

Volume 12, No. 12

Submitted: March 5, 2007

First Revision: June 6, 2007

Accepted: July 2, 2007

Published: July 2, 2007

IMPACTS AND ADJUSTMENTS OF THE PHENOMENON, "DEATH," IN BANGLADESHI MUSLIMS WITH DIFFERENT EXTENTS OF RELIGIOSITY

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ABSTRACT

In this study we took death as a universal phenomenon for all, not only for the aged or ill. According to the current non-religious trend, death ends one absolutely. But according to the religion of Muslims death is a significant event that does not end one absolutely. So a truly religious Muslim, an average religious Muslim and a less religious Muslim should perceive death differently. For the purpose of this research Bangladeshi Muslims in 5 groups were selected by stratified sampling technique. 30 Muslim in each group were selected randomly (total number of subjects were 150). According to the extent of religiosity the groups were given ordinal scores in a reverse manner, that is, it was a Reverse Religiosity Score (RRS). We gave two sets of lists to the Muslims in each group for giving checkmark according to their thoughts and conditions. One list contained the symptoms related to adjustment problems where death related adjustment was given priority. This list that we made with the help of DSM of APA yielded a score for each subject that we named Neurotic Symptom Score (NSS). The other list contained the stages of adjustment with death based on the description by Kubler-Ross that yielded an ordinal score for each subject. We named it Death Rejection Score (DRS) for the purpose of the research. We tabulated every score (RRS, NSS & DRS) for ANOVA and Correlation coefficient. The results were higher than the table values used for ANOVA and 'P' values were <.05 and <.01. The conclusion was, the more a Muslim (in Bangladesh) is religious, the better the psychological impact of death, thus adjustment with it.

INTRODUCTION

Death is a phenomenon that is known as a mandatory part of human life. It is assumed as the end of life. From this point of view we live to die. But every minute we live, we try to cherish the life, never death. So is death, the truth for the end of life, pleasantly acceptable to us? I believe the answer is no for a very good number of reasons researched again and again in science (Feldman, 1996).

Life is a state of being alive. It includes the activities that are characteristics for living. The present advanced civilization has no significant activity to adapt the future unpredictable, inevitable and universal phenomenon of death. When there is a situation of aging or end stage disease approaches for adaptation are seen. But the total situation is based on scientific activities. Religion advocates for different themes. But they are not practiced in established science. For this research purpose it is important to shade light on the theme that a Muslim gets from his religion Islam.

According to Islam, death is a very important event that takes place in between the life we lead on earth and the life after death (Sura Thwaha, The Holy Q'ur-an). So in this concept, death is a transitional event that relates to the conversion of life form. Clearly it is quite opposite to the scientific definition of death. Now, let us think about a Muslim who is a 100% believer of Islam. Though it is rather theoretical to find such extremely religious Muslim, there is no cessation of life for him even in the presence of death. So at least theoretically it can be said that religiosity brings a Muslim at least some relief from the stress of death in everyday life. So additional relief from the stress during aging, terminal illness, or death of near ones can also be achieved.

Not all the Muslims are alike in terms of the extent of pure internal belief in religion. Thus extent of religiosity is of various patterns as a natural rule. As a result the following evaluations can be done in Bangladeshi Muslims of different extents of religiosity –

- 1) Impact (psychological) of the phenomenon of death
- 2) Adjustment with the phenomenon of death

Comparison of the different results from above will reveal any possible variation in impact & adjustment of death with the variation in religiosity. In brief we will be able to know the psychological adjustment of the different groups of Muslims. For the purpose of the evaluation of adjustment, spectrum of the psychiatric symptoms in adjustment disorders (DSM-IV, 1994) are used.

MATERIALS AND METHODS

Research Approach

This is a phenomenological, descriptive, analytic, cross-sectional and correlational study done on the Muslims of Bangladesh. The research was conducted first by a survey on a selected population by self reports collected on the basis of the supplied checklist. Then we included a case report in the study in the form of summary, which was related to the subject matter under research and its application in the practical field. WE discussed with my supervisor at my

university about the subject matter of the research. After getting a positive and encouraging feedback the research formally commenced.

Place of Study

Place of study was Bangladesh, specifically its capital city Dhaka. In Dhaka, we choose random places to conduct the research on the target population.

Steps of the Study Procedures

1. Sort out the possible and simple groups of Muslims according the extent of religiosity.
2. Studying specific chapters concerning adjustment disorders, stress, death, dying and bereavement from psychiatry textbooks.
3. Searching for any other researches on the same subject matter.
4. Making checklists.
5. Piloting.
6. Finalizing the checklists.
7. Conducting the survey.
8. Data analysis and interpretation.
9. Preparing report.

Study Population

The criteria of the study population were –

1. Muslim (confirmed by the full name, family background, and social & self-introduction)
2. Living in Bangladesh, specifically in the city of Dhaka.
3. Age limit was 20 to 50 years.
4. Minimum education was Bachelor degree (so that they can fully understand mental health and religion at least after explanation)
5. Same number of males and females were included.
6. Observable and very important & significant religious activities (formal preaching and saying daily mandatory prayers) were the main measures to separate them into groups.

The five groups of Muslims were as follows –

Group – A: 15 males and 15 females of the above criteria were taken randomly in this group who travel different parts of the country or the world for preaching. They say their mandatory daily prayers (5 times) in time too. These special criteria they bear at least for the last six months.

Group – B: 15 males and 15 females were taken randomly that were not preachers, but say their 5 times' daily mandatory prayers in time at least for the last six months.

Group – C: 15 males and 15 females were taken randomly that were not preachers, but say their 5 times' daily mandatory prayers in time or delayed sometimes at least for the last six months.

Group – D: 15 males and 15 females were taken randomly that were not preachers, but say their 5 times' daily mandatory prayers 1 to 5 times a day at least for the last six months.

Group – E: 15 males and 15 females were taken randomly that were not preachers, but say their 5 times' daily mandatory prayers 0 to 5 times a day at least for the last six months.

Sampling Technique

The sampling was a stratified sampling. We selected the subjects randomly under each stratum. For selecting the subjects of Group – A the places of the preaching activity were visited. For the

rest of the groups subjects were taken consecutively as they were found in places like offices, Medical colleges and hospitals, mosques, universities. Approaches to the people with mentioned criteria were always running till the target number fulfilled with the willful participation from the subjects.

Research Instruments

For the purpose of this research the following materials were used as instruments –

1. The patterns of the groups of Muslims were used for giving the ordinal score RRS (Reverse Religiosity Score) 1 for Group – A, 2 for Group – B, 3 for Group – C, 4 for Group – D and 5 for Group – E.
2. A checklist containing symptoms mentioned in the DSM – IV (DSM-IV, 1994) for different disorders related to adjustment problems were used to obtain the NSS (Neurotic Symptom Score) according to the numbers of self-identified symptoms present in each subject.
3. A checklist containing the stages of adjustment with death described by Elisabeth Kubler-Ross (Kubler-Ross, 1997) to obtain the DRS (Death Rejection Score) according to the self-identified stage present in each subject. Stage – 1 (Denial) were given the score – 5, Stage – 2 (Anger) were given the score – 4, Stage – 3 (Bargaining) were given the score – 3, Stage – 4 (Depression) were given the score – 2, and Stage – 5 (Acceptance) were given the score – 1.

Data Collection

Subjects selected in different places were approached and a detail description of the purpose of the research was explained. Verbal and written consents were obtained before they participated in the main procedure. The list of the symptoms and the list of the stages of adjustment with death both were provided to them for check-marking. Before they check-marked the lists, they were explained in own their mother tongue Bangla so that they understand the symptoms and the stages clearly. After the lists were returned by the subjects, they were checked very quickly in their presence. Then after they left, the main procedure for calculation started.

Data Analysis

As this study focused on some correlations, I used correlation coefficient to see the significance. Also ANOVA was applied on the sets of data collected. All statistical tests were done at the level of 95% confidence ($P < 0.05$).

RESULTS

RRS, NSS, and DRS were collected from the completed checklists. Means were calculated and tabulated as follows –

Table 1. Mean Scores of Different Groups

Study group	Total number	Mean RRS	Mean NSS	Mean DRS
Group – A	30	1	5.0	1.1
Group – B	30	2	8.2	1.7
Group – C	30	3	7.0	1.6
Group – D	30	4	12.7	2.3
Group – E	30	5	13.1	2.9

Table 1 demonstrates that with the gradual increase of RRS the NSS and DRS also gradually increase. The only exception is seen in the row of group B where NSS and DRS value is higher than expected. After the analysis of variance test of the data obtained from the mean NSS values of different groups of Muslims the results shown in Table 2 were found.

Table 2. ANOVA for NSS

Square of Variance	Df	Sum of square	Mean sum of square	F ratio
Between the groups	5-1=4	1521.22	380.31	3.22
Error	149-4=145	17087.7	117.85	
Total	150-1=149	18608.92		

Table 2 demonstrates the calculation of F ratio for the mean NSS values from the 5 groups of Muslims. The computed F ratio is 3.22. After the analysis of variance test of the data obtained from the mean DRS values of different groups of Muslims the results shown in Table 3 were found.

Table 3. ANOVA for DRS

Square of Variance	Df	Sum of square	Mean sum of square	F ratio
Between the groups	5-1=4	58.75	14.69	3.21
Error	149-4=145	662.62	4.57	
Total	150-1=149	721.37		

Table 3 demonstrates the calculation of F ratio for the mean DRS values from the 5 groups of Muslims. The computed F ratio is 3.21. The above two calculations (Table 2 and 3) show that the computed f ratios are greater than the table F ratio. Thus the mean NSS and the mean DRS of the 5 different groups differ significantly.

Table 4. Coefficient of Correlation between the RRS and NSS

Study group	Mean RRS	Mean NSS
Group – A	1	5
Group – B	2	8.2
Group – C	3	7
Group – D	4	12.66
Group – E	5	13.1

Table 4 demonstrates the different mean NSS values with the corresponding mean RRS values of the 5 groups of Muslims. After the calculation the ‘r’ (correlation coefficient) was 0.92, and thus ‘P’ value was between 0.05 and 0.02.

Table 5. Coefficient of Correlation between RRS and DRS

Study group	Mean RRS	Mean DRS
Group – A	1	1.1
Group – B	2	1.73
Group – C	3	1.63
Group – D	4	2.30
Group – E	5	2.93

Table 5 demonstrates the different mean DRS values with the corresponding mean RRS values of the 5 groups of Muslims. After the calculation the 'r' (correlation coefficient) was 0.96, and thus 'P' value was between 0.01 and 0.001.

Thus all the results presented above are statistically significant. The only unexpected part of the result is the greater presence of the maladjustment symptoms and lesser adjustment with the phenomenon of death in case of group B than group C. The rest of the result is consistent with "The increase of religiosity is accompanied by the decrease of the presence of the maladjustment symptoms and better adjustment with the phenomenon of death."

DISCUSSION

While conducting the study, several limitations of it were found that could not be solved. No scientific method of measuring belief was available. Though the symptoms used were in relation to maladjustment (DSM-IV, 1994), there was no specific sign that they are the result of the maladjustment with death. Also the staging system of Kubler-Ross (Kubler-Ross, 1997) was meant to be for the dying, not for any average healthy person. The study group was highly defined inside a geographical area and the educational level of the subjects was high in comparison with the general population of that area (Bangladesh). Socio-demographic data were also ignored in calculation.

Keeping the limitations in mind the interpretation of the result is that those of the Muslims of Bangladesh that are more religious are in better condition in adjusting with death as a natural but unpredictable phenomenon. When the adjustment is better with such a huge aspect of human life, maladjustment symptoms are also lesser in them. (Fabrega & Mezzich, 1987). So there is definitely a chance that there is something natural and perfect in the religious belief in Islam that helped the Muslims in adjustment.

The only group that broke the decency, that is those who say their all mandatory prayers daily and timely, represents the gap between the external activity and the internal belief. In fact Islam teaches to follow the middle way (The Holy Hadith). Those that are extremely punctual about timing and performance are to some extent extremist in the surroundings of them. So there is a possibility that, in the true sense of Islam the group C is the more religious group than B. Also there is a chance that the groups B Muslims are using the extra punctuality for prayers as a defense for other stressful life events (Rahe, Floistad, Bergan, 1974).

But even after all these, as a whole & considering statistically the following interpretation remains unchanged – “The variation in adjustment with the phenomenon of death has significant relationship with the variation in religiosity for Muslims of Bangladesh. Here death is something natural and inevitable for all, not something only for the aged, ill, dying or someone facing near one’s death.”

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AUTHOR NOTE

This research was done with the help and under 100% financial support from the Bircham International University at Spain.

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