

Effectiveness of Surah Al Rehman on agoraphobia

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Abstract: This study investigates the potential effectiveness of Surah Al-Rehman in alleviating agoraphobia symptoms. The hypothesis posits a positive impact of Surah Al-Rehman on individuals with agoraphobia. Ten female participants (aged 18-25) were selected through purposive sampling technique, with five in an experimental group exposed to Surah Al-Rehman and five in a control group. Conducted in Lahore within a clinical setting, the study assessed agoraphobia severity using standardized measures. Following Surah Al-Rehman recitation as intervention, participants rated their experiences. Post-intervention, assessments after seven days used Severity Measures for Agoraphobia-Adult and subjective evaluations, with statistical analysis (Mann-Whitney U test) comparing treatment and control groups. Results showed significantly reduced agoraphobia symptoms in the treatment group. Participants reported decreased anxiety, anticipatory fear, and increased relaxation post-therapy, along with improved coping mechanisms and reduced physiological responses during agoraphobic situations. The study's immediate implications extend to panic disorder, generalized anxiety disorder, social phobia, and separation anxiety disorder. Limitations include the exclusive focus on female agoraphobia patients, cautioning against broad generalizations.

Keywords:

Agoraphobia, anxiety, intervention therapy, serenity qari Abdul Basit, Surah Al-Rehman.

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In the realm of holistic healing, religious texts often play a crucial role in offering solace and mental well-being. The Quran, central to Islamic tradition, is renowned for its spiritual and therapeutic benefits (Pargament, 2011). Surah Al-Rahman (Chapter 55), also known as "The Chapter of Mercy," is particularly esteemed for its melodic and reflective verses that emphasize the blessings and mercy of Allah. This chapter's rhythmic structure and repeated refrain, "Which of the favors of your Lord would you deny?" highlight the interconnectedness of creation and divine benevolence. Such qualities have sparked interest in its potential therapeutic effects on mental health (Hofmann et al., 2010).

This study explores the use of Quranic verses, specifically Surah Al-Rahman, as an intervention tool in psychology, particularly for individuals with agoraphobia. Agoraphobia, characterized by a fear of open or crowded spaces, significantly impacts daily functioning and quality of life (Balaram & Marwaha, 2024). Integrating spiritual practices, like the recitation and reflection on Surah Al-Rahman, into psychological interventions may offer a culturally sensitive and holistic approach to mental health (Puchalski et al., 2014).

Research indicates that engaging with the Quran, particularly through listening, can positively impact mental disorders and psychological well-being. Abd-alrazaq *et al.* (2020) found significant improvements in anxiety, depression, stress, and overall mental health through Quranic listening, despite variations in evidence quality due to biases and subjective interpretation. Similarly, Ghiasi and Keramat (2018) reported that listening to Quranic recitations could effectively reduce anxiety levels, suggesting it as a valuable non-medication intervention.

Surah Al-Rahman, emphasizing divine mercy and protection, may foster a sense of safety and empowerment, crucial for individuals with agoraphobia (Koenig et al., 2012). Incorporating Surah Al-Rahman in agoraphobia treatment aligns with the need for culturally sensitive interventions that respect diverse worldviews (*Ethical Principles of Psychologists and Code of Conduct*, 2017). Future studies should employ rigorous designs, such as randomized controlled trials, to evaluate the efficacy of this intervention (Creswell & Clark, 2017; Smith et al., 2021).

Several studies have examined Surah Al Rahman as an important psychological therapy. (Rafique et al., 2019), for example, examined the therapeutic outcome of Surah Al-Rahman in alleviating depression among Muslim females. Participants who listened to the recitation of surah Al-Rahman showed a significant reduction in depression levels compared to those who listened to soothing music. The study highlights Surah Al-Rahman's potential as an effective intervention for depression. Astuti et al., (2017) conducting analysis the effectiveness of the Al-Qur'an murrotal audio therapy on behavioral development in children with autism

Existing research suggests that mindfulness-based interventions, similar to the contemplative engagement with Surah Al-Rahman, can alleviate symptoms of anxiety and depression (Hofmann et al., 2010). This study employs a mixed-methods approach to examine the impact of Surah Al-Rahman on individuals with agoraphobia, aiming to enhance emotional regulation, coping strategies, and overall well-being (Paloutzian & Park, 2013).

METHOD

This study was divided into three phases to assess the effectiveness of Surah Al Rehman on patients with agoraphobia, namely **Phase 1** (Pre-assessment of agoraphobia symptoms and severity level); **Phase 2** (Implementation of the intervention plan); **Phase 3** (Post-assessment of agoraphobia symptoms and severity to determine the effects of Surah Al Rehman on patients with agoraphobia). The actions of each phase are as follows.

Phase I

A sample of 10 females (out of 15) diagnosed with agoraphobia was selected from clinical settings in Lahore through purposive sampling. The participants were non-randomly assigned to the experimental (n = 5) and control groups (n = 5). The study used a quasi-experimental research design with a pretest-posttest control group. Participants were matched on age, gender, marital status, and had a total score range from 21 to 35 on the Severity Measures for Agoraphobia (SMA). Inclusion criteria: diagnosed with agoraphobia disorder, aged 18-25 years, female participants, educated participants. Exclusion criteria: participants with comorbid disorders, individuals with special needs, men and children.

Table 1

Descriptive Statistics of Demographic Information (N=5)

Sample Characteristics	n	%
Control Group	5	50
Experimental Group Age	5	50
18-20	3	30
21-22	3	30
23-25	4	40
Education		
Matric	20	20
Bachelors	7	70
Master's	1	10
Family System		
Nuclear	5	50
Joint	5	50
Diagnosis Age Severity		
Mild	5	50
Moderate	3	30
Severe	2	20

Note. N = 10 (N = 5 for each group)

Pre-Assessment

In the initial phase, a pre-assessment was conducted to evaluate the intensity of symptoms prior to the intervention. Rapport building was carried out to connect with patients and obtain information about their problems. The "Severity Measures for Agoraphobia" (SMA) was used for this evaluation, and a subjective rating of symptoms was gathered from both the control and experimental groups.

Assessment Measures

Assessment measures include consent form, demographic sheet, severity measure for agoraphobia, and statistical analysis. Consent was taken from the institution, clinical setting, and participants to ensure confidentiality and participation in the study. The demographic sheet included details about the participants such as sex, age, education, occupation, family system, age of diagnosis, severity level, and marital status.

The Severity Measure for Agoraphobia (Craske et al., 2013) is a 10-item measure with 5 response criteria (Never, Occasionally, Half of the time, most of the time, all of the time) that assesses the severity of agoraphobia symptoms. The scale score ranges from 0-40, with higher scores indicating higher severity. The reliability of the scale was confirmed with a Cronbach's alpha of 0.88. Statistical analysis used Mann-Whitney U test.

Phase II

The second phase consists of several steps as follows. First, *intervention plan*. Participants in the experimental group listened to Surah Al Rehman recited by Qari Abdul Basit three times a day for seven days, accompanied by the consumption of water and a meditation session. Second, *subjective ratings*. Participants rated their symptoms severity on a scale from 1-10. Third, *psychoeducation*. Participants were provided with information about agoraphobia, its symptoms, prognosis, and treatment. Fourth, *meditation*. Participants were guided through a meditation session involving the repetition of the word "Allah" and water consumption. Fifth, *behavioral observation*. Behavioral observations were documented to capture participants' actions, reactions, and interactions throughout the intervention. Sixth, *procedure*. Participant selection, intervention design, data collection, and follow-up were outlined to assess the effectiveness of Surah Al Rehman as an intervention. Participants were introduced to the intervention and provided with guidelines for incorporating it into their daily routine. Data collection was conducted using subjective rating scales and the SMA.

Phase III

Post-Assessment

Post-intervention assessments were conducted to evaluate the effectiveness of the intervention. The SMA and subjective ratings were used to measure symptom severity and personal perceptions of changes.

RESULT

Psychometric Properties of the Scale

Table 2 presents the reliability analysis for the instrument used in the study, the *Severity Measures for Agoraphobia Scale*. The Cronbach's alpha value was **0.88**, indicating a high level of internal consistency. This suggests that the scale is a reliable tool for measuring the severity of agoraphobia symptoms in the sample of ten participants.

Table 2

Reliability Analysis of Assessment Measure (N=10)

Measure	M S.D	α
Severity Measures for Agoraphobia Scale	- -	0.88

Statistical Analysis

Table 3 shows the results of the Mann-Whitney U test, used to compare pre- and post-intervention scores between the control and experimental groups. In the control group, the average rank increased from 4.4 (pre-test) to 6.6 (post-test), but the change was not statistically significant ($U = 7.0, p = 0.242$). In contrast, the experimental group, which received the intervention of listening to Surah Ar-Rahman,

showed a notable improvement. Their average rank increased from **3.0** to **8.0**, with a statistically significant result ($U = 0.00, p = 0.009$). This indicates that the intervention had a meaningful and positive effect in reducing agoraphobia symptoms, with a significance level well below 0.001.

Table 3

Pre- and post-assessment of experimental and control groups on SMA (N=10)

Variables	Mean Rank (Pre)	Mean Rank (Post)	U	P
Control Group	4.4	6.6	7.0	.242
Experimental Group	3.0	8.0	.00	.009 ***

*Note: ***p < 0.001*

Table 4 provides self-reported scores from five participants prior to the intervention. Each participant rated five items related to their symptoms. For example, Participant 1 reported consistently high scores (10, 9, 10, 8, 10), suggesting severe levels of distress. In contrast, Participant 3 gave lower scores (4, 6, 6, 4, 7), indicating more moderate symptoms. These ratings help illustrate each individual's baseline experience with agoraphobia before the therapeutic exposure to Surah Ar-Rahman.

Table 4
Subjective rating Pre-Intervention

No.	Participant 1	Participant 2	Participant 3	Participant 4	Participant 5
i	10	8	4	9	9
ii	9	7	6	7	4
iii	10	9	6	8	6
iv	8	5	4	9	7
v	10	4	7	10	10

Figure 1
Pre-intervention Subjective Rating

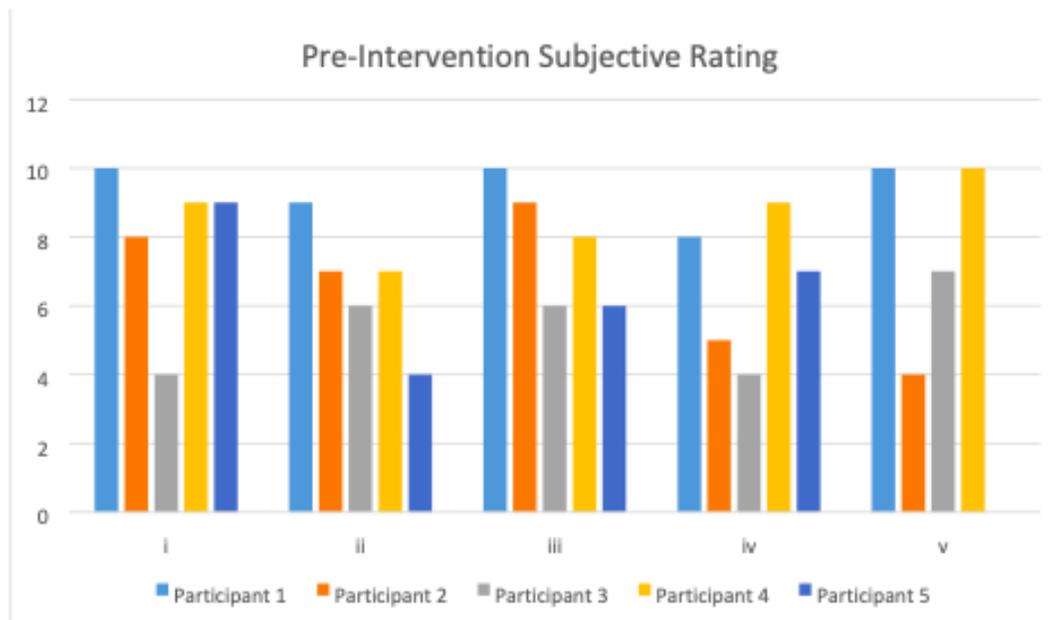
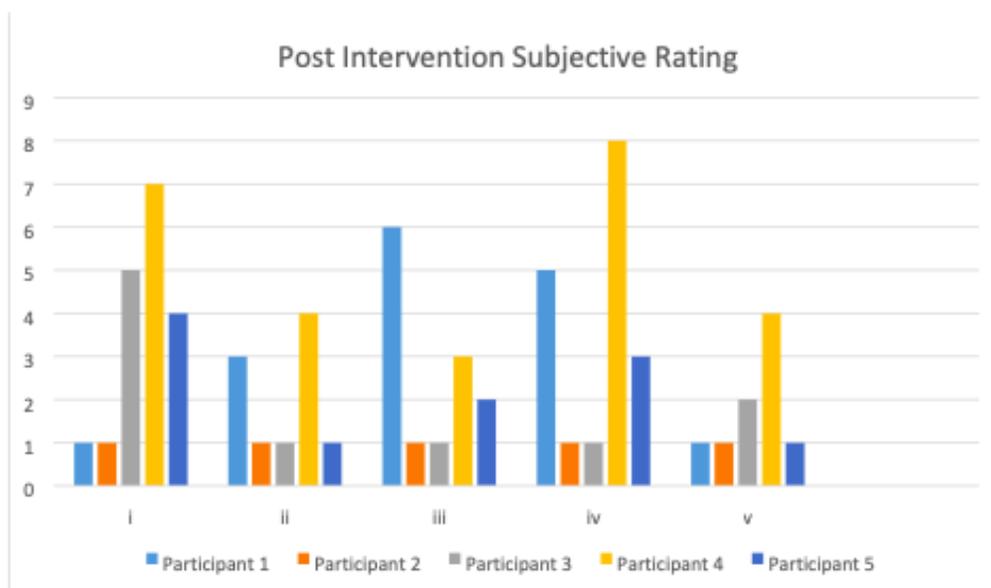


Table 5 captures a substantial improvement in participants' self-reported symptoms following the intervention. Participant 1, who initially reported very high distress levels, showed a significant reduction in scores (1, 3, 6, 5, 1). Participant 2 exhibited an even more dramatic change, with most scores dropping to just 1. Similarly, the rest of the participants also reported lower levels of symptoms post-intervention. These results suggest that listening to Surah Ar-Rahman contributed to a perceived reduction in anxiety, improved emotional well-being, and better physiological responses when facing agoraphobic situations.

Table 5
Subjective rating post-Intervention

No.	Participant 1	Participant 2	Participant 3	Participant 4	Participant 5
i	1	1	5	7	4
ii	3	1	1	4	1
iii	6	1	1	3	2
iv	5	1	1	8	3
v	1	1	2	4	1

Figure 2
Post Intervention Subjective Rating



DISCUSSION

Agoraphobia significantly impacts individuals' quality of life, leading to avoidance behaviors, physical isolation, and emotional distress. This study aimed to assess the effectiveness of Surah Al Rehman as a therapeutic intervention for agoraphobia. The intervention involved listening to Surah Al Rehman, engaging in meditation, and consuming water.

The findings indicated a significant reduction in agoraphobia symptoms and severity in the experimental group compared to the control group. The study highlights the potential of integrating spiritual practices into mental health treatment for agoraphobia, offering a holistic approach to addressing psychological distress.

The results align with previous research indicating the benefits of spiritual interventions in reducing anxiety and improving mental health outcomes. The study suggests that Surah Al Rehman can be an effective therapeutic tool for individuals with agoraphobia, promoting relaxation, reducing fear, and enhancing coping strategies.

Surah Al Rehman proves to be an efficacious intervention for addressing agoraphobia. The structured intervention design, including participant selection, data collection, and follow-up, provided valuable insights into the potential benefits of this intervention.

CONCLUSIONS

The study explored Surah Al-Rehman's potential as a therapy for agoraphobia. Five female participants, aged 18-25, underwent the intervention in Lahore, Pakistan. Using a structured approach, the study measured reduced anxiety, decreased anticipatory fear, and improved relaxation and coping mechanisms post-intervention. These findings suggest Surah Al-Rehman could be a promising adjunctive therapy for agoraphobia, bridging spirituality and mental health for enhanced wellbeing.

SUGGESTION

Implications of this study are: the findings of this research will be beneficial for organizing awareness sessions and seminars for patients of agoraphobia, same research can be conducted on other mental and physical illnesses like panic disorder, anxiety disorder etc, the research could contribute to a broader understanding of mental health by acknowledging the interplay of spirituality, faith, and psychological well-being, promoting a holistic approach to mental health care, if Surah Al-Rahman proves beneficial, it might contribute to reducing stigma around faith-based practices and mental health care, encouraging open discussions about the intersection of spirituality and mental well-being.

Limitations of this study are: the sample size was small, limited number of participants (n=10) which may reduce generalizability and statistical power of findings, the follow up was short-term containing duration of within one month may not capture long term sustainability of intervention effects, due to limited generalizability findings may have limited applicability beyond the specific agoraphobia population studied, an inherent limitation of this study is the exclusive inclusion of women as participants, The experiences, responses, and potential benefits observed among women might not necessarily extend to men. Thus, the findings might lack external validity beyond the female participant group. Future research could consider including a diverse range of participants to ensure a more comprehensive understanding of the potential effects of Surah Al-Rahman across different genders.

Recommendation of this study are: in future studies, compare intervention outcomes among different severity groups to assess effectiveness differentials, implement extended follow-up assessments post-intervention to gauge durability of effects, conduct longitudinal studies over months or years to track lasting impact on agoraphobia symptoms, future research should ensure the participation of men in studies evaluating the effects of Surah Al-Rahman on agoraphobia. This will enable a balanced understanding of potential gender-specific outcomes. Additionally, studies investigating the impact of reciting Surah Al-Rahman on agoraphobia should also consider the inclusion of children aged 12 years and above. This approach will provide insights into the practice's potential benefits across different age groups.

REFERENCES

- Abd-alrazaq, A., Malkawi, A., Maabreh, A., Alam, T., Bewick, B., Akhu-Zaheya, L., & Househ, M. (2020). The effectiveness of listening to the Holy Quran to improve mental disorders and psychological well-being: Systematic review and meta-analysis. *Research Square*, 1–25.
- Astuti, A., Suryono, S., Widyawati, M. N., Suwondo, A., & Mardiyono, M. (2017). Effect of audio therapy using Al-Quran murrotal on behavioral development in children with autism. *Belitung Nursing Journal*, 3(5), 470–477. <https://doi.org/10.33546/bnj.189>
- Craske, M., Wittchen, U., Bogels, S., Stein, M., & Andrews, G. (2013). Severity measure for agoraphobia—Adult. In *American Psychiatric Association*. American Psychiatric Association.
- Creswell, J. W., & Clark, V. L. P. (2017). *Designing and conducting mixed methods research* (3rd ed.). SAGE Publications.
- Ethical principles of psychologists and code of conduct*. (2017). American Psychological Association. <https://www.apa.org/ethics/code>
- Ghiasi, A., & Keramat, A. (2018). The effect of listening to holy quran recitation on anxiety: A systematic review. *Iranian Journal of Nursing and Midwifery Research*, 23(6), 411–420. https://doi.org/10.4103/ijnmr.IJNMR_173_17
- Hofmann, S. G., Sawyer, A. T., Witt, A. A., & Oh, D. (2010). The effect of mindfulness-based therapy on anxiety and depression: A meta-analytic review. *Journal of Consulting and Clinical Psychology*, 78(2), 169–183. <https://doi.org/10.1037/a0018555>
- Koenig, H. G., King, D. E., & Carson, V. B. (2012). *Handbook of religion and health* (2nd ed.). Oxford University Press.
- Paloutzian, R. F., & Park, C. L. (2013). *Handbook of the psychology of religion and spirituality* (2nd ed.). The Guilford Press.
- Pargament, K. I. (2011). *Spiritually integrated psychotherapy: Understanding and addressing the sacred*. Guilford Press.
- Puchalski, C. M., Vitillo, R., Hull, S. K., & Reller, N. (2014). Improving the spiritual dimension of whole person care: Reaching national and international consensus. *Journal of Palliative Medicine*, 17(6), 642–656. <https://doi.org/10.1089/jpm.2014.9427>
- Rafique, R., Anjum, A., & Raheem, S. S. (2019). Efficacy of surah Al-Rehman in managing depression in muslim women. *Journal of Religion and Health*, 58(2), 516–526. <https://doi.org/10.1007/s10943-017-0492-z>
- Smith, J. A., Flowers, P., & Larkin, M. (2021). *Interpretative phenomenological analysis: Theory, method and research* (2nd ed.). SAGE Publications Ltd.