
Relationships between Religious Struggles and Well-Being among a Multinational Muslim Sample: A Comparative Analysis

Hisham Abu-Raiya, Ali Ayten, Qutaiba Agbaria, and Mustafa Tekke

This investigation applied a cross-sectional comparative methodology to examine the levels, predictors, and consequences of religious struggles among a multinational sample of 706 Muslims recruited in three universities in Israel/Palestine, Turkey, and Malaysia. Participants were asked to provide demographics and complete measures of religious struggles, satisfaction with life, and generalized anxiety. Three main findings emerged from the study: (1) In general, participants reported low levels of religious struggles; (2) Turks scored significantly higher than both Palestinians and Malaysians on religious struggles; (3) higher levels of generalized anxiety were predicted by higher levels of religious struggles among Malaysians only, and lower levels of satisfaction with life were predicted by higher levels of religious struggles among Palestinians and Turks only. These findings suggest that the links between religious struggles and health and well-being among Muslims are complex, and call for a nuanced detailed analysis of the religious struggles phenomenon among this population.

KEY WORDS: *generalized anxiety; Muslims; religious struggles; satisfaction with life*

For many years, research on the intersection of religion and health and well-being has largely neglected potentially destructive aspects of religion (Abu-Raiya, Pargament, & Magyar-Russell, 2010). In recent years, this state of affairs has started to change as a gradually growing number of empirical studies have tested potential problematic forms of religiousness. Among these forms, a special focus has been placed on religious struggles that arise when some facet of religious belief, practice, or experience becomes a focus or a source of tension or internal conflict (Exline, 2013).

This body of research has shed significant light on the prevalence and predictors of religious struggles and their implications for health and well-being. First, empirical studies have shown that religious struggles are not rare (Exline & Grubbs, 2011; Johnson & Hayes, 2003). For example, 25 percent of over 5,000 college students studied by Johnson and Hayes (2003) reported significant distress related to their religious and spiritual concerns. Second, empirical studies have identified several factors that are associated with religious struggles. Among these factors are being part of a religious minority

and quest orientation toward religion (Bryant & Astin, 2008), insecure attachment to God, neuroticism and pessimism (Ano & Pargament, 2013), and poor social support (McConnell, Pargament, Ellison, & Flannelly, 2006). Third, and most important, religious struggles have been consistently tied to poorer mental health and well-being (for a review, see Exline, 2013). For example, religious struggles have been linked to emotional distress including anxiety, depression, suicidal ideations, and even mortality (for example, Abu-Raiya, Pargament, Krause, & Ironson, 2015; Ano & Vasconcelles, 2005; Ellison & Lee, 2010; McConnell et al., 2006). These findings were robust and obtained from both cross-sectional and longitudinal studies.

This body of research is promising indeed. Yet it is limited because it focuses on Christian populations while neglecting individuals adhering to other religions, Islam particularly. Although some studies on religious struggles were conducted among Muslims, researchers are still far from having a clear picture regarding the levels and correlates of this phenomenon. The present study constitutes a further important step in clarifying this picture.

RELIGIOUS STRUGGLES AMONG MUSLIMS

When speaking of religious struggles, we are tapping into a sensitive topic. Disclosing negative feelings toward the divine, or doubts with respect to fundamental beliefs of one's religion, might be viewed as morally wrong and place the individual in a state of disharmony and tension with his or her community (for example, Exline & Grubbs, 2011). Given the cohesiveness of Muslim communities, we assumed that this might be particularly true among Muslims. Hence, when Abu-Raiya (2005) conducted in-depth face-to-face interviews with 25 Muslims, recruited in Israel/Palestine and the United States, he normalized the phenomenon of religious struggles by stating, "Almost every person experiences personal struggles or concerns about aspects of his religion." Despite that, when asked "Have you experienced personal conflicts or concerns about any aspect of being Muslim?" none gave a positive answer! Yet, when asked whether they know somebody who struggles with their beliefs and practices, all participants responded with a firm yes. The usage of this projective technique led Abu-Raiya (2005) to conclude that religious struggles exist among Muslims but many Muslims are unwilling to admit their existence.

It is not surprising then that, to our best knowledge, until 2003, no empirical studies on religious struggles among Muslims had been conducted. This picture has begun to change, however. A small but steadily growing body of research on the links between religious struggles and health and well-being has been recently conducted among Muslim populations. Three conclusions, akin to the current investigation, emerged from a comprehensive review of this body of research. First, findings have been similar overall to those obtained from Christian samples, connecting religious struggles to undesirable health and well-being outcomes. For example, religious struggles have been linked to lower levels of hope and greater levels of experience of war trauma among a sample of Bosnian and Albanian war-refugee Muslims (Ai, Peterson, & Huang, 2003), depressed mood among a sample of American Muslims experiencing various stressful interpersonal events following the 9/11 attacks (Abu-Raiya, Pargament, & Mahoney, 2011), depressed mood and angry feelings among an international Web-solicited sample of Muslims (Abu-Raiya, Pargament, Mahoney, & Stein, 2008), lower satisfaction with life and higher depressive symptoms among Israeli-Palestinian college students (Abu-Raiya, Pargament, Exline, & Agbaria, 2016),

perceived stress and lower self-esteem among a sample of Iranian students (Ghorbani, Watson, Geranmayepour, & Chen, 2013), lower levels of quality of life and higher levels of perceived stress among university students in New Zealand (Gardner, Krägeloh, & Henning, 2014), and poorer psychological well-being among both Iranian university students (Aflakseir & Coleman, 2011) and Iranian veterans (Aflakseir & Coleman, 2009). It should be noted that although most studies focused on mental health variables (for example, depression, general mental health), links between religious struggles and indicators of subjective well-being (for example, satisfaction with life, quality of life) have also been demonstrated.

Second, studies' findings show that Muslims tend to report lower levels of religious struggles compared with Christians (Abu-Raiya & Pargament, 2015). Third, to our best knowledge, one study only (Abu-Raiya et al., 2016) has focused on predictors of religious struggles among Muslims. Working with a sample of Israeli-Palestinian students and using the newly developed Religious and Spiritual Struggles Scale (Exline, Pargament, Grubbs, & Yali, 2014), Abu-Raiya et al. (2016) found that positive God image and fundamentalism predicted lower levels of struggles, whereas negative God image and universality (that is, acceptance of other world religions as equally valid ways of pursuing truth/God) predicted higher levels of struggles. Although testing predictors of the phenomenon was not a main aim of their studies, Abu-Raiya et al. (2008) found that men scored higher than women on religious struggles, whereas Ai et al. (2003) found no ties between gender and education level and religious struggles.

The body of research focusing on religious struggles among Muslims has started to shed light on this interesting and sensitive phenomenon. Yet, perhaps because this body of research is still in its early stages, studies on religious struggles among Muslims are limited in multiple respects. First, the majority of these studies have used the Negative Religious Coping Scale of the Religious Coping Activity Scales (RCOPE) (Pargament, Koenig, & Perez, 2000) or other scales derived or adapted from this scale. These scales have been constructed for use with Christian samples and focus largely on divine struggles to the exclusion of other forms of struggle. The only notable exceptions are projects by Abu-Raiya et al. (2008) and Ghorbani et al. (2013); both of these studies used the Islamic Religious Struggle (IRS) subscale of the Psychological Measure of Islamic Religiousness (PMIR) (Abu-Raiya et al.,

2008), which was validated among Muslims and assesses both divine and doubt struggles. Second, all these studies have used relatively small samples of Muslims. Third, none of these studies applied a comparative methodology and tested whether religious struggles differ among Muslims from different parts of the world. Fourth, except for the work of Abu-Raiya et al. (2016), none aimed to test predictors of religious struggles. Fifth, except for the projects of Abu-Raiya et al. (2008) and Abu-Raiya et al. (2016), all these studies examined religious struggles from the prism of religious coping theory (Pargament, 1997). In other words, these studies tested whether religious struggles were triggered by specific stressful events; none has tested religious struggles with a focus on time frame. Finally, and perhaps most important, none of these studies has tested potential moderators of the links between religious struggles and health and well-being.

CURRENT STUDY

The current study aimed to fill the aforementioned gaps in the literature. It represents an in-depth, thorough, nuanced and comparative analysis of the religious struggles phenomenon among Muslims. Specifically, it examines religious struggles using a scale validated among Muslim samples and focuses on a time frame during which religious struggles are experienced. More specifically, this study aimed to answer four major questions: (1) What are the levels of religious struggles phenomenon among Muslims? (2) Do demographic variables (that is, age, gender, marital status, nationality) predict the levels of religious struggles among Muslims? (3) Do religious struggles predict generalized anxiety (an indicator of mental health) and satisfaction with life (an indicator of subjective well-being) among Muslims? and (4) Do the links between religious struggles and the outcome measures depend on nationality and the nature of the outcome?

These questions were answered by analyzing data gathered from a relatively large multinational Muslim sample recruited from three countries: Malaysia, Turkey, and Israel/Palestine. Specifically, to determine the levels of religious struggles, the mean and standard deviation of religious struggles were calculated for the whole sample and separately for each subsample. To determine whether demographics predict religious struggles, a Pearson's r between age and religious struggles was computed; an independent samples t test was performed to determine whether there are differences between men and women in religious struggles, and one-way analysis of variance (ANOVA) was

performed to decide whether religious struggles vary across people from different marital statuses and across nationalities. To determine whether religious struggles predict generalized anxiety and satisfaction with life, Pearson's r between these variables was calculated. Finally, to determine whether the links between religious struggles and both outcome measures are moderated by nationality and the nature of the outcome, hierarchical regression analyses were performed.

Given the dearth of research on religious struggles among Muslims and the exploratory nature of the study, we refrained from articulating specific hypotheses. We generally expected that the levels of struggles reported would be low and that religious struggles would have negative consequences on participants. Moreover, although all participants were Muslims, we expected that the cultural, geographical, historical, and linguistic differences between the three national groups (Esposito, 1998) would be reflected in their report of religious struggles. For example, Palestinians live in the Middle East as a minority in a predominantly Jewish state and are influenced by Western culture, which is represented by Jews who came from Europe; Turkey is a European state that has a long history of tension between secular and religious individuals; and Malaysia is a southeast Asian state and quite diverse in terms of religious affiliation.

METHOD

Sample

Demographic characteristics of the whole sample and each subsample are displayed in Table 1. As can be inferred from the table, participants were generally young, mostly female and single. One-way ANOVA analysis revealed that there was no association between nationality and age, whereas chi-square tests revealed that there were significant associations between nationality and both gender and marital status. This finding can be explained by the higher proportion of men in the Turkish subsample compared with the other subsamples and the higher proportion of married individuals in the Palestinian subsample compared with the other subsamples.

Religious Struggles. Religious struggles were assessed by the IRS subscale of PMIR (Abu-Raiya et al., 2008). The IRS subscale is composed of six items (for example, "I find myself doubting the existence of Allah"). Participants indicated how frequently they experienced each item over the last few months on a five-point scale ranging from 0 = never to 4 = very often. Scores on this subscale were

Table 1: Demographic Characteristics of the Sample

Demographic Characteristic	Whole Sample (N = 706)	Turks (n = 206)	Malaysians (n = 257)	Palestinians (n = 243)	
Age (years)					$F(2, 700) = 2.31, p = .09$
M	22.61	22.84	22.23	22.91	
SD	4.32	4.12	4.54	3.99	
Gender (%)					$\chi^2(2, N = 706) = 17.55, p < .01$
Male	35	47.2	31.4	30	
Female	65	52.8	68.6	70	
Marital status (%)					$\chi^2(6, N = 699) = 42.23, p < .01$
MwC	9.5	5.8	4.6	17.2	
MwoC	4.4	2.4	2.3	8.2	
S	85.0	90.6	92.4	73.6	
S/D	1.0	1.2	0.7	1.0	

Notes: MwC = married with children; MwoC = married without children; S = single; S/D = separated or divorced.

averaged. Higher scores on this subscale reflect more Islamic religious struggles.

Satisfaction with Life. Satisfaction with life was assessed with the Satisfaction with Life Scale (Diener, Emmons, Larsen, & Griffin, 1985), which is composed of five items (for example, “I am satisfied with my life”). Participants were asked to indicate their degree of agreement with each item on a seven-point scale ranging from 1 = strongly disagree to 7 = strongly agree. Scores in this scale were summed. Higher scores on this scale mean a greater sense of life satisfaction.

Generalized Anxiety. Generalized anxiety was assessed with the Generalized Anxiety Scale-7 (Spitzer, Kroenke, Williams, & Lowe, 2006). Respondents rated the extent to which seven symptoms of generalized anxiety (for example, feeling nervous, anxious, or on edge) have bothered them within the past two weeks, on a four-point scale ranging from 0 = not at all to 3 = nearly every day. Responses were summed. Higher scores on this scale mean a greater presence of anxiety symptoms.

Procedure

This study took place at three universities in Israel/Palestine, Turkey, and Malaysia and was approved by the ethics committees of all three universities. Except for the demographic items, the study’s questionnaire was composed of measures that were published in the English-language literature. These measures were translated into Arabic and Turkish by the first and second author, respectively, and then back-translated by professional translators to ensure translation accuracy (the survey among Malaysian participants was administered in English). Data collection was made by

means of a convenient sampling technique and was conducted by a research assistant of each of the first three authors. These research assistants entered multiple lecture rooms in the social science faculties before classes started and explained the purpose of the study to students. All participants in the study were undergraduate students in different social science courses (for example, psychology, sociology, economics). It should be emphasized that no special difficulties were faced in the process of data collection. Although, given the scope of the project, we could not determine the exact response rate, we estimate it to be high. In general, students approached the study with enthusiasm and curiosity.

RESULTS

Reliability Analyses

Reliability analyses conducted on the three main measures used in the study are presented in Table 2. As can be inferred from the table, the inter-item correlation coefficients of all measures are acceptable. Furthermore, the internal consistencies of the measures for the sample as a whole and for each national subsample separately are high and similar to those reported in the literature.

Descriptive Statistics

Descriptive statistics of the study’s main variables for the whole sample and for each national group separately are displayed in Table 3. Participants as a whole reported, on average, low levels of religious struggles. Further analyses were performed to test which demographic variables predicted religious struggles. Correlational analyses revealed no significant correlation between age and religious struggles. This was

true for the whole sample and for each national subsample. Independent sample *t* tests revealed no significant differences between men and women in their scores on religious struggles. Again, this was true for the whole sample and for each national subsample. One-way ANOVA analyses revealed that there were significant differences between people from different marital statuses in their scores on religious struggles [$F(3, 686) = 15.99, p < .01$]. Specifically, single individuals ($M = 0.53, SD = 0.62$) scored significantly higher on religious struggles than married individuals ($M = 0.20, SD = 0.38$). A similar finding was found among each national subsample. One-way ANOVA analyses revealed that there were significant differences between the national groups in their scores on religious struggles [$F(2, 694) = 340.13, p < .01$]. Specifically, Turkish participants ($M = 1.14, SD = 0.31$) scored significantly higher than both Palestinian ($M = 0.31, SD = 0.35$) and Malaysian ($M = 0.25, SD = 0.56$) participants. No significant differences were found between Palestinians and Malaysians in this regard. Two-way ANOVA analyses revealed that the interactions between nationality and marital status and nationality and gender were not significant predictors of religious struggles.

As for the outcome measures, the study's participants as a whole reported on average moderate levels of satisfaction with life ($M = 22.53, SD = 6.15$) and relatively low levels of generalized anxiety ($M = 8.79, SD = 6.15$). Additional analyses were performed to test whether demographic variables predicted scores on the two outcome variables (that is, satisfaction with life and generalized

anxiety). Correlational analyses revealed that age correlated positively with satisfaction with life ($r = .10, p < .01$) and negatively with generalized anxiety ($r = -.11, p < .01$). Independent sample *t* tests revealed that there were no significant differences between men's and women's scores on both outcome measures. It should be noted, however, that women ($M = 22.86, SD = 5.96$) scored higher than men ($M = 21.94, SD = 6.45$) in satisfaction with life in a manner that approached significance ($t_{686} = 1.83, p = .068$).

One-way ANOVA analyses revealed that there were significant differences between people from different marital statuses in their scores on satisfaction with life [$F(3, 677) = 6.19, p < .01$]. Specifically, married individuals with children ($M = 25.37, SD = 5.95$) scored significantly higher than all other subgroups. One-way ANOVA analyses revealed also that there were significant differences between people from different marital statuses in their scores on generalized anxiety [$F(3, 687) = 6.34, p < .01$]. Specifically, single individuals ($M = 9.02, SD = 4.74$) scored significantly higher than married individuals ($M = 6.77, SD = 0.55$). As for nationality, one-way ANOVA analyses revealed that there were significant differences between people from different countries in their scores on generalized anxiety [$F(3, 687) = 6.34, p < .01$]. Specifically, Malaysian participants ($M = 9.54, SD = 4.62$) scored significantly higher than both Turkish and Palestinian participants. One-way ANOVA analyses revealed also that there were significant differences between people from different countries in their scores

Table 2: Inter-Item Correlation Coefficients—Reliability Analysis

Scale	Number of Items	<i>M</i>	Minimum	Maximum	Cronbach's Alpha
Islamic					
Religious Struggles	6	0.39	0.31	0.50	W = .90 (.90); P = .86; T = .89; M = .91
Satisfaction with Life	5	0.43	0.38	0.53	W = .82 (.85); P = .85; T = .79; M = .81
Generalized Anxiety	7	0.44	0.42	0.56	W = .87 (.79–.91); P = .92; T = .87; M = .87

Notes: Alpha coefficients reported in the literature are provided in parentheses. W = whole sample; P = Palestinian subsample; T = Turkish subsample; M = Malaysian subsample.

Table 3: Descriptive Data on All Measures

Variable	Cronbach's Alpha	Whole Sample <i>M</i> (<i>SD</i>) Range	Turks <i>M</i> (<i>SD</i>) Range	Palestinians <i>M</i> (<i>SD</i>) Range	Malaysians <i>M</i> (<i>SD</i>) Range
Religious struggles	.90	0.53 (0.61) 0–3.17	1.14 (0.31) 1–3.17	0.31 (0.35) 0–3	0.25 (.56) 0–3
Satisfaction with life	.82	22.53 (6.15) 5–35	22.24 (6.72) 5–35	21.78 (6.42) 5–35	23.45 (5.26) 6–35
Generalized anxiety	.87	8.79 (4.89) 0–21	8.55 (4.27) 0–21	8.19 (5.54) 0–21	9.54 (4.62) 0–21

on satisfaction with life [$F(2, 685) = 4.85, p < .01$]. Specifically, Malaysian participants ($M = 23.45, SD = 5.26$) scored significantly higher than both Turkish and Palestinian participants.

Correlational Analyses

A correlation matrix including the study's main variables is presented in Table 4. A significant negative correlation was observed between religious struggles and satisfaction with life, but no significant correlation was found between religious struggles and generalized anxiety.

Regression/Moderation Analyses

To determine whether the associations between religious struggles and the two criterion measures (that is, satisfaction with life, generalized anxiety) depend on national origin (that is, Malaysian versus Palestinian versus Turkish), two hierarchical regression analyses were conducted, one with satisfaction with life as a criterion variable and one with generalized anxiety. In Model 1, the predictors entered into the hierarchical regression analyses were the demographic variables, religious struggles, and national origin. For Model 2, we entered the product term (that is, national origin \times religious struggles). The variables religious struggles, satisfaction with life, and generalized anxiety were scored continuously, whereas the variables gender (1 = female, 0 = otherwise), marital status (1 = married with children, 0 = other), and nationality (1 = Malaysian, 0 = otherwise; 1 = Turkish, 0 = otherwise; 1 = Palestinian, 0 = otherwise) were binary coded. Results obtained for Model 2 are presented in Tables 5 and 6.

Results indicated that being single and the interaction between nationality and religious struggles were associated with greater generalized anxiety. Being single and the interaction between nationality and religious struggles were associated with lower satisfaction with life; being Malaysian was associated with greater satisfaction with life.

To determine the nature of the interaction, we calculated the correlations between religious struggles and satisfaction with life and generalized anxiety across the three national groups. The results showed that the correlation between religious struggles and satisfaction with life was not significant among Malaysians, was significant and negative among Palestinians ($r = -.26, p < .01$) and Turks ($r = -.15, p < .05$), and was strongest among Palestinians. A significant (and positive) correlation between religious struggles and generalized anxiety existed among Malaysians only ($r = .17, p < .01$).

DISCUSSION

Three major findings emerged from the current study. First, Muslims from different national backgrounds reported *low* levels of religious struggles. This finding is largely consistent with the findings of previous studies conducted with Muslims and which assessed religious struggles with a focus on time frame and not as triggered by a specific stressful life event (Abu-Raiya et al., 2008; Abu-Raiya et al., 2016; Ghorbani et al., 2013).

A word of caution before interpreting this finding is warranted for two reasons. First, the data were obtained from a sample composed of university students who are presumably more prone to doubts and

Table 4: Correlation Matrix

Variable	1	2	3
1. Religious struggles ($M = 0.53, SD = 0.61$)	1		
2. Satisfaction with life ($M = 22.53, SD = 6.15$)	-.10**	1	
3. Generalized anxiety ($M = 8.79, SD = 4.89$)	.05	-.23**	1

** $p < .01$.

Table 5: Predictors of Satisfaction with Life: Regression Analyses

Predictor	R	R ²	β	t	p	F	p
Age	.10	.01	.07	-0.69	.48	0.47	.45
Gender	.10	.01	.03	0.77	.41	0.59	.39
Marital status	.14	.02	-.18	-1.52	.09	2.31	.08
Religious struggles	.13	.017	-.15	-1.43	.11	2.04	.13
Nationality	.14	.02	.19	1.68	.04	2.82	.03
Nationality \times religious struggles	.22	.05	-.25	-2.34	.00	5.47	.00

Table 6: Predictors of Generalized Anxiety: Regression Analyses

Predictor	R	R ²	β	t	p	F	p
Age	.10	.01	-.03	-0.76	.39	0.57	.41
Gender	.10	.01	.07	0.67	.46	0.44	.44
Marital status	.14	.02	.16	1.45	.09	2.10	.10
Religious struggles	.10	.01	-.06	0.66	.47	0.43	.45
Nationality	.14	.02	-.17	-0.149	.10	2.22	.09
Nationality \times religious struggles	.24	.06	.26	2.37	.00	5.61	.00

concerns about their religious beliefs and practices than the general population. We suppose that among community samples the reported religious struggles would be even lower! Second, it could be that if religious struggles were examined as attached to a specific stressful life event, the magnitude of religious struggles could be somewhat higher. Nonetheless, because the data of previous studies that assessed religious struggles as linked to stressful events were generated by a different instrument (the RCOPE in one variation or another), a meaningful comparison between them and the findings of the current investigation is not possible.

At any rate, this low level of religious struggles among Muslims deserves further scrutiny and calls for explanations. One possible explanation is that religious struggles are truly uncommon experiences among Muslims because, through the process of socialization, Muslims peacefully internalize their religious beliefs and teachings. This internalization could lead them to develop a greater commitment to their faith, which in turn places them at a lower risk of experiencing religious struggles in the face of hardships (Abu-Raiya et al., 2016). A second plausible explanation is that many participants in this study underreported their religious struggles. Given the sensitivity of religious struggles, which, if disclosed, can be perceived as morally and socially unacceptable (Exline & Grubbs, 2011), participants may have wanted to avoid these circumstances and present themselves in a favorable, socially desirable light. The social desirability issue has been documented in many studies using self-report methods. In the religious studies arena, another possible bias should be considered. Rather than presenting themselves in a socially acceptable manner, participants may have wanted to present their religion in a desirable manner, believing, consciously or unconsciously, that if they accurately report the extent to which they experience religious struggles, this would present their religion in an unfavorable light (Abu-Raiya, Pargament, Stein, & Mahoney,

2007). Recently, Abu-Raiya (2017) coined a term for this tendency: theological desirability.

The second main finding of the study was that two variables appeared as predictors of religious struggles—marital status and nationality. Married individuals scored significantly lower than single ones on religious struggles across the three national groups. It seems that being single, as opposed to being married, puts the person at risk of developing religious struggles. Studies have documented that a committed relationship can protect individuals from developing some problematic patterns of thoughts and behaviors; religious struggles seem no exception. Turks reported significantly higher levels of religious struggles than both Palestinians and Malaysians. How can this latter finding be explained?

We first considered the possibility that religious struggles were higher among Turks because they are less religious than their Palestinian and Malaysian counterparts. Yet this seemed as an unsatisfactory explanation because although Turks scored significantly lower than Malaysians on self-perceived religiousness, there were no significant differences between Turks and Palestinians in this regard. Also, in the sample as a whole, self-perceived religiousness did not appear to be a significant predictor of religious struggles. We remained with two possible explanations. First, it could be that Turkish participants, as a group, were less affected by social or theological desirability and hence openly disclosed the religious struggles they experience. Second, this might be due to the deep-rooted secular tradition in Turkish society. This secularism might have normalized doubts or critical thinking about religious practices and beliefs. On the other hand, Palestinians and Malaysians may view their religion from a fundamentalist perspective, a perspective that was found to constitute a significant protective factor against the development of religious struggles (Abu-Raiya et al., 2016).

The third chief finding of the study was that lower scores on satisfaction with life were predicted by higher scores on religious struggles only among

Palestinians and Turks, whereas higher scores on generalized anxiety were predicted by higher scores on religious struggles among Malaysians only. The fact that religious struggles are associated with undesirable outcomes among members of the three national groups is consistent with findings of previous studies among Muslims (Abu-Raiya et al., 2016; Abu-Raiya et al., 2011; Abu-Raiya et al., 2008; Ai et al., 2003; Ghorbani et al., 2013). This also strengthens the notion that religious struggles, though not commonly reported, have negative implications for the health and well-being of Muslims.

Yet the same finding suggests that the links between religious struggles and health and well-being are complex. These links seem to depend on the nature of the outcome measure (mental health versus subjective well-being), as well as national origin. Specifically, religious struggles were related to lower subjective sense of well-being among Palestinians and Turks and to higher objective psychological symptoms among Malaysians. How can these differential links between religious struggles and health and well-being be explained? One possible explanation might have to do with the way people in different cultures express “feeling bad.” According to Haque (2005), Malaysians, in general, “prefer to interpret psychological problems in physical terms in order to avoid the label of mental illness and the negative connotations which accompany it” (p. 184). This fits with the fact that many anxiety symptoms are experienced physically, whereas satisfaction with life is purely psychological. It seems that when an experience (for example, religious struggles) triggers negative thoughts and feelings among Malaysians, these thoughts and feelings are directed to physical, more objectively defined channels. In this way, the cognitions and feelings are kept intact. This also might help explain why Malaysians scored the highest on both satisfaction with life and generalized anxiety.

Implications, Limitations, and Directions for Future Research

The findings of this study have some important implications for theory, research, and practice. Theoretically, given the very low levels of religious struggles reported by participants, especially among Malaysians and Palestinians, it is important to figure out whether the findings reflect the genuine experience of participants or, rather, social or theological desirability. If the former deems right, future studies should

focus on determining the factors that effectively protect Muslims from experiencing religious struggles. If, on the other hand, the latter is at play, the focus should be on developing a research methodology that overcomes this bias and helps Muslim participants more accurately disclose their religious struggles.

The findings suggest that the links between religious struggles and health and well-being among Muslims are complex and are probably moderated by many factors. In this study we identified two such factors (that is, type of outcome, national origin) but other factors such as demographic characteristics, cultural and personality tendencies, or specific characteristics of the stressor could also be at play. In short, a detailed and more nuanced analysis of the links between religious struggles and health and well-being is called for.

The findings of this study have important practical implications. Because we found that religious struggles were tied to different, albeit still undesirable outcomes among members of three national Muslim groups, these struggles should be addressed in therapy and other clinical settings. To address these struggles, we suggest the following. First, and as a general recommendation, we suggest dealing with religious struggles with utmost sensitivity. Second, we suggest assessing for religious struggles, either at the beginning of counseling or at the moment they manifest themselves. Third, efforts should be made to help Muslim clients solve their struggles as soon as possible or develop effective strategies to manage them. This recommendation is supported by studies (for example, Exline, 2013; Pargament, Koenig, Tarakeshwar, & Hahn, 2001) suggesting that individuals who are unable to resolve their struggles over time are at greater risk of poorer mental and physical health, whereas people who experience these struggles temporarily do not face the same risk. Finally, we highlight the need to identify factors that are predictive of religious struggles. Clearer understanding of the psychological, social, situational, and cultural roots of religious struggles in the general Muslim population could, in turn, facilitate efforts to equip Muslims with the skills needed to anticipate and understand religious struggles before they occur. These efforts should involve not only mental health practitioners, but also religious organizations, educators, families, and other institutions. We would like to stress, however, that these recommendations should be considered with caution

and be applied in ways that are tailored to the specific context, while taking into account important factors such as the group at hand, the timing of counseling, and the counselors delivering the services.

The results of this study should be interpreted in light of the following limitations. First, the results of the present investigation are cross-sectional and consequently do not allow causal inferences. For example, higher levels of religious struggles might be the end result as well as the cause of greater satisfaction in life, generalized anxiety, or both. Longitudinal studies that assess both religious struggles and health and well-being outcomes at least at two time points are needed to assess the causal connection between these variables. Second, the sample was nonrandomly selected, mostly single and female, and came from one university in each country. This fact limits the generalizability of the findings to the larger Muslim population. Future studies should attempt to replicate and generalize these findings with more diverse samples. Third, the study used a survey format and its findings were based on self-report data. Although the instruments used have good psychometric properties, self-report measures can be subject to bias. On the other hand, self-report would seem to be the most appropriate way to assess religious struggles because they are experienced, for the most part, internally. Fourth, this study used only one indicator of mental health (that is, generalized anxiety) and one indicator of subjective well-being (that is, satisfaction with life). Future research should use additional indicators of mental health (for example, posttraumatic symptoms) and subjective well-being (for example, positive affect). Fifth, this study did not examine potential mediator variables of the relationships between religious struggles and mental health and well-being. Future research should try to fill this important gap in the literature by examining, for example, neuroticism, social isolation, and religious commitment as possible mediators. Finally, this study used the IRS subscale to assess religious struggles among Muslims. This subscale assesses for two types of struggles only: divine and doubt. Future research should look at other types of struggle such as demonic, meaning, moral, and interpersonal struggles. **SW**

REFERENCES

Abu-Raiya, H. (2005). *Identifying dimensions of Islam relevant to physical and mental health* (Unpublished master's thesis). Bowling Green State University, Bowling Green, OH.

- Abu-Raiya, H. (2017). A critique from within: Some important research issues that psychologists of religion and spirituality should further work on. *Mental Health, Religion, & Culture*, *20*, 544–551.
- Abu-Raiya, H., & Pargament, K. I. (2015). Religious coping among diverse religions: Commonalities and divergences. *Psychology of Religion and Spirituality*, *7*, 24–33.
- Abu-Raiya, H., Pargament, K. I., Exline, J., & Agbaria, Q. (2016). Prevalence, predictors, and implications of religious/spiritual struggles among Muslims. *Journal for the Scientific Study of Religion*, *54*, 631–648.
- Abu-Raiya, H., Pargament, K. I., Krause, N., & Ironson, G. (2015). Robust links between religious/spiritual struggles, psychological distress, and well-being in a national sample of American adults. *American Journal of Orthopsychiatry*, *85*, 565–575.
- Abu-Raiya, H., Pargament, K. I., & Magyar-Russell, G. (2010). When religion goes awry: Religious risk factors for poorer health and well-being. In P. J. Verhagen, H. M. VanPraag, J. J. Lopez-Ipor, J. L. Cox, & D. Moussaoui (Eds.), *Religion and psychiatry: Beyond boundaries* (pp. 389–411). Hoboken, NJ: John Wiley & Sons.
- Abu-Raiya, H., Pargament, K. I., & Mahoney, A. (2011). Examining coping methods with stressful interpersonal events experienced by Muslims living in the United States following the 9/11 attacks. *Psychology of Religion and Spirituality*, *3*, 1–14.
- Abu-Raiya, H., Pargament, K. I., Mahoney, A., & Stein, C. (2008). A psychological measure of Islamic religiousness: Development and evidence of reliability and validity. *International Journal for the Psychology of Religion*, *18*, 291–315.
- Abu-Raiya, H., Pargament, K. I., Stein, C., & Mahoney, A. (2007). Lessons learned and challenges faced in developing the Psychological Measure of Islamic Religiousness (PMIR). *Journal of Muslim Mental Health*, *2*(2), 133–154.
- Aflakseir, A., & Coleman, P. G. (2009). The influence of religious coping on the mental health of disabled Iranian war veterans. *Mental Health, Religion & Culture*, *12*, 175–190.
- Aflakseir, A., & Coleman, P. G. (2011). Initial development of the Iranian Religious Coping Scale. *Journal of Muslim Mental Health*, *6*(1), 44–61.
- Ai, A. L., Peterson, C., & Huang, B. (2003). The effects of religious-spiritual coping on positive attitudes of adult Muslim refugees from Kosovo and Bosnia. *International Journal for the Psychology of Religion*, *13*, 29–47.
- Ano, G. G., & Pargament, K. I. (2013). Predictors of spiritual struggles: An exploratory study. *Mental Health, Religion & Culture*, *16*, 419–434.
- Ano, G. G., & Vasconcelles, E. B. (2005). Religious coping and psychological adjustment to stress: A meta-analysis. *Journal of Clinical Psychology*, *61*, 461–480.
- Bryant, A. N., & Astin, H. S. (2008). The correlates of spiritual struggle during the college years. *Journal of Higher Education*, *79*, 1–27.
- Diener, E. D., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The Satisfaction with Life Scale. *Journal of Personality Assessment*, *49*, 71–75.
- Ellison, C. G., & Lee, J. (2010). Spiritual struggles and psychological distress: Is there a dark side of religion? *Social Indicators Research*, *98*, 501–517.
- Esposito, J. L. (1998). *Islam: The straight path*. New York: Oxford University Press.
- Exline, J. J. (2013). Religious and spiritual struggles. In K. I. Pargament, J. J. Exline, & J. W. Jones (Eds.), *APA handbook of psychology, religion, and spirituality* (Vol. 1, pp. 459–475). Washington, DC: American Psychological Association.

- Exline, J. J., & Grubbs, J. (2011). "If I tell others about my anger toward God, how will they respond?" Predictors, associated behaviors, and outcomes in an adult sample. *Journal of Psychology and Theology*, *39*, 304–415.
- Exline, J. J., Pargament, K. I., Grubbs, J. B., & Yali, A. M. (2014). The Religious and Spiritual Struggles Scale: Development and initial validation. *Psychology of Religion and Spirituality*, *6*, 208–222.
- Gardner, T. M., Krägeloh, C. U., & Henning, M. A. (2014). Religious coping, stress, and quality of life of Muslim university students in New Zealand. *Mental Health, Religion & Culture*, *17*, 327–338.
- Ghorbani, N., Watson, P. J., Geranmayepour, S., & Chen, Z. (2013). Analyzing the spirituality of Muslim experiential religiousness: Relationships with psychological measures of Islamic religiousness in Iran. *Archive for the Psychology of Religion*, *35*, 233–258.
- Haque, A. (2005). Mental health concepts and program development in Malaysia. *Journal of Mental Health*, *14*(2), 183–195.
- Johnson, C. V., & Hayes, J. A. (2003). Troubled spirits: Prevalence and predictors of religious and spiritual concerns among university students and counseling center clients. *Journal of Counseling Psychology*, *50*, 409–419.
- McConnell, K. M., Pargament, K. I., Ellison, C. G., & Flannelly, K. J. (2006). Examining the links between spiritual struggles and symptoms of psychopathology in a national sample. *Journal of Clinical Psychology*, *62*, 1469–1484.
- Pargament, K. I. (1997). *The psychology of religion and coping: Theory, research, practice*. New York: Guilford Press.
- Pargament, K. I., Koenig, H. G., & Perez, L. (2000). The many methods of religious coping: Development and initial validation of the RCOPE. *Journal of Clinical Psychology*, *56*, 519–543.
- Pargament, K. I., Koenig, H. G., Tarakeshwar, N., & Hahn, J. (2001). Religious struggle as a predictor of mortality among medically ill elderly patients: A two-year longitudinal study. *Archives of Internal Medicine*, *161*, 1881–1885.
- Spitzer, R. L., Kroenke, K., Williams, J. B. W., & Lowe, B. (2006). A brief measure for assessing generalized anxiety disorder: The GAD-7. *Archives of Internal Medicine*, *166*, 1092–1097.

Hisham Abu-Raiya, PhD, is professor and senior lecturer, Bob Shapell School of Social Work, Tel Aviv University, Tel Aviv 69978 Israel; e-mail: aburaiya@gmail.com. **Ali Ayten, PhD**, is professor, Theology Faculty, Marmara University, Istanbul, Turkey. **Qutaiba Agbaria, PhD**, is lecturer, Al-Najah National University, Nablus, Palestine. **Mustafa Tekke, PhD**, is assistant professor and lecturer, Faculty of Education, Düzce University, Düzce, Turkey.

Original manuscript received September 22, 2017
 Final revision received April 17, 2018
 Editorial decision May 7, 2018
 Accepted May 11, 2018