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Islamic Religious Copings And Depression Among Postgraduate Muslim Students In University Utara Malaysia

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Abstract: Religion plays a central role in the lives of many people. Islamic religion is deeply embedded in the lives of its adherents. Depression is associated with undesirable events like religious conflicts, poor coping in life and academic pressure. Student faces a tremendous life challenges filled with conflicting demands from teachers, friends, parents and society. This study examined the relationship between positive religious coping, negative religious coping and depression among post graduate students. The sample size was 24 female and 29 male. Center for epidemiological depression scale (CES-D) and psychological measure of Islamic religiousness (PMIR) were used to measure the level of depression and Islamic religious copings among post graduate students. Descriptive statistics, ANOVA and multiple regression were used for data analysis. Result indicate negative significant relationship between positive religious coping and depression, while positive significant relationship between negative religious coping and depression was found. Female postgraduate students are more depressed than male. Male post graduate students showed more positive religious coping than female, while the female postgraduate students showed more negative religious coping that the male students.

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Keywords: Depression, Negative religious coping. Positive religious coping

I. INTRODUCTION

Postgraduate students face a lot of difficulties in their postgraduate studies and are more prone to depression. These difficulties include interpersonal relationships, academic stress, accommodation problems, financial problem, and lack of enough sleeping, separation from family and loves once, family pressure and conflicts, managing freedom and struggling in adjustment with strength environment (Chen et al., 2013; Jaschik, 2015). These difficulties if not resolved lead to emotional disturbances and trigger high level of depression rates among postgraduate student (Jaschik, 2015; Das & Sahoo, 2012).

Depression is common among postgraduate students (Dyrbye, Thomas, & Shanafelt, 2006; Abiodun et al., 2006; Chen, et al. 2013). More than half of postgraduate students in America and Canada were being reported having depression most of the times (Dyrbye et al., 2006). Major Depressive disorder was also seen in 4.0% of Chinese university students (Chen et al., 2013). About 8.3% of Nigerian university students suffered depressive illness (Bola et al., 2006).

Depression is one of the most frequent psychological problem with a prevalence rate of approximately 16.2% across substantial studies in general population (Kessler et al., 2005). The psychosomatic and cognitive symptoms of depression are disturbing globally and disrupt normal life of the people leading to hopelessness and suicidal tendency (Cheadle et al., 2014; APA, 2013). Postgraduate students are a special group of people that are more likely vulnerable to depression (Jaschik, 2015). Various copings strategies were employed to overcome depression. Religious copings proven effective protector against depression (Cheadle et al, 2014; Wu et al, 2012) and Islamic religious coping has been found empirically more effective among its adherents (Meer & Mir, 2014). Some people used religious copping positively, while other used negative coping in resolving their problems.

II. LITERATURE REVIEW

A Study has shown that graduate students suffered different kind of stress and are more prone to depression and anxiety than other (Das & Sahoo, 2012). An email questionnaires were administered to 301 graduate students in one of national study for examining depression and suicide. The result showed that 22% were found to be on medication for depression (Garcia-Williams, Moffit & kaslow, 2014).

A recent report from University of California indicated that 47% PhD candidates and 37% master's degree students experienced depression, while, 64% students from humanity found with higher levels of depression and suicidal ideations (DiClementi, 2015). The same source in another research reported that out of 250 students randomly contacted with depression questionnaires, 8 were actively thinking of suicide and 30 of them were suffering serious depression that need treatment. In a systematically review articles reporting on depression and anxiety among U.S. and Canadian students from published studies between January 1980 and May 2005. Out of 40 articles that meet study criterion, higher percentage of graduate students showed signs of depression (Jaschik, 2015)

It was found in a recent study for the assessment of stress, anxiety and depression among postgraduate students that, out of 300 students randomly selected, 24% had depression, (Rai, Jain, Khatri, Sirohi, & Dixit, 2016). Depression among university students is a well-known problem worldwide. It is a major and a threaten mood disorder in the universities that need serious attention because of its negative consequences on academic performance which can lead to suicide in an extreme case (Rai et al., 2016; Sampson et al., 2014).

Religion has been implicated as a protector against depression across numerous studies (Cheadle et al., 2014; Meer & Mir, 2014; Hamdan, 2008; Sabry & Vohra, 2013). People use religion as a valuable tool and means for dealing with life stress or problems (Hamdan, 2008). It has been shown by many studies that religious beliefs and practices (religious copping) are frequently utilized globally in dealing with depression, improving well-being and coping with daily life stressors (Ridings, 2013; Koenig, 2012; Sabry & Vohra, 2013; Warmerdan et al, 2010; AI et al., 2013; Abu Raiya & Pargament, 2010; Koenig, & AlShohaib, 2014; Keshavarzi, & Haque, 2013; Razali, Aminah & Khan, 2002).

For example, Razali et al. (1998) conducted a research among Malay population on people experiencing depression or anxiety. The participants were randomly assigned to a treatments or control group. The treatment groups include standard drugs treatment. The other group received standard treatment with additional religious-sociocultural psychotherapy based on Islamic beliefs and practices such as prayers, idea of repentance and forgiveness and relying in Allah and supplicating to Him in times of need. The result of the research indicates that individuals who received standard treatment with religious therapy were significantly improved better and fastest compared with the treatment without religious involvements.

Literature also demonstrated that religious coping is effective in reducing levels of depression and that people from Muslim backgrounds are likely to use religious coping techniques in resolving their problems. Behavioral Activation therapy (BA) was used and integrated with Islamic ideas in the treatment of depression among Muslims depressed patients in United Kingdom. The outcome of the study supported the integration of religious teachings within psychological therapies among Muslims population (Meer & Mir, 2014). This result is congruent with the previous findings (Warmerdan et al, 2010; AI et al, 2013; Abu Raiya & Pargament, 2010). Some of the Muslim people show a positive Islamic religious coping in problem solving, while other coped negatively or destructively.

A. POSITIVE RELIGIOUS COPING (PRC)

Positive religious coping (PRC) in the context of this study is referring to a secure relationship with God. It is also a faith that there is a greater meaning to be found in submitting to the destiny as well as having a sense of spiritual relationship with others. Studies have shown that religious coping is effective in reducing depression and people from Muslim backgrounds are more likely to use religious coping techniques. Behavioral Activation therapy (BA) was used and integrated with Islamic ideas in the treatment of depression among Muslims depressed patients in United Kingdom. The outcome of the study supported the integration of religious teachings in therapies protocol among Muslims population (Meer & Mir, 2014). This result is similar with the past research outcomes (Warmerdan et al, 2010; AI et al, 2013; Abu Raiya & Pargament, 2010).

Evidence from various literatures have revealed that positive religious coping plays a valuable role in the lives of Muslims coping with major psychopathologies (Meer & Mir, 2014; Sabry & Vohra, 2013; Abu Raiya et al., 2008; Abu Raiya & Pargament, 2010 Aflakseir & Coleman, 2009; Ai, Peterson, & Huang, 2003; Khan & Watson, 2006). Positive religious coping methods is a mirror to a safe relationship with God, a greater meaning in life, and a sense of divinely links with others (Pargament, Koenig & Perez, 2000).

Studies have shown that higher level of religiousness is positively related to positive religious coping and higher hope in life. Data was collected on psychological trauma during war from the immigrant Muslims population staying in U.S.A that escape from Kosovo war. These data were examined and tested with their coping to the war trauma and found that positive religious coping is positively significant in coping with their stressors among highly religious individuals (Ai et al., 2003; Aflakseir & Coleman, 2009).

According to Khan and Watson (2006) revealed that religious beliefs and practices have been utilized as a coping mechanism against depression and anxiety to the sample of University students in Pakistan. Higher levels of religious motivation negatively related with lower levels of depression (Abu Raiya et al., 2008; Carter & Rashidi, 2010). Other literature revealed that the higher level of Islamic positive religious coping is regularly and powerfully linked to higher levels of positive health status and is related to lower levels of negative well-being and depression (Abu Raiya et al., 2008; Abu Raiya & Rashidi, 2010).

Muslims performed different methods to adjust or cope with life problems. These methods includes believing in

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destiny, considering that problem is a test from God to deepen faiths, putting trust and believing that only God can solve problem and no problem exist in the world without solution. Others ways of Islamic coping involve Islamic practices like recitation of Holy Qur'an, supplications, prayers and given charity and love to relatives and one another (Hamdan, 2008; Abu Raiya, 2010; Carte & Pargament, 2008; Abu Raiya, 2005).

B. NEGATIVE RELIGIOUS COPING (NRC)

While positive religious coping has been found to be a source of relief, support and care, it is also argued as a sources of worry when it becomes negative as religious struggles. Negative religious coping (NRC) or negative religious struggles can be referred to as an expressions of conflict, questioning and doubting about the issues of beliefs, God and anything associated with the matters of religion (Pargament, 2007; McConnell et al., 2006). Three types of religious struggle exist which includes divine, intrapsychic, and interpersonal (Abu Raiya Pargament, 2010). Divine struggles refer to tension in the individual's relationship with the divine. This tension might be manifested in questions about the benevolence and power of God, feelings of divine abandonment and anger toward God. Intrapsychic religious struggles are characterized by questions and doubts about religious beliefs and issues, such as the belief in the afterlife, and conflicts between religious teachings and human impulses and appetites. Interpersonal religious struggles include religiously-related conflicts with family, friends, and institutions.

Study has shown a cause and effect relationship between and depression and religion (Tamin & Hamdan & Tamim, 2011). Struggling with bundles of academic tasks increases the vulnerability of students to depression. More also, depression lowers the individual to cope with higher academic stress and daily conflicts which at the end may worsen the depressive symptoms. The sources of depression among male and female might be quite different from each other. It is not known for sure if depression affects postgraduate men and women students differently. It is assumed by this study that since the two genders usually function in different social settings, together incline to develop different emotional or mood problem due individual difference. Therefore, their reactions and coping mechanisms to depression and other emotional problem differ as well.

Islam is the second largest and fastest growing religion worldwide with higher rate of emotional problems like anxiety and depression, but very few empirical studies were carried out among this faith (Koenig, & AlShohaib, 2014). Research on Islamic religious coping among postgraduate Muslims student is lacking. This study examined the relationship between positive Islamic religious copings (PRC), negative Islamic religious copping (NRC) and depression and the effects of gender on these constructs among postgraduate students in University Utara Malaysia.

III. METHOD

A purposeful sampling technique was employed in selecting the participants of the study. This is because the items in the questionnaire are more appropriate to Muslim. The participants were 53 doctorate and masters students from various post graduate departments of University Utara Malaysia. Out of the 53 sample, 29 were male and 24 female.

A. INSTRUMENTS

a. CENTER FOR EPIDEMIOLOGICAL DEPRESSION SCALE (CES-D)

The depressive symptoms were measured by Center for Epidemiological Depression Scale (CES-D; Radolf, 1975) which has 20 items ranked on 4-Linkert scale from 0(R = Rarely), 1(S=Sometimes), 2(M=moderately number of time) and 4(MT = most of the times). Example of the items are 'I was bothered by the things that usually don't bother", I felt fearful". The CES-D scale has high internal consistency, test-retest reliability of 90% among patients population and 85% in general population (Radolf, 1975). The Cronbach's Alpha coefficient in this study is 92%. Scores range from 0 to 60, with high scores indicating greater depressive symptoms. The optimal cut-off scores varied between 18 and 22. In this study a cut-off scores from 18-25 indicates mild depression, 25-40 moderate depression and from 40 and above severe depression

b. PSYCHOLOGICAL MEASURE OF ISLAMIC RELIGIOUSNESS (PMIR)

Positive religious copping (PRC) and negative religious copping (NRC) were measured by psychological measure of Islamic religiousness (PMIR; Abu Raiya, 2008) which has 7 items in positive religious copping and 6 items for the negative religious copping. The 7 items in Positive religious copping (PRC) ranked on 4-Linkert scale from 1(I do not do this at all), 2 (I do this a little), 3 (I do this medium amount) and 4 (I do this a lot). Example of the items is when I face a problem I look for a stronger connection with Allah" or I seek Allah's care. Higher scores reflect more of the construct indicating higher positive religious copping. The Cronbach's alpha coefficient of the construct in this research is 76%. The 6 items of negative religious coping (NRC) ranked on 5-Linkert scale from 0 (never), 1 (rarely), 2 (sometimes), 3 (often), and 4 (very often). Example of the items is "when I face a problem I find myself doubting the existence of Allah. Similarly, higher scores reflect more of the construct indicating higher negative religious copping. The Cronbach's alpha coefficient of the construct in this study is 85%.

c. PROCEDURE

The participants were screened for depression using CES-D and 53 met the cutoff point of depression. As indicated earlier, post graduate students from the three faculties of the university were purposely sampled and selected for data collection. These faculties are: college of arts and sciences, college of business and college of law Government and

international studies. The confidence of the participants was secured through establishing good understanding between the participants and the researcher. The manner of completing each part of the questionnaires were sufficiently explained and attention was taken to make sure that the questionnaires were properly filled and returned.

The questionnaires were administered individually and the participants were instructed to tick on the appropriate box. Each respondent was required to respond to each item in the questionnaire freely and they were free to ask for clarification on what is not clear. The returned and useful questionnaires were 53. Among the returned questionnaire, 29 were male and 24 were female. Privacy and research ethics were strictly adhered. Descriptive statistics was employed for the categorical demographic variables, regression analysis was used in sorting out relationship between positive religious copping (PRC), negative religious copping (NRC) and depression. Analysis of variance (ANOVA) was also used in finding out the effects of gender on depression, positive religious coping and negative religious copings. All via SPSS version 20.

IV. RESULT

Constructs	Gender	N	Mean	SD
	Male	29	1.686	.5256
Depression (DP)	Female	24	1.996	.5162
	Total	53	1.826	.5393
	Male	29	2.634	.5867
Positive religious coping (PRC)	Female	24	2.201	.6903
	Total	53	2.437	.6659
	Male	29	1.612	.7011
Negative religious coping	Female	24	1.696	.6998
	Total	53	1.650	.6950

Table 4.1: Gender Descriptive Statistics for the constructs

Table 4.1 shows the depression mean score for female is higher (1.996) as compared to the mean score of the male (1.686). So based on this, female are more depressed than female. The mean score of male in positive religious copping (2.634) is higher as compared to the mean score of female (2.201). As such, male showed more positive religious copping against depression than their female counterpart. The female mean score of (1.696) in negative religious copping is higher compared to the mean score of male (1.612). Male showed less negative religious copping than the female as the result indicated.

Multiple regression analysis was conducted in determining the relationship between positive religious copping, negative religious copping and depression. The results as indicated in table 4.2 with predictors that were significant (0.000), R = .703, R^2 =.494, Adj. R^2 =.473, F-Change = 24.365. The multiple correlation coefficients between the predictors and the criterion variable was .703. The predictor accounted for 49.4% of the variance in depression. Based on the Cohen (1988) classification of R^2, this study has a substantial value of R^2 49.4%. The significant F-test shows that the relationship (24.365, p<0.001) signified the overall significant prediction of independent variables to the dependent variable. Among the two predicting variables PRC is the variable that best predict the criterion with the value (ß = -.489, t = -4.759, p<0.001), then the NRC with a value (ß = .323, t = 4.057, p<0.001).

Constructs	B	Coefficient Beta	T	Sig.
Depression				
PRC	-.396	-.489	-4.759	0.000
NRC	.323	.417	4.057	0.000
R	**R^2**	**Adj. R^2**	**R^2 Change**	**F-Change**
.703	.494	.473	.494	24.365

NB: PRC – positive religious coping, NRC- negative religious coping.

Table 4.2: multiple regression results between PRC, NRC and Depression

Table 4.2 revealed that there exist a significant negative relationship between positive religious copping and depression. The correlation coefficient between depression and positive religious copping is 0.000. The obtained correlation of coefficient is significant at the 0.01 level of significance. So, as the level of PRC increases, then the level of depression decreases among post graduate students. High level of PRC is related with low level of depression. A student with high level of depression has low positive religious copping as shown by this study. However, the research showed a significant positive relationship between negative religious copping and depression. Therefore, as the level of NRC increases so as depression increases among postgraduate student. High level of PRC is related with low level of depression. A student with high level of depression has a low negative religious copping as shown by this study.

Table 4.3 showed that the effect of gender upon depression is significant, F (1, 51) =4.631, p=.036. So there is difference between post graduate male and female students with regard to their score on depression. There exist a significant difference between post graduate male and post graduate female with regard to their scores on depression. Post graduate females are more depressed (Mean= 1.996) than males students (Mean= 1.686). As such, post graduate female experience high level of depression than the male students in this study.

Variables	Sources of variation	Sum of squares	df	Mean of squares	F	Sig
DP	between group	1.26	1	1.26	4.63	.036
	within group	13.86	51	.27		.017
	Total	15.12	52			
PRC	between group	2.46	1	2.46	6.09	0.17
	within group	20.59	51	.40		
	total	20.06	52			
NRC	Between group	.092	1	.09	.187	.667
	Within group	25.03	51	.49		
	total	25.12	52			

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Table 4.3: Effect of Gender on Depression, Positive religious coping and Negative religious coping

Similarly, the effect of gender upon positive religious coping (PRC) is significant, F (1, 51) = 6.095, p=.017. There exist a significant difference between post graduate male and post graduate female with regard to their scores on positive religious coping. Post graduate males showed more or better positive religious coping (Mean= 2.634) than females students (Mean= 2.201). Based on this research result, post graduate male students have a high level of positive Islamic religious coping against depression than the male students.

Contrarily, the effect of gender on negative religious coping was not significant, F (1, 51) = .187, p=.667. So there is no difference between post graduate male and female students with regard to their score on negative Islamic religious coping. However, the mean score in negative Islamic religious coping by females postgraduate student (Mean = 1.696) was higher than the male postgraduate student (mean = 1.6.12). Though insignificance, the female students exhibited more negative religious coping in the mean scores than the male student, hence the reason for their higher score in depression.

V. DISCUSSION

MAJOR FINDINGS

- ✓ There is a negative significant relationship between positive religious coping and depression.
- ✓ There is a positive significant relationship between negative religious coping and depression.
- ✓ Female postgraduate students are more depressed than male student in this study.
- ✓ Male post graduate students showed more positive religious coping than female.
- ✓ Female postgraduate students showed more negative religious coping that the male students.

The negative relationship between depression and positive religious coping indicates that postgraduates student with low positive religious coping are more likely to suffer depression and when the positive religious coping increases, there is less likelihood of the students to suffer depression. This is in line with the previous findings (Meer & Mir, 2014; Cheadle et al, 2014; Man et al., 2008; Ai et al., 2003; Aflakseir & Coleman, 2009). These studies reported that depression decreases as a result of increased in positive religious coping and increase with negative religious coping. Post graduate female are more depressed than post graduate females. Female post graduate students are more depressed as compared to male postgraduate students. The negative relationship between positive religious coping and depression indicates that as positive religious coping increases the level of depression decreases, while the positive relationship between negative religious copings and depression indicates that as negative religious coping increases so as the depression increases as well.

The result of this research confirmed this statement, where the female that scored higher in depression have low scores in positive religious coping and high in negative religious copings while the male that scored low in depression have high scores in positive religious coping and less in negative religious copings. This supports the assertion made by the Eastern Asian model of psychotherapy which asserts that positive religious coping decreases mental illness (Carter & Rashid, 2003). The result also tallied with the idea of cognitive model of depression which stated that depression occurs as a result of negative interpretation of events (Beck & Rush, 1979)

Usually men sufficiently handle stigma associated with depression better than women who are handling their own by crying or in regression way. They are more likely to deal with their symptoms with by pretending and rejection of stress of conflicts engaged in other risky behavior like smoking, intoxication or behavior like exercise or recitations of Holy books. Majority of men hide to their friends and family about their depressive symptoms thereby going undetected. Similarly, male failure to recognize depression and neglecting its signs and symptoms as well as their withstanding against fatigue and stress were some of the reasons behind delay in diagnosing their depression. Men in Muslim society are encouraged to be strong in practicing perseverance rather than easily turning to weakness and are brought up to particularly put their faith in God in identifying and treating their problems like depression. Depression in men often can be traced to societal and cultural weakness which contributed in their rejection of depression. Men are expected to be successful and restraint in their emotional instability as well as to be in control of problems. These societal expectations cover some of the actual depressive symptoms.

Post graduate female students experience more depression. This may be as a result of their weakness for easy reporting their emotional problem contrary to the male where they hide their depressive symptoms. They also seek emotional support from friends and family members immediately when facing a problem. Secondly, the male scored less in negative religious coping and high positive religious coping to depression as indicated by the study's result signifying their more likely hood for resisting depression. The cognitive behavioral model and Easter Asian model of psychotherapy proposed that negative response and negative view of events are ingredient to depression (Beck & Rush, 1979; Cater & Rashidi, 2003). Female were found more depressed compared to male postgraduate students. This may be as a result of their ineffective positive religious coping. This is in line with the previous studies which reported that, positive religious coping response to problem and positive religiosity is inversely and are protectives to depression (Cheadle et al., 2014; Mann et al., 2008).

A. LIMITATION AND SUGGESTION FOR FURTHER STUDY

Gender as a factor does not influence the level of negative religious coping but rather has influenced in depression and positive religious coping among male and female students. The study was only restricted to the factor of gender and Islamic beliefs and practices. Attempt should be made to include construct like intelligence along with gender with another religious beliefs to know the difference between male and female students with regard to depression and religious

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coping among the entire university students both post and undergraduate students.

B. IMPLICATION AND RECOMMENDATION

It is important to break the silence and to bring to public attention the problem of student depression. The larger issue of lack of resources on some campuses needs to be addressed urgently. University administrators and counselors should focus on developing mental health or psychotherapy center for helping all students with mental illness. University students in general and graduate students in particular are needed to be motivated in looking for assistant to their problems.

C. CONCLUSION

The study will increase awareness and knowledge of depression among postgraduate students and their various authorities. Positive religious coping will be utilized by the mental health professionals or counsellors to overcome depression among students. This research is vital and instrumental for helping Muslims student to draw on Islamic positive religious coping to deal with depression and other psychological stressors.

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