

Life Satisfaction and General Health of Elderly Muslims Practicing Regular Collective Religious Prayer

Wakeel Ahmad^{1*}, Mohammad Ghufra²

ABSTRACT

The present study examined the impact of five times regularly performed religious practices on and life satisfaction and general health (somatic symptoms, anxiety/insomnia, social dysfunction, and severe depression) among old age Muslims. For this purpose 100 old age subjects belonging to Muslim religious community, age ranging from 65 to 75 years, who reported to perform the religious prayers (Salat) in the mosque collectively five times a day and 100 Muslim subjects of the same age who were not regular at such religious congregation were selected. They were administered a general health questionnaire and life satisfaction scale. In order to find out the significance of the difference between the two comparisons groups, a t-test was used. The results revealed significantly greater life satisfaction, and lesser general health problems like hypochondria, anxiety/insomnia, social dysfunction, and severe depression for subjects who were regular at collective religious prayers than for those subjects who were not attending the collective prayers regularly. Thus the regular participation in the collective religious practices emerged as the factor that may enhance the life satisfaction of old age people, whereas the nonparticipation in collective religious practices may cause to develop somatic symptoms, feel more anxiety/insomnia, cause social impairment and lead experience severe depression in the old age.

Keywords: *Religious Prayer, Life Satisfaction, General Health, Muslims, Senior Citizen*

Religion and spirituality are most of the time used interchangeably, although they have quite different meanings (Miller & Thorensen, 2003). Spirituality is defined in individual terms, characterized by experiences involving meaning, connectedness, and transcendence, whereas religion is defined in communal terms, characterized by institutionalized practices and beliefs, membership and modes of organization (Thorensen, 2003). Thus, whereas spirituality is understood at the level of the individual, religion is more of a social phenomenon, and as such is included in the more overarching concept of spirituality. Religion can also be

¹ (Research Scholar, Department of Psychology, Kumaun University Campus, Almora Uttarakhand India)

² (Professor Dept. of Psychology, Kumaun University, Campus Almora Uttarakhand India)

*Responding Author

Received: August 21, 2018; Revision Received: September 15, 2018; Accepted: October 18, 2018

Life Satisfaction and General Health of Elderly Muslims Practicing Regular Collective Religious Prayer

conceptualized as religiousness, as an individual phenomenon, characterized by the adherence of an individual to specific beliefs and practices (Miller & Thorensen, 2003).

The term religiosity refers to religious faiths. It indicates the degree to which a person may be identified as religious. Webster Universal Dictionary (1971) defines religiosity as a state, quality of being religious, the emotional zeal of religion. Religiosity means faith in a power beyond himself whereby the individual seeks to satisfy the demands of life and which he expresses in acts of worship and service. Greetz (1968) explaining religiosity from a psychological perspective, asserts that the simple emotional theory of awe and confidence have been extremely popular. These theories begin with the notion of man's inward sense of weakness and especially of his fear of disease, of death, of ill fortune of all kinds, and see religious practices as designated to quiet such fears, either by explaining them away, as in the doctrine of life after death, or by claiming to link the individual to external sources of strength, as in prayers. In other words, the man turns to religion because of his weakness and the awe of cosmic forces. Gail (1974) states that individual in the middle year of life begins the gradual process of coming to terms with the inevitability of his or her own death, an event that earlier had seemed impossibly distant. This awareness of death probably makes the person turn towards religion for consolation and emotional security.

Over the past two decades, a growing body of research literature has documented the salutary effects of religious involvement on a broad array on mental health, ranging from indicators of subjective well-being (e.g. life satisfaction) to measure of dysphoria (e.g. psychological distress), to diagnostic indicators of psychiatric illness (e.g. major depression, generalized anxiety disorder) (Ellison, 2008). Researches in this area have conceptualized and measured religion in many different ways. However, by far the most common approaches centered on self-reported religious behaviours. Investigators typically distinguish between aspects of organizational religious involvement (e.g. frequency of attendance at religious services) and non-organizational services (e.g. frequency of private prayers).

In the review of the literature provided in the Handbook of Religion and Health (2001), Koenig et al. identify literally hundreds of empirical studies that report associations between some measures of organizational religious involvement and some dimension(s) of mental health. Krause (2003) examined the relationship between religious meaning and subjective well-being. The findings suggest that older adults who derive a sense of meaning in life from religion tend to have higher levels of life satisfaction, self-esteem, and optimism. Barkan and Greenwood (2003) observed that religious attendance is positively associated with subjective well-being among adults aged 65 and older. Ellison et al. (2001) found that church attendance had a consistent beneficial effect even with controls for a wide range of sociodemographic and psychosocial covariates. A study conducted by Fry (2000) revealed that personal meaning, involvement in formal religion, participation in spiritual practices, the importance of religion, sense of inner peace with self, and accessibility to religious resources were significant predictors of well-being. Mac Kenzie et al. (2000) revealed that many expressed

Life Satisfaction and General Health of Elderly Muslims Practicing Regular Collective Religious Prayer

the belief that having a relationship with God forms the foundation of their psychological well-being. Brady et al. (1999) found that religiousness buffered the relationship between physical well-being and overall quality of life.

Why we might expect for organizational religiousness to be linked with desirable mental health outcomes? According to Bradley, (1995) religious congregations provide fertile ground for social integration and friendship formation, because these organizations bring together persons (a) with shared beliefs, interests, and worldviews, (b) who participate by choice, (c) who do so on a regular basis, usually with a number of opportunities for involvement within any given week, (d) that activities that are imbued with special (i.e. sacred) meaning. In addition, congregations offer a vibrant system of social exchange and support. Individuals can obtain a range of types of assistance, including tangible aid (i.e. goods and services), socio-emotional support (comfort and companionship), and information (about services and opportunities). These types of assistance can be provided on a casual basis by fellow members or through more formal programmes aimed at serving particular segments of the congregation (Krause, 2008). Of course, it would be possible to obtain these types of support from other sources outside the congregation. But faith communities can also deliver spiritual support. This uniquely religious form of support may consist of (a) guidance that assists fellow believers in living out the precepts of their religion more faithfully and successfully, or (b) advice on how to apply religious ideas to daily life (Krause et. al, 2001).

Many individuals may experience worship experiences as emotionally uplifting and spiritually satisfying. Believers may be touched by many different aspects of worship, very few of which have been the focus of careful empirical research (Gritzmacher, Bolton and Dana, 1988). Worship services vary widely in content and style; these differences are apparent in the theological message, preaching style, emotionalism, sacramentalism, and in many other dimensions. In addition, congregations vary in physical structure and appearance, which may affect the personal experience in ways that are poorly understood. Nevertheless, religious services unite many diverse individuals in a common purpose, focusing their attention on the sacred. Participation in such activities with others may build excitement and solidarity among members, and may also affirm and strengthen the religious meaning system, or "plausibility structures," of individuals (Berger, 1967).

METHOD

Sample:

A sample of the present investigation consisted of 200 senior citizens belonging to the Muslim community. Out of 200 subjects, 100 subjects were those old age men who offer prayer five times daily in the mosque collectively and 100 subjects were those old age men who do not offer the regular collective prayers.

Design

A between-group design was used in the research. In this, the variable Regular Religious Prayers (Salah) consisted of two groups of two groups, i.e., who offer prayer five times regularly and the subjects who were not regular in offering prayer five times daily.

Life Satisfaction and General Health of Elderly Muslims Practicing Regular Collective Religious Prayer

Instrument:

Two measures were used in this study,

1. **Life Satisfaction:** Satisfaction with life was measured in terms of responses to four items. For three of these items, respondents were asked their agreement/ disagreement with the following items: (a) these are the best years of my life. (b) As I look back my life, I am fairly well satisfied. (c) I would not change the past even if I could. Response Category ranged from (1) strongly disagree to (4) strongly agree. A fourth item asked: Now please think about your life as a whole. How satisfied are you with it? Responses to this item were coded (1) not very satisfied or not satisfied at all to (4) completely satisfied. Thus the range of score on the scale is 4 to 16. In order to assess test-retest reliability the four items scale was administered on a sample of 230 and after a gap of one and half months, the scale was again administered on the same sample. Test-retest reliability with an interval of one and half months was obtained as 0.82. In order to determine the validity of life satisfaction scale the four-item life satisfaction scale and 5 items, Diener's Satisfaction with life scale was administered by the investigator on 230 adult subjects and coefficient of correlation was calculated between two sets of the score. The obtained coefficient of correlation was 0.76

2. **General Health Questionnaire:** The General Health Questionnaire (GHQ-28) developed by Goldberg (1978) was used to measure the health-related problems experienced by the subjects. This twenty-eight items scale is divided into four subscales. These are somatic symptoms, anxiety/insomnia, social dysfunctions, and severe depression. Numerous studies have investigated the reliability and validity of the GHQ-28 in various clinical populations. Test-retest reliability has been reported to be high (0.78 to 0.90), (Robinson and Price, 1982), and inter-rater and intra-rater reliability have been shown to be excellent (Cronbach's α - 0.90 to 0.95), (Failde and Ramos, 2000). The GHQ-28 correlates well with the Hospital Depression and Anxiety Scale (Sakakibara et.al., 2009) and other measures of depression (Robinson and Price, 1982).

Procedure:

All the subjects included in the sample were contacted individually and their responses were taken on life satisfaction, and GHQ-28. They were assured that their responses would be kept confidential.

RESULTS

The mean scores on life satisfaction, four sub-scales of GHQ-28 of two groups of subjects were obtained and t-values were calculated in order to find out the significance of the difference between their means.

Life Satisfaction and General Health of Elderly Muslims Practicing Regular Collective Religious Prayer

Table: Mean SD and t-value two groups of subjects for life satisfaction, somatic symptoms, anxiety/insomnia, social dysfunctions, and severe depression

Measures	Ss offering regular prayers			Ss not offering regular prayers			t-values
	N	M	SD	N	M	SD	
Life satisfaction	100	11.66	3.42	100	9.35	3.28	4.81**
Hypochondriasis	100	2.55	1.05	100	3.15	1.29	3.59**
Anxiety/Insomnia	100	3.23	1.20	100	3.96	1.19	4.57**
Social dysfunction	100	3.09	1.18	100	3.51	1.25	2.38*
Severe depression	100	3.40	1.16	100	4.42	1.29	5.89**

As evident from the above table that the mean life satisfaction score of old age subjects participating in organizational prayers regularly five times a day was 11.36 and the mean life satisfaction score of subjects who do not participate in such collective prayers was 9.53. The difference between the two means was significant beyond 0.01 level of confidence ($t = 4.35, p < 0.01$).

The mean hypochondriasis score of old age subjects participating in organizational prayers regularly five times a day was 2.55 and the mean life satisfaction score of subjects who do not participate in such collective prayers was 3.15. The difference between the two means was significant beyond 0.01 level of confidence ($t = 3.59, p < 0.01$).

Similarly, the mean anxiety/insomnia score of old age subjects participating in collective religious prayers regularly five times a day was 3.23 and the mean well-being score of subjects who do not participate in such religious prayers was 3.96. The difference between the two means was significant at 0.01 level of confidence ($t = 4.57, p < 0.01$).

The mean social dysfunction score of old age subjects participating in organizational prayers regularly five times a day was 3.09 and the mean life satisfaction score of subjects who do not participate in such collective prayers was 3.51. The difference between the two means was significant beyond 0.05 level of confidence ($t = 2.38, p < 0.05$). Similarly, the mean score of old age subjects participating in collective religious prayers regularly five times a day on severe depression scale was 3.40 and the mean score of subjects who do not participate in such religious prayers was on the same scale was 4.42. The difference between the two means was significant at 0.01 level of confidence ($t = 5.89; < 0.01$).

DISCUSSION

The result shown in the table reveals that old age people regular in performing the collective prayer of Salah five times a day were significantly more satisfied with their lives as compared to those old age people who do not participate in such religious congregation. Results presented in the same table further shows that old age people offering collective prayer Salah five times a day showed less somatic symptoms (hypochondriasis) than those old age people who do not offer prayer five times a day regularly. Hypochondriasis refers to worry about

Life Satisfaction and General Health of Elderly Muslims Practicing Regular Collective Religious Prayer

having a serious illness. It is an overwhelming fear of having a serious disease, even though health care providers can find no evidence of illness. People with hypochondriasis misinterpret normal body sensations as signs of serious illness. This result of the study suggests that people offering Salah prayer regularly five times a day feel themselves perfectly well and in good health, and are less worry about their health in comparison to those old age people who do not participate in such collective religious prayer.

In the same manner, the results indicate that the t-value for the difference between the mean anxiety/insomnia score of the people attending the collective prayers of Salah regularly and the mean anxiety/insomnia score of the people not appearing in such prayers was statistically significant at 0.01 level of confidence. The mean anxiety/insomnia score of old age people participating in the collective prayers five times a day was less than the old age people who were unable to do so, indicating that old age people who failed to take participation in collective prayer regularly are more likely to develop anxiety and insomnia. They felt constantly under strain and found everything getting on top of them. They had difficulty staying asleep once they are off. The results of the study further indicate that old age people offering Salah regularly and old age people who do not offer Salah differ significantly on social dysfunction. People who are not regular in taking the participation in the collective religious congregation are more likely to experience social impairment.

Prayer is an act of submission to the Supreme Creator Allah and is expressed in a specific and well defined physical act embodying the spirit. This act of worship is ordained upon all Muslims as a duty. While the prescribed five daily prayers are mandatory on all individuals of post-puberty as commanded in the Holy Book “Verily, Salah is an obligation on the believers to be observed at its appointed time.” (Qur’an 4:103), voluntary prayers in excess of the above are highly encouraged and are recommended as a means of turning to the divine help at times of personal grief and distress. During the prayer, Zikr, meaning meditation is done. Zikr is the act of remembering Allah to glorify Him and remain thankful for His mercy and beneficence. Through this, the Muslim individual seeks closeness to the Creator and attains inner peace and tranquility Allah knows best His creation and thus says in the Qur’an “Truly, the man was created very impatient, irritable when evil touches him and niggardly when good reaches ches him. Except for those devoted to prayer those who remain constant in their prayers...” (70:19-23). Several studies on the impact of prayer on mental health reports illustrate the positive outcome in the individuals exhibiting pathological symptoms such as tension, anxiety, depression and anti-social tendencies (Abdullah, Ismail, Ahmad, Hassan, 2012). These studies have highlighted the efficacy of Salah as a cure to mental distress when followed in the correct form and measure. Since Salah is an act of submission to Allah, the believer puts his/her total unconditional faith in the Lord and pleads for acceptance of the prayer and grant him/her remission from the condition of ill health, irrespective of its nature. Studies have proven that non-Muslim participants merely going through the physical movements of Salah also showed appreciable results from the exercise (Doufesh, Faisal, Lim, Ibrahim, 2012). This observation is of significance for a comparative analysis of similar approaches from other religious practices.

Life Satisfaction and General Health of Elderly Muslims Practicing Regular Collective Religious Prayer

In order to understand the positive impact of offering Salah prayer on the life satisfaction and health one has to consider the major acts performed during the Salah and physical and mental benefit drawn from these acts. After washing the hands, face, and feet, Salah is performed in a sequence of standing, bowing, prostrating, and kneeling, accompanied by prescribed verbal affirmations and lines from the Qur'an selected and recited by the individual. The prayer is understood to be invalid without a mindful witnessing of the presence of God. It is important to inspect the act of Salat in close detail as each of the positions and moves hold significance to the person offering prayer both from physiological and psychological points of view.

Any act of worship in Islam requires the devotee to make an intention and perform physical cleansing and ready himself spiritually. The term Wudu broadly translates to ablution which Muslims perform before the Salah by washing their hands, face, and feet in a specific order. This in itself is an act of worship since it preconditions the person to perform a serious and sacred duty. The Prophet (PBUH) has said that Wudu does not only clean the person physically but also washes off his sins committed by the washed parts through the dripping water. Before every mandatory Salah or when one intends to recite the Holy Qur'an, the Muslim performs Wudu and thereby maintains a high level of physical cleanliness and spiritual purity. The mind is put to rest from worldly distractions and stress as the act of ablution conditions the psyche to focus singularly on the act of obedience and submission to His will. By commencing the Salah with a clean body and clear intention the worshiper enters into a state of mind appropriate to communicate with Allah. This is an exclusive act performed at least five times by the Muslims and has scientifically been noted to relax the mind and reduce stress levels as the spirituality overtakes any worldly concern.

After the ablution, the person offering the prayer makes a silent expression of intention to perform the prayer and then raises his hands to the level of his ears and utters 'Allah is the Greatest' and folds his hands above the navel or over the chest. During this brief standing of a few minutes, the opening chapter of the Holy Qur'an followed by any other verses from the holy book in Arabic is peacefully recited either silently or aloud depending upon the time of the prayer. Focusing on the recitation and contemplation over the meaning is known to soothe the believer's senses. In this serene atmosphere, the worshiper standing before Allah is supplicating for his guidance. During this part of Salah, known as Qiyam, Body feels relieved of weight owing to even distribution on both feet. Straightening back improves posture. The mind is brought under control of intellect. Vision is sharpened by focusing upon the floor, where the head will prostrate. Muscles of upper and lower back are loosened. Higher and lower centers of the brain are united to form singleness of purpose.

The second movement is that of bowing with hands rested on the knees and the back held straight for a few seconds enough to utter the supplication glorifying Allah for at least three times and the person rises back to erect posture. In these few seconds, the worshiper's back and head are held flat, perpendicular to the legs. During this act of bending at the waist,

Life Satisfaction and General Health of Elderly Muslims Practicing Regular Collective Religious Prayer

known as Ruku the muscles of the lower back, thighs, and calves are fully stretched. Blood is pumped into the upper torso. Muscles of stomach, abdomen, and kidneys are toned. Over time, this posture improves the personality, generating sweet kindness and inner harmony. After completing it they rise to stand while reciting "Sam'i Allahu liman hamidah, Rabbana wa lakal hamd" (God hears those who call upon Him; Our Lord, praise be to You). During this rising from rukū called Qauma, the fresh blood moved up into torso in the previous posture returns to its original state, carrying away toxins. Body regains relaxation and releases tension. After Qauma the person offering prayer, saying "Allahu Akbar." goes down on his knees and rests his hands and forehead on the ground in prostration and recites three times "Subhana Rabbiyal A'ala" (Glory be to my Lord, the Highest). This is known as Sajdah. This is the most cherished position of all in Salah. In this uniquely Islamic act that a human performs in front of Allah, the Muslim is nearest to The Almighty.

In a Hadith, the Messenger of Allah (PBUH) said: "the nearest a servant comes to his Lord is when he is prostrating himself, so make supplication (in this state)" (Saheeh Bukhari). The psychological advantage of realizing that one is in a physical posture best liked by the Lord and that his supplications will be answered; besides the humility attained in the act of stooping to the lowest bodily position is incomparable. The sublime supremacy of Sujood (in plural) is evident in the fact that this position has been referred to over 90 times in the Holy Qur'an. Arrogance and egoistic tendencies not only take a severe beating at this moment but also relieve stress and anxiety arising from worldly concerns. A few moments later he rises to sit on his legs and repeats the prostration. In this position, knees form a right angle and allow stomach muscles to develop and prevents the growth of flabbiness in the midsection. It increases the flow of blood into upper regions of the body, especially the head (including eyes, ears, and nose) and lungs; allows mental toxins to be cleansed by blood. It helps in reducing high blood pressure, increasing the elasticity of joints. Prostration on ground annihilates egotism and vanity and increases patience and reliance upon God. It also increases spiritual stations and produces high psychic energy throughout the body. This posture of supreme submission and humility is the essence of worship. After doing this they rise to a sitting position, saying "Allahu Akbar." Prostrate again in the same manner. Assuming the sitting position after Sajdah is known as Quūd. For men, the heel of the right foot is curled up and the weight of the leg and part of the body rests upon it. This aids detoxification of the liver and stimulates peristaltic action of the large intestine. Women keep both feet, soles up, underneath their bodies. The body returns to even greater relaxation, and the posture assists digestion by forcing the contents of the stomach downward. Repetition of the deep prostration within a few seconds cleanses the respiratory, circulatory, and nervous systems. Gives experience of the lightness of body and emotional happiness. Oxygenation of the entire body is accomplished.

Religion is fundamentally concerned with articulating meanings of human experience (Kazdin, 2000). Religious beliefs and practices may provide a sense of well-being through guidance, a sense of right and wrong and a connection to God. Moreover, belief in God helps

Life Satisfaction and General Health of Elderly Muslims Practicing Regular Collective Religious Prayer

people in relieving their tensions. Pargament (1997) noted religion as a search for significance in ways that are related to sacred. So a believer may interpret the self and the universe in the light of his or her religious beliefs and that may help to experience a greater level of subjective well being. Many people get religious support from their involvement in various religious practices and some have referred this kind of religious support as sacred experience (Emmons, 1999). People often derive emotional support from their religious practices. Fiala, Bjorck, & Gorsuch (2002) have reported that religious support has been associated with lower levels of depression and more positive affect or life satisfaction. The results of the present study are in agreements with these studies. Spirituality attributes non-physical dimensions to our existence. Moreover, the emotional content of the spiritual responses— feelings of connection, significance, serenity, and acceptance – may provide greater subjective well-being to the individual. Moreover, within a spiritual perspective, many aspects of life can be perceived as sacred insignificance and character, and the sense of sacredness may represent an important source of happiness, life satisfaction, and subjective well-being. Levin et al. (1999) also found a positive association between spirituality and quality of life.

Thus the participation in the collective religious practices emerged as the factor that may enhance the life satisfaction and reduces somatic symptoms, anxiety, insomnia, severe depression, and social impairment. As it has been said that religious congregations provide fertile ground for social interaction and friendship formation because these organizations bring together persons with shared beliefs, interests, and worldviews and also activities that are imbued with special (i.e. sacred) meaning. In addition, congregations offer a vibrant system of social exchange and support. Individuals can obtain a range of types of assistance, including tangible aid (i.e. goods and services), socio-emotional support (comfort and companionship), and information (about services and opportunities). This uniquely religious form of support may foster the feeling of psychological well-being and health. Religious congregations may promote positively reflected appraisals due to several widespread characteristics of shared norms of kindness and civility, distinctive rhetorical expressions of caring and solidarity; and alternative criteria for evaluating the worth of individuals (e.g. morality and faith, rather than wealth and status). In addition, congregational involvement may provide opportunities for individuals to cultivate learned competencies and skills, such as working and socializing with others, public speaking, teaching others, which may lead to enhanced self-confidence and feeling of personal mastery. Such favorable self-perceptions may cause to enhance the sense of life satisfaction and psychological health in their own right.

Devotional activities such as prayer may be experienced as direct communication to the Divine and may be practiced as part of an ongoing dialogue or relationship with God. Believers seek to engage God regularly through prayer for insight, guidance, and solace. Moreover, prayer and other religious practices may assist individuals in cultivating a spiritual narrative and meaning system, via which may gain a sense of coherence and orderliness

Life Satisfaction and General Health of Elderly Muslims Practicing Regular Collective Religious Prayer

(Idler and George, 1998). Religious frameworks may be helpful for individuals in interpreting and assigning significance of the events of their lives - daily affairs, personal challenges, and major traumas a like (Pargament, Smith, Koenig, and Perez, 1998, 2000). Further, these religious practices may involve (indeed, may require) establishing a routine of discipline, e.g. setting aside regular times of the day and night for prayer and recitation of Quran. In pursuing these activities, believers may seek quiet solitude, without distractions, and they may experience states of physiological and mental calm. These factors may also contribute to life satisfaction and psychological health. In addition to this, through prayer (perhaps augmented by the recitation of Quranic verses or other devotional acts) individual may perceive that they enjoy a unique relationship with the most powerful Entity of the universe, who loves and cares for them and intervenes directly in their lives. This perspective may confer valuable feelings of well-being and life satisfaction. Thus offering prayers five times daily brings not only physical and mental benefits but also causes the spiritual benefits, for the good of the souls and this act of worship brings the person closer to God and thus benefit him in all aspects of his life

REFERENCES

- Abdullah, CH, Ismail HN, Ahmad NS, Hissan WS. (2012). Genaralized anxiety disorder (GAD) from Islamic and Western perspectives. *World J Islamic History Civilization*, 2, 44–52.
- Barkan, S.E., Greenwood, S.F. (2003). Religious Attendance and Subjective Well-Being among Older Americans: Evidence from the General Social Survey. *Review of Religious Research*, 45, 116-129
- Berger, P.L. (1967). *The Sacred Canopy*. Garden City, New York: Doubleday.
- Bradley, D.E. (1999). Religious involvement and social resources: Evidence from the dataset Americans' changing lives. *Journal of the Scientific Study of Religion*, 34, 259-267.
- Brady, M. J., Peterman, A. H., Fitchett, G., Mo, M., & Cella, D. (1999). A case for including spirituality in quality of life measurement in oncology. *Psycho-oncology*, 8, 417-428.
- Doufesh H, Faisal T, Lim KS, Ibrahim F. (2012). EEG spectral analysis on Muslim prayers. *Appl. Psychophysical Biofeedback*, 37, 11–8.
- Ellison C.G. (2008). Religious practices and mental health among older adults in the U.S. Presented in the Conference on Religious Practice and Health: What the Research Says. Hosted by the Heritage Foundation, with Child and the Baylor Institute for the Studies of Religion, Washington, DC.
- Ellison, J. D., Boardman, D. R., Williams., & Jackson, J. J. (2001). Religious involvement, stress and mental health: Findings from the 1995 Detroit Area of Study. *Social Forces*, 80, 215-49.
- Fiala, W. E., Bjorck, J. P., & Gorsuch, R. L. (2002). The Religious Support Scale: Construction, validation, and cross-validation. *American Journal of Community psychology*, 30, 761–786.

Life Satisfaction and General Health of Elderly Muslims Practicing Regular Collective Religious Prayer

- Fry, P. S. (2000). Religious involvement, spirituality and personal meaning for life: Existential predictors of psychological well-being in community-residing and institutional care elders. *Aging and Mental Health*, 4, 375-387.
- Gails, S. (1974). Catch 30 and other predictable crises of growing up adults. *New York Magazine*, 36
- Goldberg, D. (1978). Manual of general Health Questionnaire. Windsor: NFER-Nelson
- Greetz, C. (1968). Religion: an anthropological study. In David I. Sills (Ed). *International Encyclopedia of Social Sciences*, Vol. 13 & 14 New York. Macmillan Free Press, 398-406.
- Gritzmacher, S.A., Bolton, B., and Dana, R.H. (1988). Psychological characteristics of pentecostals: A literature review and psychodynamic synthesis. *Journal of Psychology and Theology*, 16, 233-245.
- Idler, E.L. and George, L.K. (1998). What sociology can help us understand about religion and mental health? In H.G. Koenig (ed.) *Handbook of Religion and Mental Health*, 51-62. San Diego: Academic Press
- Kazdin, A. E. (Ed.). (2000). *Encyclopedia of Psychology* (Vol. 7.). New York: Oxford University Press
- Koenig, H.G., McCullough, M.E., and Larson, D.B. (2001). *Handbook of Religion and Health*. New York: Oxford University Press.
- Krause, N. (2003). Religious Meaning and subjective well-being in late life. *J. Gerontology Psychological Sciences*, 95, 160-189.
- Krause, N. (2008). *Aging in the church: How social relationships affect health*. West Conshohocken, PA: John Templeton Press
- Krause, N., Ellison, C.G., Shaw, B.A., Marcum, J.P., and Boardman, J.D. (2001). Church-based social support and religious coping. *Journal for the Scientific Study of Religion*, 40, 637-656.
- Levin, E. G., Cotton, S. P., Fitzpatrick, C. M., & Dold, K. H. (1999). Exploring the relationship among spiritual well-being, quality of life, and psychological adjustment in women with breast cancer San Francisco: John Wiley & Sons Ltd.
- MacKenzie, E. R., Rajagopal, D. E., Meibohm, M., & Lavizzo-Mourey, R. (2000). Spiritual Support and psychological well-being: Older adults' perceptions of the religion and health connection. *Altern. Ther. Health. Med*, 6, 37- 45.
- Miller, W.R. & Thorensen, C.E. (2003). Spirituality, religion, and health: An emerging research field. *American Psychologist*, 58, 24-35.
- Pargament, K. I. (1997). *The Psychology of Religion and Coping: Theory and Practice*. New York: Guilford.
- Pargament, K.I., Koenig, H.G., and Perez, L.M. (2000). Many methods of religious coping: Development and initial validation of the RCOPE. *Journal of Clinical Psychology*, 56, 519-543.
- Pargament, K.I., Smith, B.W., Koenig, H.G., and Perez, L.M. (1998). Patterns of positive and negative religious coping with major life stressors. *Journal for the Scientific Study of religion*, 37, 710-724.

Life Satisfaction and General Health of Elderly Muslims Practicing Regular Collective Religious Prayer

Acknowledgments

The authors profoundly appreciate all the people who have successfully contributed to ensuring this paper is in place. Their contributions are acknowledged however their names cannot be able to be mentioned.

Conflict of Interest

There is no conflict of interest.

How to cite this article: Ahmad, W & Ghufuran, M (2018). Life Satisfaction and General Health of Elderly Muslims Practicing Regular Collective Religious Prayer. *International Journal of Indian Psychology*, 6(4), 4-15. 183-192. DIP:18.01.002/20180604, DOI:10.25215/0604.002