ORIGINAL ARTICLE

Efficacy of Surah Rahman Murattal Therapy in Enhancing Mental Health of Muslim Students

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ABSTRACT

This study examines the impact of Surah Rahman Murattal Therapy on aggression, emotional regulation, and sleep quality among Muslim university students. A quasi-experimental pretest-posttest design with purposive sampling was used, involving 48 undergraduate students (aged 18-26) from a private university in Lahore, Pakistan. Participants attended daily online sessions via Zoom for 21 consecutive days, where they listened to a 20-minute recitation of Surah Rahman followed by a brief spiritual practice. Standardized self-report measures were employed: The Buss & Perry Aggression Questionnaire ($\alpha = .83$), the Pittsburgh Sleep Quality Index ($\alpha = .82$), and the Modified Emotional Regulation Scale ($\alpha =$.70). Paired-sample t-tests revealed a significant improvement in sleep quality (M = 1.57, SD = 2.14, t(17) = 3.12, p < .01), while changes in aggression and emotional regulation were positive but not statistically significant (p > .05). Two participants withdrew before completing the study. The findings suggest that Murattal therapy, as proposed in earlier works on Qur'anic recitation as a therapeutic model (Haque, 2004; Koenig, 2012), may be particularly effective for improving sleep quality in students. However, aggression and emotional regulation may require longer or multimodal interventions, such as integrating Murattal therapy with counseling, supportive environments, and lifestyle modification strategies. These adjunctive strategies are recommended as complementary rather than inherent components of Murattal therapy. Future research with larger samples and extended follow-ups is warranted to validate and extend these findings.

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Introduction

Allah SWT says in Quran. "O mankind, there has come unto in you a direction from your Lord and a healing for the heart and for those who believe in guidance and mercy" (Quran 10:57).

Quran is healing for mankind in different ways, one is legislative effect; It includes basic ethics like avoiding over eating, consumption of Alcohol etc and suggestion on healthy food like honey, olive, meat etc. Other is the direct healing through the Quran which incorporate recitation and ruqya. It is the medical benefit of Echo. Prophet Muhammad used to stress on reading Quran in loud voice. (islamonline en, 2021).

In Islamic tradition, the recitation of the Qur'an has long been associated with

psychological and spiritual benefits. Among the numerous chapters, Surah Ar-Rahman holds a special place due to its recurring divine attribute of mercy ("Ar-Rahman") and its soothing rhythmic patterns that are often used in Murattal (slow, melodic) recitation styles. The recitation of Surah Ar-Rahman in Murattal form is believed to induce a state of tranquility, emotional balance, and connection with the Divine, thus potentially acting as a natural therapeutic tool (Haque, 2004). Contemporary studies have begun to explore the therapeutic potential of Qur'anic recitation, suggesting that it may reduce anxiety, improve sleep quality, and promote emotional regulation (Khan et al., 2020; Rehman et al., 2021).

A religious form of relaxation treatment

called murattal al-Qur'an therapy instills a sense of serenity, contentment, and peace in the listener. The word murattal is "Tarteel" which means reading Quran in nice slow manner pace that has a positive impact on the listener. It can activate the delta-wave-dominant central and frontal regions of the brain, which control movement and regulate emotions respectively. The central portion of the brain controls how movement is carried out, while the frontal area serves as the intellectual core. The frontal lobe controls many facets of personality and emotional makeup, as well as higher cognitive functions. (Irmawati et al., 2020).

Abdullah Ibn Mas'ud R.A reported that the Prophet PBUH said, "Everything has an adornment, and the adornment of the Qur'an is Surah Al-Rehman." The 55th Surah of the Quran, Surah Rehman is one of the most beautiful and magnificent Surah, especially in lights of its reference to the healing of mind, body and soul (Rizwan, 2017). Exiting Data Shows that Murattal therapy of Surah Rehman has being quite beneficial for patients suffering from Depression, Anxiety, Insomia, and other emotional problems (Rafique et al, 2021, Handayani et al, 2019, Wahid et al 2021, Saleem & Saleem, 2021).

University years are a transformative period for individuals, characterized by a multitude of challenges that encompass emotional, physical, and social aspects (Rodgers & Tennison, 2009). However, the emotional and psychological difficulties faced by students are often overlooked (Barragn et al., 2007), which can make them more vulnerable to mental health problems (Eisenberg et al., 2007).

Effective emotional regulation is crucial academic for success and overall life achievements. Students who struggle with issues such as increased course loads, lack of motivation, feelings of failure, and low self-efficacy need to develop and strengthen their positive emotions (Wahid & Nashori, 2021). Dysfunctional emotional regulation can lead to academic failure (David, 2011), and the ability to control unpleasant emotions is associated with academic procrastination (Mohammadi Bytamar et al., 2020). Recent researches find out that Murotal therapy of Surah Rehman has positive impact on Emotional regulations (Wahid et al 2021).

Aggressive behavior among university students is not just a temporary reaction; it often has long-lasting effects that can touch social, academic, economic, and psychological aspects of life. Taylor et al. (2007) view aggression as a behavioral response that may be used in problemsolving or as a way to show dominance and control. Over time, such behavior can disrupt emotional stability, lower self-esteem, disturb sleep, and hinder learning (Ostrov & Godleski, 2010). Because of these consequences, addressing aggression within student populations is vital for maintaining a healthy and safe educational environment.

Emotional difficulties and aggressive tendencies are also closely linked with sleeprelated problems. Quality sleep is fundamental for memory consolidation, decision-making, and higher-order thinking. Unfortunately, university students often struggle with irregular schedules, noisy living conditions, and heavy academic demands (Buboltz et al., 2001). These factors make them particularly vulnerable to disrupted sleep patterns. A lack of proper rest not only diminishes academic performance but also increases the likelihood of developing psychological difficulties (Gaultney, 2010; Taylor et al., 2013). Research further suggests that insomnia, nightmares, and other sleep disorders are highly prevalent in student populations (Schlarb et al., 2015). This highlights the importance of practical interventions that can enhance sleep quality and support students' overall well-being.

Among the interventions being studied, Murattal therapy especially the recitation of Surah Rahman has shown meaningful promise. Several studies indicate that listening to Murattal recitation produces calming effects and can improve sleep regulation (Handayani et al., 2019; Kurniyawan,

2018). Rahman et al. (2019), for instance, reported that regular exposure to Murattal recitation reduced the time it took individuals to fall asleep and increased their total sleep duration. Similarly, Ali et al. (2021) found that participants with ongoing sleep difficulties reported significant improvement in sleep quality after consistent listening sessions. These findings suggest that Murattal therapy can serve as an effective and culturally appropriate method of improving sleep health.

Recent research has also extended the of Murattal therapy to scope aggression management. Ahmed and Khan (2020) showed that university students who engaged in regular recitation sessions experienced a measurable decline in self-reported aggression scores. This suggests that beyond its spiritual benefits, Murattal recitation may influence emotional regulation in a way that reduces anger and hostility. Another area of interest has been emotional exhaustion, which is a common challenge in fast-paced academic and professional settings. Yusuf et al. (2022) investigated the effects of Murattal therapy on working adults and found significant reductions in emotional exhaustion, along with greater emotional well-being.

Together, these studies demonstrate the potential of Murattal therapy in addressing sleep problems, reducing aggressive behavior, and improving emotional health. What makes this intervention unique is its integration of spiritual practice with psychological support, offering an approach that resonates with individuals' cultural and religious values. Still, it is worth noting that most of the existing evidence comes from smaller studies or populations outside university settings.

Given these gaps, the present study focuses on Muslim undergraduate students, a group that often struggles with academic pressures, social challenges, and identity-related stress. These conditions make them particularly vulnerable to sleep disturbances, aggression, and emotional instability. By examining the effects of Surah Rahman Murattal therapy in this context, the study

seeks to provide updated insights into its effectiveness. Ultimately, the goal is to evaluate whether this spiritual-therapeutic approach can promote inner peace, better sleep, and healthier emotional balance among students, while also contributing to the growing body of knowledge on holistic mental health interventions.

This study contributes to the literature on spiritually integrated therapy by offering a culturally relevant, non-pharmacological approach to emotional well-being grounded in Islamic spirituality.

Hypothesis: Murattal therapy of Surah Rehman has a significant positive effect on sleep deprivation, aggression and emotional regulation of university students.

Method

Research Design: This study was a quasiexperiment pretest posttest only research design using non-probability purposive sampling technique.

Sample: The study sample consisted of 48 undergraduate Muslim students from a private university in Lahore, Pakistan. The participants were purposively selected based on specific criteria, including experiencing disturbed sleep, exhibiting aggression, and reporting low moderate levels of positive emotions. The age range of the participants were between 18 to 26 years, and they all belonged to middle-class families.

Measures: To assess the study variables, the Buss & Perry Aggression 29 items Questionnaire (1992, $\alpha = .83$), 19 items Sleep Index introduced by Pittsburgh (2007, $\alpha = .82$), and Modified Emotional Regulation 20 items Scale introduced by Galanakis and Stalikas (2012, $\alpha = .70$) were used. All were five point Likert scales with response categories 1 = strongly disagree to 5 = strongly agree.

Data Analysis: The data collected from the pretest and posttest assessments were analyzed using the paired sample T-test. This statistical test was employed to examine the changes in sleep quality, aggression levels, and emotional regulation following the Murattal Therapy intervention. The T-test allows for the comparison of means within the same group at two different time points and is suitable for this quasi-experimental pretest posttest only design.

Procedure: The study obtained institutional research committee approval and recruited 50 undergraduate Muslim students from a private university, Lahore, Pakistan, who reported issues of aggression, disturbed sleep, and difficulties in emotional regulation (based on pretest screening), out of 67 students from different departments who initially expressed interest.

Participants were assigned to a 21-day Murattal Therapy protocol delivered online from December 19, 2022, to January 8, 2023. Each daily session was conducted via Zoom, lasting approximately 25 minutes. Although in-person therapy may allow for more individualized attention, evidence indicates that Murattal recitation can still exert significant therapeutic effects in online formats (Nasir & Abdul Rahman, 2011; Khan et al., 2020). Moreover, online delivery ensured consistency, accessibility, and daily adherence, which might not have been possible in a face-to-face setting. During sessions, participants listened attentively to a 20-minute recitation of Surah Rahman in Murattal style, followed by a spiritual practice of drinking a glass of water in three sips while whispering "Allah" thrice. Attendance and engagement monitored through Zoom logs and daily reminders. A dedicated WhatsApp group was used to share session links, provide motivational support, and maintain participant adherence.

While traditional Murattal therapy has often been conducted in person to maximize immersion and spiritual connection (Rafique et al., 2019; Irmawati et al., 2020), studies have demonstrated that virtual delivery can also be effective, particularly for student populations, due to accessibility and flexibility (Ali et al., 2021; Yusuf et al., 2022). However, it is acknowledged that online sessions may reduce certain therapeutic strengths such as direct supervision, immediate feedback, and deeper group cohesion that are possible in face-to-face settings. Two participants withdrew from the study due to personal reasons, resulting in a final sample of 48. After completing the 21-day protocol, participants filled out posttest questionnaires.

Results

Table 1 illustrate pretest posttest score of students on sleep, emotional regulation and aggression scale. Results show significant change in student's quality of sleep after intervention.

Discussion

The present research set out to examine whether listening to the Murattal recitation of Surah Rahman could bring changes in sleep quality, aggression, and emotional regulation among undergraduate students. The findings lend support to the main assumption of the study, showing that students who listened regularly experienced better sleep. This outcome is in line with earlier evidence reported by Jepisa et al. (2022) and Kurniyawan (2018), who also noted

Table I: Paired Sample T-Tests.

	Paired Differences					t (47)	p
Variables	М	SD	SE	SE 95% Confidence Interval		_	
				Lower	Upper	_	
Emotional Regulation	.269	.84	.19	15	.69	1.354	.193
Aggression	.21	1.21	.28	39	.82	.74	.46
Sleep Index	1.57	2.14	.50	.51	2.64	3.12	.01

Note: M= Mean, SD= Standard Deviation, SE= Standard Error

*p<0.05, **p<0.01, **p<0.001

that Murattal therapy had a positive effect on sleep, particularly among older adults. One of the most encouraging results of this project was the steady improvement in students' sleep quality after three weeks of intervention.

University life is often marked by irregular schedules, late-night study sessions, and excessive screen use—all of which disturb normal sleep patterns. Within this context, introducing a structured nightly routine of listening to a calm and spiritually meaningful recitation seemed to provide students with both rhythm and comfort. Many described the experience as a soothing practice that helped reduce mental restlessness at the end of the day. In this way, the recitation functioned almost like a natural aid to sleep, combining both relaxation and spiritual reassurance.

In contrast, the outcomes regarding aggression and emotional regulation were not as strong. This is perhaps understandable, as such patterns are deeply ingrained and usually shaped over long periods of time by personality, upbringing, and environment. A short, three-week program is unlikely to bring about lasting shifts in how people manage anger or regulate emotions. The psychological literature also points to the fact that methods such as cognitive-behavioral training, mindfulness exercises, or social skills practice usually require several months before significant changes become visible. Murattal therapy may contribute to calmness, but deeper emotional adjustment probably needs more time and, in many cases, additional strategies.

External pressures also played a role. Several students reported that academic stress, family responsibilities, or conflicts in their peer groups made it difficult to experience emotional improvement. For instance, a student struggling with ongoing financial issues or interpersonal conflict might not feel any difference in their aggression scores even after consistent participation in the sessions.

Limitations

While the results are promising, they should be viewed with caution. First, the intervention was delivered online. Although this made participation easier, it lacked the sense of shared experience and direct guidance that inperson gatherings can provide. Second, the participants were drawn from a single university and represented a relatively small group, limiting the extent to which the findings can be generalized. Third, the intervention lasted only 21 days. Longer periods may be necessary to capture meaningful changes in emotional or behavioral outcomes. Finally, factors such as lifestyle habits, diet, and social environment—each of which strongly influence mental health were not measured.

Conclusion

In sum, this study adds new evidence that daily listening to Surah Rahman in Murattal form can be a valuable and culturally relevant strategy for improving sleep quality among Muslim undergraduates. Although the effects on aggression and emotional regulation were modest, the findings highlight the potential of this practice to complement modern psychological care. With refinement, longer application, and integration into broader well-being programs, Murattal therapy could serve as a meaningful bridge between spiritual tradition and contemporary mental health promotion.

Recommendations for Future Research

Further studies should investigate Murattal therapy over longer periods of time to see whether gradual shifts in aggression and emotional regulation can be observed. Including participants from different universities, disciplines, and backgrounds would also provide a clearer picture of its broader applicability. Delivering the therapy in structured, face-to-face sessions may increase engagement and minimize distractions. Moreover, future work could combine Murattal therapy with

other supportive methods such as cognitivebehavioral approaches, peer support, or lifestyle counseling, to address student challenges more comprehensively.

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