quality and type of religious meditation (prayer) and probably related to the duration of meditation and its continuation.

In the following, the comparison of this research with other research will be discussed.

In the sub-scales in the field of physical symptoms, there was a significant difference between non-committed people and committed to meditation and prayer (P<0.001), between people in the non-constrained group and prayer group (P=0.01) and between people in the meditation group and the meditation and prayer group (P<0.01). The difference is significant.

This result is consistent with the clinical experiment conducted by Gross, Spong, Park, et al. (2022), who revealed that eight mindfulness meditation sessions were more successful at improving overall health than eight training sessions for endstage renal disease. Igarashi, Karam, and Afonso (2021) consider mindfulness-based treatments that promote health to enhance the quality of life and lessen the burden of comorbidities essential components of chronic illness management. A study by him and his colleagues demonstrated the effects of mindfulness meditation on ameliorating depressive symptoms, blood pressure levels, self-compassion, and serum phosphorus levels.

Sampaio, Lima, and Ladeia (2017) feel that many individuals need health restoration therapies with a personal touch. In addition to fostering awareness, meditation assists individuals in achieving equilibrium, tranquility, and self-control. Recent developments in meditation research have revealed its potential as a tool for self-regulation of the human body, and its health advantages have established it as a proven alternative medicine when paired with traditional medical treatment.

In the study done by Chamsi-Pasha and Chamsi-Pasha (2021), several favorable psychological, neurological, cardiovascular, and musculoskeletal impacts of prayer on health were reported in another study. Therefore, prayer is a non-pharmaceutical intervention and resource that may be used in a patient's holistic treatment and rehabilitation program to enhance their well-being.

Also, in the research of Hosseinzadeh and Mohammad Jaafari (2019), it was concluded that the recommendations mentioned in the verses and narrations are often related to mental health and treatment. Because having a healthy mind leads to cheerfulness and spiritual vitality, and this vitality will help in equipping physical powers and treating physical diseases. But the orders to pray according to the verses and traditions are for the prevention and treatment of physical and spiritual diseases. It seems that the difference between zikr and prayer - that the former was exclusive to mental health and the latter was both physical and mental health - is that people are more engaged in dua than zikr and are constantly facing problems and diseases, especially when they face problems, they turn to God and call him with their soul.

According to the findings of Ijaz, Khalily, and Ahmad (2017), mean mindfulness and mental health were higher for those who pray regularly than those who do not. In addition, compared to people who pray without mindfulness, those who pray with mindfulness have a significantly higher mean for mental health. Religious education, prayer training, and mindfulness accounted for 13% of the variance in mental health.

In the field of anxiety and sleep, there was a significant difference between non-committed and committed people in line with meditation and prayer (P=0.01) and between noncommitted people and the prayer group (P<0.01).

This conclusion is consistent with the findings of Satsangi and Brugnoli (2018), which indicate that psychological and spiritual treatments such as meditation and therapeutic hypnosis help alleviate anxiety and psychosomatic symptoms, including physical symptoms, in palliative care.

During a study on prayer as therapy (double care) in England, Mann (2019) determined that physicians, clergy, and nonclergy recognize and utilize prayer as spiritual and physical assistance. As such, prayer may be an integral part of early modern healing. Similarly, Yarahmadi et al. (2021) discovered that prayer had a strong and favorable association with the four dimensions of health: physical, mental, social, and spiritual. Field research also confirms this effect.

This conclusion is consistent with the findings of Sheybani, Dabaghi, Najafi, & Rajaeinejad (2022), who think that, in addition to popular chronic pain drugs, MBSR treatment may be used to enhance the quality of life and lower the severity of pain, anxiety, and depression in patients with chronic pain.

The research by Huberty, Puzia, Green, et al. (2021) demonstrated that a meditation program helped relieve depression and anxiety in persons with sleep problems, whose effects are induced by increasing arousal before sleep.

Saeed, Cunningham, and Bloch (2019) discovered in additional meta-analyses and systematic reviews that meditation and yoga therapies help ease the symptoms of depression and anxiety disorders.

González, Zurita, Ubago, and Puertas (2019) demonstrated the significance of meditation tools, mindfulness programs, and cognitive-behavioral therapy for reducing students' stress, anxiety, and depression.

A review by Rosmarin and Leidl (2020) revealed that internal dimensions of Spirituality/Religion (S/R), such as beliefs, attitudes, and motives, had a significantly more significant association with anxiety. Positive beliefs such as confidence and trust in God, secure religious connection, intrinsic religious drive, and religious thankfulness were highly linked, with medium to large effect sizes, with decreased anxiety levels.

There was a significant difference in social dysfunction between the non-binding group and the meditation and prayer group (P<0.01) and between the non-binding group and the prayer group (P<0.01).

Kang (2019) believes that specific forms of meditation can create beneficial social consequences.

According to the research of Campos, Modrego, López, et al. (2019), mindfulness can bring about changes in the social realm, such as enhancing emotional connections with people, social conduct, and empathy. It supports the notion that mindfulness is connected to social cognition and has

implications for designing mindfulness-based methods in clinical and non-clinical contexts.

Froiz and Jones (2021) discovered that the social causes of prayer are varied, yet in various religious cultures and communities, prayer develops into a social habit. The potential of prayer for achieving positive outcomes for both the individual and the larger community becomes apparent when the experience of prayer becomes a regular source of comfort for practitioners. It has a profound impact on their actions, lives, and worldviews.

Qorbanpoor, Rezaei, and Qorbanpoor (2021) discovered that students who did not pray were more prone to stealing, promiscuous sex, suicide, and running away. Regardless of prayer practice, males were more likely than women to engage in free sex and flee their homes at the level of gender disparities. Furthermore, only aggressiveness demonstrated a significant link between group membership and gender. Therefore, the mean score for aggressive tendencies was more significant in males who did not pray.

There was a significant difference in depression between the non-committed and meditation groups (P<0.01), the non-committed and meditation and prayer groups (P<0.001), and the non-committed group and the prayer group (P<0.001).

This result is consistent with Reangsing, Rittiwong, & Schneider (2021), which demonstrated that MMI therapies ameliorated depressive symptoms in older adults. MMI may supplement or substitute for traditional therapy for depressed older persons.

Fish and Saul (2019) found that using a gamified mindfulness meditation program significantly decreased the intensity of depression symptoms as judged by the Patient Health Questionnaire (PHQ-9). College students and mental health professionals should examine these enjoyable and low-cost activities as viable therapies for college students with depression.

Bringmann, Bringman, Jeitler, et al. (2020) supports the conclusion that meditation-based lifestyle modification (MBLM) is a good and relevant therapy for outpatients with mild to severe depression. This comprehensive and lifestyle-modifying strategy is linked with preventing and treating mental disorders and mental illnesses in patients with chronic physical illnesses.

The findings of Rafiei Mohammadi and Jahangiri (2019) reveal that meaning therapy and reading the Quran and prayer help reduce mental symptoms in women with severe depression.

In the United States, religion protects against depression, according to research by Opsahl, Ahrenfeldt, Moller, and Hvidt (2019); however, evidence about European populations is lacking. A study examining the connection between religion and six symptoms of depression in Europeans over 50 showed

that prayer was connected with a decreased likelihood of having no hope for the future and suicidal thoughts.

Conclusion

The result of this research revealed some important issues: First of all we could see the efficiency of the Islamic prayer meditation (Salât). The groups who were committed to Islamic prayer (no matter they practiced some different kinds of meditation in addition to Islamic prayer) had a better general health in comparison to those who were not committed to any kind of meditation. Secondly, Those who practiced a variety types of meditation also had a better general health compared to those who were not committed to any kind of meditation, however the condition of those who practiced Islamic prayer was better since in four subscales of general health had a better condition compared to those who were not committed, while meditation committed group had a better condition only in Depression subscale compared to those who were not committed. This means that probably we could simultaneously take advantages from Islamic prayer and the most efficient meditation techniques to improve general health of individuals in different setting, especially in Islamic countries.

it is suggested that experimental investigations that assess the efficacy of medications or psychotherapy include prayer and meditation as covariate variables. In addition, it is proposed that this study be conducted with participants of all ages, as the benefits of prayer and meditation may vary with age. This examination may be conducted on persons who practice a particular style of meditation during a specific period, given that the participants in this study have practiced various types of meditation. It is advised to survey other cities as well, as the majority of respondents in this study resided in Tehran and its environs. Meditation/prayer may also be helpful for persons with a history of many ailments.

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