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Surah Ad-Duha-Based Qur'anic Intervention: A Quasi Experimental Study of Psychological Distress and Spiritual Well-Being among Males with Substance Use Disorders

by

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CERTIFICATE OF APPROVAL

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(Maira Chaudhary)

Abstract

The present study examined the effectiveness of listening to Surah Ad-Duha in reducing psychological distress and enhancing spiritual well-being among males with substance use disorders undergoing rehabilitation. Substance use disorders are often associated with psychological distress, and spiritual disconnection, which may negatively affect recovery. This study aimed to explore the therapeutic potential of Qur'anic recitation as a psycho-spiritual intervention in rehabilitation settings. Initially, 66 male participants aged 18 to 40 years were recruited through purposive sampling. After participant withdrawals, the final sample comprised 58 participants, with 30 in the experimental group and 28 in the control group. The study employed a quantitative quasi-experimental pretest-posttest control group design. Data were collected using the Kessler Psychological Distress Scale (K10) and the Spiritual Well-Being Scale (SWBS). Data were analyzed using IBM SPSS version 21 through descriptive statistics, reliability analysis, paired-sample t-tests, independent-sample t-tests, one-way analysis of variance (ANOVA), and Cohen's d. The experimental group showed a significant reduction in psychological distress, $t(29) = 5.50$, $p < .001$, $d = 0.84$, and a significant improvement in spiritual well-being, $t(29) = 9.74$, $p < .001$, $d = 1.58$. Post-intervention comparisons showed significantly better outcomes in the experimental group for psychological distress, $t(58) = 3.07$, $p = .003$, $d = 0.80$, and spiritual well-being, $t(58) = 8.19$, $p < .001$, $d = 2.13$. Demographic variables, including age, education level, and duration of substance use, showed no significant influence on the study variables. These findings suggest that listening to Surah Ad-Duha can serve as an effective psycho-spiritual intervention to support emotional healing and spiritual resilience in substance use rehabilitation.

Keywords: Substance Use Disorder (SUD), Surah Ad-Duha (Qur'anic Listening), Psychological Distress, Spiritual Well-Being, Islamic Psycho-Spiritual Intervention, Addiction Rehabilitation, Male Substance Users

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Abbreviations

IPST	Islamic Psycho-Spiritual Theory
K10	Kessler Psychological Distress Scale
SAD	Surah Ad-Duha (Qur'anic Recitation)
SUD	Substance Use Disorder
SWBS	Spiritual Well-Being Scale

Chapter 1

Introduction

1.1 Background of the Study

Substance use disorder (SUD) remains a significant mental health concern worldwide, with individuals in rehabilitation centers often experiencing substantial psychological and emotional challenges during recovery (Connery et al., 2020). Males undergoing treatment for substance use disorder are particularly vulnerable to psychological distress, including anxiety, depression, stress, and emotional dysregulation, which may persist even after detoxification and negatively affect rehabilitation outcomes (Sinha, 2024). The Global Burden of Disease study estimated a standardized global prevalence of 1,574 substance use disorder (SUD) cases per 100,000 individuals, with consistently higher rates among males, highlighting a disproportionate male burden (Lu et al., 2025).

Similarly, in Pakistan, 6.7% of individuals aged 15–64 reported illicit drug use in the past year, with adult males far more affected than females, amounting to millions in need of clinical care (National Institute on Drug Abuse, 2020). These figures highlight that male individuals with substance use disorder (SUD) represent a considerable segment of clinical populations in rehabilitation settings, experiencing sustained psychiatric and functional impairment and an ongoing need for effective interventions (National Institute on Drug Abuse, 2020). Individuals with substance use disorders (SUDs) frequently experience elevated psychological

distress, including symptoms of anxiety, depression, and stress, which intensify the disorder and negatively affect treatment engagement, recovery outcomes, and quality of life (Khan et al., 2024).

Psychological distress not only intensifies individual suffering but is also associated with increased healthcare utilization, social dysfunction, and heightened vulnerability to relapse (Volkow and Blanco, 2023). In addition to psychological distress, spiritual well-being has emerged as a critical dimension of recovery and resilience among individuals with addictive disorders.

Despite recognition of the psychosocial complexity of SUD, conventional clinical approaches often under-emphasize culturally congruent, spiritually oriented resources that many individuals and communities rely upon to alleviate distress and foster connectedness(Ajluni, 2025). Within this context, spiritual well-being conceptualized as an individual's sense of purpose, meaning, and connectedness emerges as a significant protective factor, consistently associated with lower levels of psychological distress and enhanced coping among individuals with addictive disorders (Gyawali et al., 2016).

Integrating aspects of spirituality into treat-ment paradigms can thus contribute to holistic well-being, enhance engagement with clinical care, reduce relapse risk, and support long-term recovery outcomes (de Rezende-Pinto and Moreira-Almeida, 2023).

Within Islamic psychospiritual literature, engagement with the Qur'an through listening, recitation, or memorization has been proposed as a low-cost, culturally congruent intervention for reducing psychological distress. A systematic review examining the impact of listening to, reciting, or memorizing the Qur'an on physical and mental health outcomes among Muslims. They concluded that these practices are associated with measurable improvements across a range of clinical and non-clinical populations, including reductions in self-reported anxiety and stress (Che Wan Mohd Rozali et al., 2022). A more recent scoping review of the empirical literature similarly found that Qur'anic recitation and listening were consistently

associated with reductions in anxiety, stress, and depressive symptoms across diverse populations, including hospitalized patients, pregnant women, and healthy adults, though the authors noted that methodological rigor varies considerably across studies and called for more standardized randomized designs (Moulaei et al., 2023). Specific surahs have also been examined individually rather than the Qur'an as an undifferentiated whole; for instance, listening to Surah Al-Rehman has been shown to produce significant reductions in depressive symptoms relative to relaxation music, indicating that Qur'anic recitation may confer benefits beyond those attributable to general auditory relaxation (Rafique et al., 2017). This growing evidence base supports the plausibility that structured engagement with specific Qur'anic content, rather than religious practice in a generic sense, can function as a targeted psychospiritual intervention with measurable effects on emotional state.

Surah Ad-Duha occupies a distinctive place within this literature because of both its historical context of revelation and its thematic content. According to Islamic tradition, the surah was revealed during a period in which the Prophet Muhammad (peace be upon him) experienced a pause in revelation that caused him considerable personal distress, and the surah is understood as a direct message of reassurance responding to that distress.

Its verses emphasize that hardship is temporary, that one is not abandoned in moments of difficulty, and that what follows will be better than what came before, themes that align closely with therapeutic constructs such as hope, future orientation, and cognitive reappraisal of adversity (Rassool and Owens, 2025). Because these themes speak directly to feelings of abandonment, hardship, and uncertainty about the future, states commonly reported by individuals in addiction recovery, Surah Ad-Duha has been proposed as psychologically and spiritually relevant to populations experiencing sustained emotional distress. Preliminary empirical support for this proposition comes from recent work examining structured engagement with Surah Ad-Duha specifically among older men experiencing anxiety, which found that engagement with the surah's content was associated with reduced anxiety symptoms in this population, lending initial support to its use as

a targeted intervention rather than a generic relaxation practice (Akhtar et al., 2024). However, this evidence remains limited in scope, and no identified study to date has examined the effect of listening to Surah Ad-Duha specifically among men undergoing treatment for substance use disorder, a population for whom both psychological distress and spiritual disconnection are especially pronounced. The present study addresses this gap by examining the effect of listening to Surah Ad-Duha on psychological distress and spiritual well-being among males with substance use disorder undergoing rehabilitation. Its significance is threefold. First, at the clinical level, the study responds directly to evidence that emotional distress, rather than social or demographic circumstance, is among the strongest predictors of relapse, and it tests an intervention that is inexpensive, non-invasive, and readily deliverable within existing rehabilitation infrastructure (Fritz et al., 2024; Skeie et al., 2019). Second, at the cultural level, the study builds on the recognition that spiritually and religiously congruent interventions tend to be more acceptable, and potentially more effective, in populations for whom religious identity is central to daily life, addressing a long-standing critique that conventional treatment models under-emphasize such resources (Hai et al., 2019)(Ali Rehman, 2021; Hai et al., 2019). Third, at the empirical level, the study extends a still-emerging line of research on the psychospiritual effects of specific Qur'anic chapters, moving beyond broad claims about Qur'anic recitation in general toward a focused examination of a surah whose thematic content is directly relevant to the emotional experience of hardship and recovery (Akhtar et al., 2024; Rassool and Owens, 2025). In doing so, the study aims to generate evidence that can inform the design of more holistic, culturally responsive rehabilitation programs for men with substance use disorder, both within Pakistan and in other Muslim-majority treatment contexts facing similar clinical and cultural demands.

1.2 Gap Analysis

Although a growing body of literature suggests that listening to or reciting the Qur'an may have positive effects on mental health outcomes, the current evidence remains limited in scope, methodological rigor, and applicability to clinical

populations (Thowseaf et al., 2025). Studies have demonstrated that Qur'anic recitation can promote emotional calmness, reduce physiological stress responses, and alleviate symptoms of anxiety and depression, indicating its potential as a non-pharmacological psycho-spiritual intervention (Kannan et al., 2022). Similarly, systematic reviews have reported that engagement with Quranic listening and recitation is associated with reductions in psychological distress and improvements in overall well-being and quality of life across diverse populations (Moulaei et al., 2023). Despite these promising findings, the majority of existing studies have been conducted among healthy individuals, students, hospitalized patients, or general community samples, with limited attention given to individuals diagnosed with substance use disorders (SUDs).

Within the addiction literature, spirituality has increasingly been recognized as a protective factor that supports resilience, recovery, and relapse prevention (Shafie et al., 2025). Spiritual practices are believed to strengthen coping abilities, foster a sense of meaning and purpose, and enhance emotional regulation during recovery (Younas et al., 2025). However, relatively few studies have examined structured Qur'anic audio interventions as distinct therapeutic approaches within addiction treatment settings (Abd-alrazaq et al., 2020). Existing research on Islamic psycho-spiritual interventions in rehabilitation programs often incorporates multiple components, including prayer, religious counseling, spiritual discussions, and Qur'anic recitation, making it difficult to isolate the specific effects of individual interventions (Zainal Abidin et al., 2022). Additionally, quantitative investigations employing validated measures of psychological distress and spiritual well-being among male SUD populations remain scarce. Consequently, there remains a clear gap for rigorous, controlled research evaluating the effectiveness of listening to Surah Ad-Duha as a defined spiritual intervention specifically for males with SUDs in rehabilitation contexts.

1.3 Problem Statement

Although spirituality has been increasingly recognized as a supportive component in mental health and addiction recovery, empirical evidence on the effectiveness

of specific spiritual audio interventions remains limited (Owens et al., 2023). Systematic reviews suggest that listening to or reciting the Qur'an can reduce psychological distress, including anxiety, stress, and depression, across diverse populations, indicating its potential as a non-pharmacological intervention for mental health outcomes (Che Wan Mohd Rozali et al., 2022). Furthermore, Qur'anic recitation has been associated with emotional regulation, inner peace, and enhanced coping abilities, making it a promising spiritual resource for individuals experiencing psychological difficulties (Ghiasi and Keramat, 2018). However, existing research has primarily focused on general populations, medical patients, or individuals experiencing common psychological concerns, with little attention given to those diagnosed with substance use disorders (Kelly and Daley, 2013). More specifically, the therapeutic impact of listening to particular Surahs, such as Surah Ad-Duha, has not been empirically investigated despite its themes of hope, reassurance, resilience, and divine support during times of hardship. This represents a significant gap in the literature, particularly because individuals with SUD frequently experience elevated levels of psychological distress, hopelessness, and spiritual disconnection during recovery.

Surah Ad-Duha was specifically selected for the present study because it conveys reassurance following a period of difficulty and emphasizes divine care and support rather than abandonment (Salsabila et al., 2025). Its message of hope, encouragement, and reassurance during adversity further highlights its potential spiritual relevance to individuals experiencing psychological difficulties (Abu Quba and Al Qatawna, 2023). These themes are particularly relevant to individuals recovering from substance use disorders, who may experience psychological distress, hopelessness, guilt, and spiritual disconnection during rehabilitation. Thus, listening to Surah Ad-Duha may provide a culturally and spiritually meaningful source of reassurance and hope while complementing existing rehabilitation approaches.

Although previous research has reported beneficial effects associated with engagement with Surah Ad-Duha among individuals experiencing anxiety, empirical evidence specifically examining the effects of listening to Surah Ad-Duha among

individuals with substance use disorders remains limited (Akhtar et al., 2024). This represents an important gap in the literature, as it remains unclear whether a structured listening intervention based on this particular Surah can contribute to reductions in psychological distress and improvements in spiritual well-being among individuals undergoing rehabilitation for substance use disorders.

Moreover, studies examining spirituality in SUD treatment emphasize its role in relapse prevention, recovery maintenance, and psychological support; however, quantitative evidence evaluating structured spiritual practices integrated within rehabilitation settings remains scarce (Galanter et al., 2023). While spiritual well-being has been identified as a positive predictor of treatment outcomes among individuals with SUD, most research focuses on general spirituality rather than specific, culturally relevant spiritual interventions (Kane et al., 2024). Therefore, there is a need for clinically rigorous research to examine whether listening to Surah Ad-Duha can effectively reduce psychological distress and enhance spiritual well-being among males with substance use disorders undergoing rehabilitation.

1.4 Definition and Explanation of Study Variables

1.4.1 Psychological Distress

Psychological distress refers to a state of emotional suffering characterized by symptoms of anxiety, depression, stress, and emotional dysregulation, often resulting from prolonged exposure to internal or external stressors (Belay et al., 2021). It reflects an individual's inability to effectively cope with psychological, social, or environmental stressors and is often associated with impaired functioning and reduced well-being (Kupferberg and Hasler, 2023).

According to Kessler et al. (1994) psychological distress encompasses a broad range of non-specific psychological symptoms, including depression, anxiety, and

irritability, which may arise from various factors such as life stressors, traumatic experiences, and psychiatric conditions. As a result, psychological distress is widely recognized as an important indicator of overall mental health.

Among individuals with substance use disorders (SUDs), psychological distress is particularly prevalent and often contributes to the onset, maintenance, and relapse of substance use behaviors (Poudel et al., 2016). Research suggests that individuals with SUDs frequently experience elevated levels of distress due to withdrawal symptoms, interpersonal difficulties, social stigma, and unresolved emotional trauma (Fearon et al., 2024). These experiences may intensify feelings of hopelessness, anxiety, and emotional instability, making recovery more challenging (Acoba, 2024). Contemporary perspectives further conceptualize psychological distress as both a risk factor and a consequence of substance use, creating a cycle in which emotional suffering increases reliance on substances as a maladaptive coping mechanism (Moshfeghinia et al., 2025).

Recent evidence indicates that spiritually integrated interventions may help alleviate psychological distress by fostering emotional calmness, hope, and adaptive cognitive processing (Ellias et al., 2025). In particular, Qur'anic listening interventions have been associated with reductions in anxiety, stress, and negative emotional states, suggesting their potential therapeutic value (Kannan et al., 2022). Therefore, in the present study, psychological distress is examined as a primary outcome variable to evaluate the effectiveness of listening to Surah Ad-Duha among males with substance use disorders.

1.4.2 Spiritual Well-being

Spiritual well-being is defined as an individual's perceived sense of meaning, purpose, inner peace, and connectedness with oneself, others, and a transcendent reality (Al-Thani, 2025). It is considered an essential aspect of overall well-being that contributes to psychological, emotional, and social functioning (Al-Thani, 2025). Spiritual well-being enables individuals to find meaning in life experiences,

maintain hope during adversity, and develop a sense of harmony and fulfillment (Sumaiya et al., 2025). It is often associated with positive psychological outcomes, including greater life satisfaction, resilience, and emotional stability (Zhu et al., 2025).

From a theoretical perspective, Paloutzian and Ellison (1982), who developed the Spiritual Well-Being Scale, conceptualized spiritual well-being as consisting of two interrelated dimensions: Religious Well-Being (RWB) and Existential Well-Being (EWB). Religious well-being reflects the quality of an individual's relationship with God or a higher power, whereas existential well-being refers to one's sense of purpose, life satisfaction, and meaning independent of specific religious practices. This dual framework suggests that spiritual well-being encompasses both vertical (divine) and horizontal (existential) dimensions of human experience. Furthermore, Frankl (1963) emphasized that the search for meaning is a central human motivation, and the absence of meaning may result in existential emptiness and psychological suffering. In this sense, spiritual well-being serves as a protective factor by helping individuals construct meaning from suffering and adversity. Within the perspective of Islamic psychology, spiritual well-being is viewed as a state of balance and harmony among the (ruh), heart (qalb), intellect (aql), and self (nafs). This integration promotes self-awareness, moral development, emo-tional regulation, and a stronger connection with Allah, which are regarded as essential components of psychological health and personal growth (Rothman and Coyle, 2020). A spiritually healthy individual is believed to experience greater contentment, purpose, and capacity to cope with life's challenges (Bożek et al., 2020).

Moreover, empirical research has consistently shown that higher levels of spiritual well-being are associated with lower levels of anxiety, depression, and psychological distress, while enhancing hope, optimism, and adaptive coping strategies (Garssen et al., 2021). Among individuals with substance use disorders, spiritual well-being has been identified as a protective factor that supports recovery, reduces relapse risk, and promotes long-term adjustment (Bożek et al., 2020). Therefore, spiri-tual well-being serves as a key outcome variable in the present study, as listening

to Surah Ad-Duha may strengthen spiritual connectedness, enhance existential meaning, and facilitate psychological recovery among males with substance use disorders.

1.4.3 Surah Ad-Duha

To provide a clear understanding of the content and themes of Surah Ad-Duha, its English translation is presented below. The translation highlights key themes of hope, divine reassurance, gratitude, guidance, and resilience, which are relevant to the psychological distress and spiritual well-being examined in the present study. Thus, the translation provides a contextual and conceptual basis for the selection of Surah Ad-Duha as the spiritual intervention.

In the Name of Allah, the Most Gracious the Most Merciful

By the morning brightness, and [by] the night when it covers with darkness, Your Lord has not taken leave of you, [O Muhammad], nor has He detested [you]. And the Hereafter is better for you than the first [life]. A nd y our L ord i s g oing to give you, and you will be satisfied. D id H e not find yo u an or phan and gi ve [you] refuge? And He found you lost and guided [you], And He found you poor and made [you] self-sufficient. So as for the or phan, do not op press [h im]. And as for the petitioner, do not repel [him]. But as for the favor of your Lord, report [it]. (Quran 93:1-11)

Surah Ad-Duha, literally meaning "The Morning Brightness" or "The Forenoon," is the 93rd chapter of the Qur'an and comprises 11 verses. It was revealed in Mecca during a period of emotional difficulty and perceived divine silence experienced by the Prophet Muhammad (P.B.U.H.), conveying a profound message of divine reassurance, hope, and optimism for believers (Allibaih, 2019; Saifullah et al., 2023).

The surah was revealed to console the Prophet (P.B.U.H.) when revelation temporarily paused and his opponents claimed that Allah had forsaken him. It explicitly affirms that divine care persists even in times of perceived abandonment, stating that the Lord has neither forsaken nor displeased His servant (MATW Project, 2024). The thematic core of Surah Ad-Duha emphasizes hope, gratitude,

and reassurance, affirming that ease follows hardship and that future blessings surpass past distress. Psychospiritual interpretations suggest that reflective engagement with this surah through listening or recitation aligns with therapeutic processes such as cognitive reframing, emotional regulation, and meaning-making, thereby supporting emotional resilience (Tahir and Abdullah, 2025; Rasool, 2023). Additionally, the surah promotes gratitude and social compassion by encouraging kindness toward orphans and the needy, integrating cognitive, emotional, and spiritual dimensions that may positively influence psychological and spiritual well-being (MATW Project, 2024).

Qur'anic interpretations provide significant insight into the psychological and spiritual themes embedded in Surah Ad-Duha. According to Kathir (2000), the Surah was revealed during a temporary pause in divine revelation (fatrah al-wahy), a period in which the Prophet Muhammad (peace be upon him) experienced emotional distress and concern. Ibn Kathir explains that the Surah served as a divine reassurance, affirming that Allah had neither abandoned nor forsaken the Prophet, while promising future ease and blessings. This interpretation highlights the Surah's core psychological themes of hope, reassurance, and emotional consolation.

Similarly, Al-Tabari (2001) situates the revelation of Surah Ad-Duha within a historical context in which the disbelievers of Makkah mocked the Prophet during the interruption of revelation. Al-Tabari emphasizes that the Surah was revealed to strengthen the Prophet's faith, reaffirm his divine mission, and provide spiritual comfort during a period of external criticism and internal uncertainty. This interpretation underscores the Surah's role in fostering resilience and perseverance under adversity.

Likewise, Al-Qurtubi (2003) highlights the themes of gratitude, compassion, and social responsibility in Surah Ad-Duha. He explains that the Surah reminds believers of Allah's blessings, including guidance, provision, and support, while encouraging kindness toward orphans and the needy as an expression of gratitude.

This perspective reflects the connection between spiritual awareness and prosocial

behavior, which is often associated with enhanced psychological well-being.
In addition, Ibn Abbas, as cited in Al-Tabari (2001), interpreted the imagery of darkness in the Surah as symbolizing the period before revelation, whereas the brightness of the morning represented the arrival of divine guidance and prophetic mission. This symbolic interpretation illustrates the transformative movement from despair to hope, a theme highly relevant to psychological recovery. Furthermore,**?** Jalal ad-Din al-Mahalli and Jalal ad-Din as-Suyuti (2007), in Tafsir al-Jalalayn, also describe Surah Ad-Duha as a source of consolation for the Prophet during personal hardship, reaffirming Allah's continued care and support.

Collectively, these classical interpretations indicate that Surah Ad-Duha carries profound psychological and spiritual meanings centered on reassurance, hope, gratitude, and resilience, making it particularly relevant in therapeutic and rehabilitation contexts.

Chapter 2

Literature Review

2.1 Psychological Distress among Individuals with Substance Use Disorder

Psychological distress is a prevalent concern among individuals diagnosed with substance use disorder (SUD), particularly those undergoing treatment in rehabilitation centers. Individuals with SUD frequently experience heightened levels of anxiety, depression, guilt, emotional dysregulation, and cognitive impairment, which complicate recovery and increase the risk of relapse (Stellern et al., 2023). According to the National Institute on Drug Abuse, prolonged substance dependence significantly affects emotional functioning, stress tolerance, and psychological stability.

In recent years, increasing scholarly attention has been directed toward integrating spiritually oriented interventions within addiction treatment and mental health care, especially in culturally congruent contexts (Lucchetti et al., 2021). Within Muslim populations, listening to Qur'anic recitation has emerged as a potentially therapeutic practice that promotes emotional regulation, spiritual comfort, and psychological relief (Kannan et al., 2022). Despite its widespread use within Islamic societies, empirical exploration of specific Qur'anic chapters such as Surah Ad-Duha remains limited, particularly among males with SUD residing in rehabilitation settings.

Substance use disorder is strongly associated with increased psychological distress, including depression, anxiety, emotional dysregulation, and impaired coping mechanisms (Moshfeghinia et al., 2025). Recent evidence suggests that individuals with SUD often use substances as maladaptive strategies to regulate overwhelming emotions and unresolved trauma (Stellern et al., 2023). World Health Organization reported that co-occurring psychological distress significantly worsens treatment outcomes and increases relapse vulnerability (World Health Organization, 2022). Similarly, American Psychiatric Association emphasized that substance dependence frequently coexists with emotional disorders, creating a cycle where distress both precedes and maintains addictive behavior (American Psychiatric Association, 2024). Research by Augusto et al. (2025)further highlighted that chronic substance use alters brain reward systems and stress pathways, impairing emotional regulation and increasing sensitivity to negative affective states. This neuropsychological disruption often leads to persistent psychological suffering, making recovery difficult without integrated psychological and spiritual support.

2.2 Effects of Qur'anic Recitation on Psychological Distress

Existing literature provides substantial evidence supporting the psychological benefits of Qur'an recitation. A systematic review by Che Wan Mohd Rozali et al. (2022) found that listening to, reciting, or memorizing the Qur'an had favorable effects on depression, anxiety, physiological parameters, and overall quality of life, highlighting its potential as a complementary therapeutic intervention.

In Islamic tradition, the Qur'an itself is described as a source of *"healing and mercy,"* em-phasizing its spiritual and psychological significance (Qur'an 17:82) (Hechehouche et al., 2020). Supporting this, Hechehouche et al. (2020), reported that listening to Qur'anic recitation significantly reduced anxiety, stress, and depressive symptoms while enhancing emotional regulation and promoting inner calm. Together, these findings suggest that Qur'anic recitation offers both spiritual reassurance and psy-chological relief, making it a promising intervention for emotional well-being.

Extending this evidence, (Thowseaf et al., 2025) examined the effect of Qur'anic recitation on emotional well-being, cognitive clarity, and psychological resilience and found that regular engagement with Qur'anic recitation significantly improved emotional stability, concentration, and resilience. The authors highlighted that the rhythmic and spiritually meaningful nature of Qur'anic recitation promotes inner peace and emotional balance, which are essential for psychological recovery. These findings are particularly relevant for individuals with substance use disorders, as enhanced resilience and emotional regulation can support rehabilitation and reduce psychological distress during recovery.

2.3 Empirical Evidence on the Therapeutic Effects of Qur'anic Recitation

Recent empirical studies have expanded this perspective by examining specific Surahs as therapeutic interventions. Khalid and Gull (2025) conducted a quasi-experimental study investigating the efficacy of Surah Rahman Murottal Therapy among 48 Muslim university students in Pakistan. The intervention involved structured daily listening sessions over 21 days, and the findings revealed significant improvements in sleep quality, alongside positive although statistically non-significant changes in aggression and emotional regulation. These findings suggest that repeated exposure to Qur'anic recitation may contribute to emotional restoration and improved psychological functioning. Similarly, Queen et al. (2023) examined the effectiveness of Qur'anic audio therapy on students' concentration and found that participants exposed to Qur'anic recitation demonstrated significantly greater improvements in concentration and attentional control compared to individuals exposed to Arabic songs. The structured auditory intervention highlighted the cognitive-enhancing effects of spiritually based listening practices. Further supporting these findings, Safrilsyah et al. (2024) conducted a quasi-experimental study among university students and found that participants exposed to Qur'anic recitation demonstrated significantly higher post-test attention scores compared to the control group. The study highlighted that listening to

Qur'anic audio enhanced concentration, mental focus, and attentional processing. These findings suggest that Qur'anic recitation may serve as an effective cognitive and emotional regulation tool, particularly in contexts where maintaining focus and psychological stability is essential. Such outcomes are especially relevant in rehabilitation settings, where improved attention and emotional control can facilitate recovery and strengthen coping abilities.

Further strengthening this evidence, Samhani et al. (2022) examined the synchronization effects of listening to Qur'anic recitation on cognition and found that the rhythmic structure of Qur'anic audio may improve cognitive processing and attentional functioning through neuronal synchronization. Their findings suggest that Qur'anic listening can positively influence mental focus and cognitive performance. The findings suggest that Qur'anic auditory exposure may strengthen both cognitive and affective functioning through repetitive spiritual engagement.

Similarly, Moulaei et al. (2023) conducted a scoping review examining the effects of Qur'anic recitation and listening on anxiety, stress, and depression across diverse populations. The review found consistent evidence that Qur'anic listening significantly reduced stress and anxiety while promoting emotional calmness and psychological stability. The authors concluded that Qur'anic recitation may serve as an effective non-pharmacological coping strategy for managing psychological distress and enhancing emotional regulation. Adding to this evidence, Yuwanto et al. (2025) explored the effectiveness of Qur'anic audio therapy among ICU and ED nurses experiencing occupational stress and found notable improvements in emotional regulation, spiritual reflection, and stress reduction following seven days of listening to Surah Ar-Rahman. The findings further support the role of Qur'anic listening as a culturally grounded intervention for enhancing psychological well-being. These results further support the restorative psychological effects of spiritually meaningful auditory interventions.

The therapeutic effects of Qur'anic listening have also been explored within medically and psychologically vulnerable populations. AbuRuz et al. (2023), in a randomized controlled trial among 165 Jordanian patients recovering from coronary

artery bypass graft surgery, found that listening to Holy Qur'an recitation significantly reduced anxiety and depressive symptoms compared to standard care. The study highlighted the therapeutic potential of Qur'anic recitation in promoting emotional comfort and psychological relaxation during recovery. These findings suggest that Qur'anic listening can function as an effective non-pharmacological intervention for managing psychological distress. Such evidence is particularly relevant for individuals with substance use disorders, where anxiety and depression are common challenges during rehabilitation and recovery.

Likewise, Ahmed et al. (2024) conducted a pre-post quasi-experimental study among cancer patients in Karachi and observed significant reductions in depressive symptoms following exposure to Qur'anic verses recitation. These findings collectively indicate that Qur'anic listening may serve as an effective complementary psycho-spiritual inter-vention capable of alleviating emotional suffering and psychological distress across diverse clinical populations.

Furthermore, Zubairi (2022) examined the educational and spiritual values embedded within verses 9 to 11 of Surah Ad-Duha and argued that the chapter promotes compassion, resilience, gratitude, and reliance upon Allah during times of adversity. The author emphasized that these values foster psychological strength and spiritual maturity, enabling individuals to navigate challenges with greater confidence and emotional stability. Such characteristics are particularly relevant within addiction recovery settings, where resilience and adaptive coping mechanisms are essential for maintaining abstinence and preventing relapse.

2.4 Qur'anic Surahs as Psycho-Spiritual Intervention

Furthermore, (Akhtar et al., 2024) examined the effectiveness of understanding Surah Ad-Dhuha as a psycho-spiritual intervention for reducing anxiety among older men residing in old homes. Using a quasi-experimental pretest-posttest control group design, the study found that participants who received the intervention

demonstrated significantly lower anxiety levels than those in the control group. The authors suggested that the themes of hope, reassurance, divine care, and trust in Allah conveyed in Surah Ad-Dhuha contributed to improved emotional well-being and psychological resilience. These findings provide empirical support for the therapeutic value of Surah Ad-Dhuha and indicate that its spiritually meaningful messages may help alleviate psychological distress.

Hanafi et al. (2024) conducted a non-blinded randomized controlled trial examining the effect of listening to Holy Qur'an recitation on stress among 40 healthy male adults aged 19 to 23 years, who were randomly allocated to either a control group or a Qur'an-listening group. Using objective biofeedback indicators, including electromyography, skin conductance, and heart rate, the researchers found that participants in the Qur'an-listening group demonstrated significantly greater reductions in electromyographic and skin-conductance stress markers than those in the control group following an induced stress protocol.

This finding is particularly important because it moves beyond self-report measures, which dominate much of the earlier literature, and instead provides physiological confirmation that Qur'anic recitation produces a measurable relaxation response at the level of the autonomic nervous system. The authors proposed that this effect may occur through reduced adrenocorticotropic and cortisol hormone activity, offering a plausible biological mechanism that complements the psychological and spiritual explanations advanced within Islamic Psycho-Spiritual Theory (Rothman and Coyle, 2018).These results lend empirical weight to the assumption underlying the present study, namely that listening to a specific Qur'anic chapter, such as Surah Ad-Duha, may reduce physiological and psychological indicators of distress beyond what could be attributed to general relaxation alone.

In a related physiological investigation, Ghazali et al. (2024) examined the relationship between Qur'an memorization and heart rate variability (HRV), a recognized biomarker of autonomic nervous system regulation and stress resilience. Comparing individuals who had memorized substantial portions of the Qur'an

with non-memorizers, the researchers found that Qur'an memorizers exhibited more favorable HRV profiles, i ndicative o f s tronger p arasympathetic regulation and greater physiological resilience to stress.

Although this study examined memorization rather than passive listening, its findings are conceptually relevant to the present research because they suggest that sustained, repeated engagement with Qur'anic text whether through memorization or structured listening, as employed in the present study's eight-session intervention may produce durable changes in physiological stress regulation over time. This supports the theoretical expectation that repeated exposure to Surah Ad-Duha across four weeks, rather than a single listening session, would be necessary to produce the significant reductions in psychological distress observed in the ex-perimental group of the present study.

Directly relevant to the population examined in the present research, Hetland et al. (2024)conducted a prospective longitudinal cohort study examining predictors of long-term psychological distress among patients with polysubstance use disorders.

Using repeated assessments over a five-year period, the researchers found that cognitive impairment at treatment intake was a significant predictor of persistently elevated psychological distress, even after controlling for baseline symptom severity. This finding underscores the clinical complexity of psychological distress within SUD populations and suggests that distress in this group may be maintained by cognitive as well as emotional and spiritual mechanisms.

For the present study, this reinforces the importance of employing a structured, repeated-exposure intervention format such as the eight-session Surah Ad-Duha listening protocol rather than a single-session intervention, since cumulative and repeated psycho-spiritual engagement may be required to produce durable reductions in distress among individuals with substance use histories, particularly given the cognitive vulnerabilities that (Hetland et al., 2024) identified within this population.

2.5 Islamic Spiritual Interventions and Psychological Distress

Turning to controlled intervention research within Muslim clinical populations more broadly, Saged et al. (2022)conducted a randomized controlled trial examining the effect of an Islamic religion-based intervention, centered on remembrance of Allah and seeking Allah's forgiveness, on depression and anxiety among 62 Muslim patients in Malaysia. Participants were randomly assigned to receive either the Islamic-based intervention or a control condition, with depression and anxiety assessed using standardized psychometric instruments before and after 30 structured sessions delivered over 15 weeks. The results demonstrated that the Islamic-based intervention produced statistically significant reductions in both depression and anxiety relative to the control group, with participants also reporting improved general health and a stronger sense that their circumstances were guided by divine will (Qader). This study offers an important methodological parallel to the present research: like the present study, Saged et al. (2022) employed a controlled, repeated-session design to evaluate a specific, clearly defined Islamic spiritual practice rather than a broad or unstructured conceptualization of religiosity, thereby strengthening the internal validity of conclusions drawn about the specific practice's therapeutic effect. Their findings, obtained within a Malaysian Muslim clinical sample, further support the cross-cultural generalizability of Islamic psycho-spiritual interventions such as the Surah Ad-Duha listening protocol employed among Pakistani males with SUD in the present study.

Extending this line of research into cardiac and psycho-physiological outcomes, Amjadian et al. (2020) conducted a pilot randomized controlled trial examining the effects of an Islamic spiritual intervention, compared with a breathing-technique biofeedback intervention and a usual-care control condition, on anxiety, depression, and psycho-physiologic coherence among patients recovering from coronary artery bypass graft surgery. Sixty patients were randomly assigned across the three conditions and received eight weeks of structured treatment. The results indicated that the religious intervention group demonstrated the greatest reduction

in depression scores among the three groups, with analysis of covariance also revealing significant between-group differences in anxiety favoring the religious and breathing intervention groups over usual care.

Although conducted with a medical rather than an addiction population, this study is methodologically instructive for the present research in demonstrating that structured Islamic spiritual interventions, delivered across multiple weekly sessions, can outperform both active comparison conditions and passive usual care in reducing clinically significant psychological symptoms, a pattern consistent with the present study's finding that the Surah Ad-Duha experimental group showed significantly greater improvement than the nature-sounds control group.

2.6 Spiritual and Faith-based Interventions in Substance Use Recovery

Finally, and most directly relevant to the population under investigation in the present thesis, Yeung (2022) examined the relationship between faith-based intervention, change in religiosity, and abstinence outcomes among recovering substance addicts enrolled in either a faith-based or a secular treatment program.

Using the Brief Multidimensional Measure of Religiousness/Spirituality to track change over the course of treatment, the study found that increases in religiosity during treatment were associated with improved abstinence outcomes, and that participants in the faith-based program demonstrated greater gains in religiosity than those in the secular program. Yeung (2022) argued that faith-based treatment settings may facilitate a deeper and more sustained engagement with spiritual practice than secular settings, which in turn supports behavioral change and relapse prevention. This finding provides direct empirical support for the premise of the present study: that a structured, faith-congruent intervention, specifically, listening to Surah Ad-Duha may offer clinical benefits for individuals with SUD that extend beyond what generic relaxation-based approaches, such as the nature-sounds condition used with the control group, are able to provide.

Similarly, Naz and Rubab (2026) explored the psychological and linguistic dimensions of Surah Ad-Duha through an interdisciplinary framework and argued that its language serves as a source of emotional reassurance and spiritual healing. The authors highlighted that the Surah's comforting tone, repetitive structure, and vivid imagery evoke feelings of hope, divine care, and inner peace, which may help individuals regulate distressing emotions and strengthen spiritual connectedness.

Their analysis further emphasized that the central message of divine reassurance within the Surah fosters resilience, optimism, and meaning-making during periods of hardship. These therapeutic and spiritual qualities are particularly significant for individuals with substance use disorders, who often struggle with hopelessness, guilt, and emotional instability during recovery. Thus, the psychospiritual themes embedded in Surah Ad-Duha may offer a valuable supportive mechanism for reducing psychological distress and enhancing spiritual well-being in rehabilitation settings.

2.7 Surah Ad-Duha: Psychological Themes and Spiritual Significance

The psychological relevance of Surah Ad-Duha has also been explored through linguistic and discourse-based analyses. Abu Quba and Al Qatawna (2023) investigated the discourse structure of the surah and found that its linguistic organization consistently conveys themes of divine mercy, reassurance, hope, and human resilience. The study suggested that the Surah's language serves not only a religious function but also provides emotional support and cognitive reframing for individuals facing hardship.

Complementing these findings, recent interdis-ciplinary research examining the language of Surah Ad-Duha reported that the chapter contains rich imagery, repetition, and parallelism that evoke psychological comfort and emotional reassurance among readers and listeners Abu Quba and Al Qatawna (2023).

Further evidence supporting the therapeutic potential of Surah Ad-Duha is provided by Al Alwani and Qassim Mikhlif Obaid (2022), who analyzed affirmation structures in the short Qur'anic chapters from Surah Ad-Duha to Surah An-Nas. The findings revealed a remarkable concentration of rhetorical affirmations and repeated expressions that strengthen meaning, reinforce certainty, and enhance the persuasive power of the Qur'anic message.

From a psychological perspec-tive, repeated affirmations may contribute to cognitive restructuring, positive self-perception, and emotional regulation, thereby providing a possible mechanism through which listening to Surah Ad-Duha may influence psychological well-being.

Among the various Qur'anic chapters discussed in Islamic psycho-spiritual literature, Surah Ad-Duha holds particular emotional and therapeutic relevance due to its historical context and thematic content. According to Islam (2022), Surah Ad-Duha was revealed during a period in which the Prophet Muhammad (PBUH) experienced emotional hardship and temporary interruption of revelation. The Surah emphasizes divine reassurance, hope, gratitude, emotional healing, and optimism regarding future ease after hardship. Such themes strongly resonate with individuals struggling with substance dependence, who frequently experience hopelessness, guilt, shame, emotional emptiness, and spiritual disconnection.

Islamic psychological frameworks proposed by Rothman and Coyle (2020) suggest that reconnecting individuals with divine mercy, meaning, and purpose can strengthen resilience and reduce psychological distress. Nevertheless, despite the conceptual relevance of Surah Ad-Duha within addiction recovery, empirical studies specifically examining its direct psychological impact remain scarce.

2.8 Spiritual Well-being and Substance Use Disorder Recovery

Spiritual well-being has consistently been identified as a protective factor in addiction recovery and psychological functioning. Kane et al. (2024) explained that

spiritual well-being contributes to emotional stability, treatment adherence, resilience, meaning-making, and sustained abstinence among individuals recovering from substance use disorders. Similarly, Syed Zainal Ariff (2025) highlighted that spiritually integrated interventions among Muslim populations improve treatment engagement and mental health outcomes by enhancing connectedness with Allah and strengthening adaptive coping strategies. Alckmin-Carvalho et al. (2025) further emphasized that spiritual practices reduce depressive symptoms and improve coping abilities among individuals experiencing addiction-related distress. These findings align with the Islamic Psycho-Spiritual framework, which conceptualizes spirituality as central to emotional healing and psychological balance. However, Aggarwal et al. (2023) noted that much of the existing literature conceptualizes spirituality as a broad multidimensional construct without isolating the therapeutic contribution of specific Qur'anic chapters or listening-based interventions. Consequently, empirical clarity remains limited regarding how listening to a specific Surah may uniquely enhance spiritual well-being while simultaneously reducing psychological distress (Moulaei et al., 2023).

2.9 Need for Surah Ad-Duha-Based Psycho-spiritual Intervention in SUDs

Growing literature within Islamic psychology also highlights the significance of spiritually integrated interventions in promoting mental health and psycho-spiritual healing. Graça and Brandão (2024) emphasized that religious and spiritual practices facilitate emotional regulation, resilience, hope, and psychological stability by strengthening an individual's relationship with God. Similarly, Rassool (2024) explained that Islamic counselling approaches incorporating Qur'anic reflection, prayer, and remembrance of Allah can effectively reduce depression, anxiety, and emotional distress among Muslim individuals. Research conducted among Muslim university students further indicated that spiritual intelligence and Islamic educational engagement were associated with lower depression, anxiety, and stress levels alongside greater meaning-making capacities and emotional resilience. These

findings support the possibility that spiritually meaningful interventions such as listening to Surah Ad-Duha may positively influence both psychological distress and spiritual well-being among males with SUD.

Despite the growing evidence supporting Qur'anic recitation and spiritually integrated interventions, important gaps remain in the existing literature. Most previous studies have examined Qur'anic recitation broadly or have focused on populations such as university students and medical patients, while limited research has investigated the effects of listening to a specific Surah among individuals with substance use disorder (SUD) in rehabilitation settings. In particular, empirical evidence on Surah Ad-Duha as a structured psycho-spiritual intervention for males with SUD remains scarce. Furthermore, few studies have simultaneously examined psychological distress and spiritual well-being as outcomes within an integrated intervention framework.

Therefore, the present study addresses this gap by examining the effectiveness of listening to Surah Ad-Duha in reducing psychological distress and enhancing spiritual well-being among males with SUD undergoing rehabilitation. Using a quasi-experimental pretest–posttest control group design, the study aims to provide empirical evidence regarding the potential of a culturally and spiritually relevant Qur'anic intervention within addiction rehabilitation settings.

2.10 Theoretical Framework

The present study is grounded in the Islamic Psycho-Spiritual Theory proposed by Rothman and Coyle (2018), which conceptualizes human psychological and spiritual well-being as the result of harmony among four interconnected dimensions: the ruh (spirit), qalb (heart), 'aql (intellect), and nafs (self). According to this theory, the ruh represents the innate spiritual essence of the human being, naturally inclined toward Allah and divine truth. The qalb serves as the center of emotional, moral, and spiritual perception, shaping an individual's emotional experiences and ethical awareness. The 'aql governs reasoning, reflection, and

decision-making, whereas the nafs encompasses the self, including human desires, impulses, and internal struggles. Psychological and spiritual functioning are optimized when these dimensions remain balanced and aligned with divine guidance. Rothman and Coyle (2018) further proposed that psychological distress arises when this psycho-spiritual equilibrium is disrupted. Such disruption may result from spiritual disconnection, diminished remembrance of Allah (dhikr), the dominance of the lower nafs, and impaired regulation of the qalb and 'aql. Within this framework, experiences such as anxiety, hopelessness, guilt, and inner emptiness are understood not merely as manifestations of psychological dysfunction but also as indicators of spiritual imbalance.

Consequently, substance use disorders can be conceptualized as maladaptive coping responses adopted to temporarily alleviate unresolved emotional pain and spiritual emptiness rather than solely as behavioral pathology. This theoretical perspective provides a culturally and religiously rele-vant framework for understanding addiction-related psychological distress among Muslim males and supports the use of spiritually integrated interventions aimed at restoring psycho-spiritual balance.

The present study applies the Islamic Psycho-Spiritual Theory proposed by Rothman and Coyle (2018) to explain how listening to Surah Ad-Duha may reduce psychological distress and enhance spiritual well-being among males with substance use disorders. From this theoretical perspective, Qur'anic recitation serves as a psycho-spiritual intervention that facilitates the restoration of balance among the ruh, qalb, 'aql, and nafs. Rothman and Coyle (2020)further explained that listening to the Qur'an promotes psycho-spiritual healing by restoring the equilibrium of the qalb through divine remembrance (dhikr), emotional reassurance, and spiritual reflection. Consistent with this perspective, Nurdiani et al. (2025) reported that listening to Qur'anic recitation contributes to emotional relaxation, reduces anxiety and physiological stress, and fosters psychological comfort, inner peace, and spiritual tranquillity. Within the Islamic tradition, the Qur'an is also regarded as a source of healing (shifa) for both the heart and mind, particularly during periods of emotional suffering and hopelessness.

In particular, Surah Ad-Duha conveys themes of divine mercy, hope, reassurance, and relief after hardship, which may strengthen emotional resilience, alleviate psychological distress, and promote spiritual well-being. These themes are consistent with the principles of the Islamic Psycho-Spiritual Theory, which posits that psychological and spiritual health is restored when individuals reconnect with Allah and re-establish harmony among the ruh, qalb, 'aql, and nafs (Rothman and Coyle, 2018). The therapeutic significance of hope is further supported by Laranjeira and Querido (2022), who reported that hope-centered interventions and optimistic cognitive frameworks play a significant role in reducing despair and promoting psychological recovery among individuals experiencing addiction and emotional suffering.

Such findings are particularly relevant to males with substance use disorders, who commonly experience guilt, hopelessness, emotional emptiness, and uncertainty about the future. Furthermore, Koenig (2012) emphasized that spiritual practices strengthen an individual's relationship with God while fostering emotional regu-lation, inner peace, resilience, and adaptive coping.

Similarly, Rassool (2016) highlighted that religious coping and spiritual engagement among Muslim populations are associated with lower levels of depression, anxiety, and stress, alongside greater meaning in life and psychological well-being. Thus, listening to Surah Ad-Duha may function not only as a calming auditory experience but also as a spiritually restorative process that reinforces patience, hope, and trust in Allah's support.

Within this framework, listening to Surah Ad-Duha functions as the independent psycho-spiritual stimulus, psychological distress represents the emotional outcome, and spiritual well-being acts as a restorative and protective mechanism. According to Laures-Gore and Laures-Gore and Griffey (2023), enhanced spiritual well-being strengthens self-regulation, emotional stability, resilience, and meaning-making abilities, thereby reducing reliance on maladaptive coping strategies such as substance use. Spiritual well-being also enhances purposefulness, connectedness, and hopefulness, which are essential elements in addiction recovery and relapse prevention. Consequently, individuals with stronger spiritual well-being may experience

lower psychological distress because they perceive greater emotional support, inner strength, and existential meaning throughout recovery (Bagereka et al., 2023).

Furthermore, the quasi-experimental nature of the present study is theoretically justified within Islamic Psycho-Spiritual Theory because psycho-spiritual interventions are expected to produce measurable psychological and spiritual changes over time. Exposure to Surah Ad-Duha may gradually reshape emotional cognition through repeated reassurance and spiritual reflection, ultimately leading to reductions in psychological distress and improvements in spiritual well-being. Altogether, this framework conceptualizes Surah Ad-Duha as a spiritually therapeutic intervention that restores psycho-spiritual balance, alleviates psychological distress, and enhances spiritual well-being among males with substance use disorder undergoing rehabilitation.

2.11 Rationale of the Study

Substance use disorders (SUDs) represent a significant global mental health challenge and are increasingly prevalent in countries such as Pakistan (Connery et al., 2020). Individuals with SUDs frequently experience heightened levels of psychological distress, including anxiety, depression, guilt, and hopelessness, which not only contribute to the initiation and maintenance of substance use but also increase relapse risk during recovery (Volkow and Blanco, 2023).

Although conventional treatment approaches emphasize pharmacological management and cognitive be-havioural interventions, growing evidence suggests that these models often inad-equately address the deeper emotional and spiritual dimensions of distress, par-ticularly within culturally and religiously grounded populations (Patterson et al., 2025). In Muslim-majority contexts, where faith-based coping and spiritual prac-tices are deeply embedded in daily life, the exclusion of spiritual resources repre-sents a critical gap in addiction research and rehabilitation practices.

Previous research indicates that spiritually integrated interventions can significantly reduce psychological distress and improve coping among individuals with

addictive disorders by fostering meaning, emotional regulation, and connectedness (Ajluni, 2025). Specifically, Quranic listening and recitation have been identified as non-pharmacological, culturally congruent interventions that promote emotional calmness and physiological relaxation (Che Wan Mohd Rozali et al., 2022).

Systematic reviews conducted after 2020 demonstrate that exposure to Quranic recitation is associated with reductions in anxiety, stress, and depressive symptoms across diverse populations, including clinical and non-clinical groups (Moulaei et al., 2023). Despite this growing body of evidence, most existing studies have been conducted in general populations or medical settings, with limited focus on individuals undergoing substance use rehabilitation, particularly males who often experience stigma-related barriers to emotional expression and help-seeking (Khan and Jabeen, 2022).

Furthermore, although psychological distress has been widely studied in relation to substance use, its interaction with spiritual well-being remains underexplored in empirical research, especially within Islamic contexts (Shafie et al., 2025). Spiritual well-being, encompassing meaning, purpose, and connectedness, is underexplored yet may protect against maladaptive coping (Younas et al., 2025). Islamic Psycho-Spiritual Theory posits that disruptions in spiritual harmony weaken self-regulation and increase vulnerability to emotional distress, thereby reinforcing addictive behaviours (Rothman and Coyle, 2018). However, empirical investigations examining how specific Quranic chapters may enhance spiritual well-being and consequently reduce psychological distress are scarce.

Surah Ad-Duha holds particular relevance as a spiritual intervention because it was revealed during a period of emotional hardship and conveys themes of divine reassurance, hope, and future optimism (Islam, 2022). These themes directly resonate with the emotional experiences of individuals with SUDs, who commonly struggle with feelings of abandonment, worthlessness, and despair (Laranjeira and Querido, 2022). Yet, despite its theological and psychological relevance, Surah Ad-Duha has not been systematically examined as a targeted intervention within addiction rehabilitation research.

Therefore, the present study is designed to address these gaps by examining the effects of listening to Surah Ad-Duha on psychological distress and spiritual well-being among males with substance use disorders in a rehabilitation setting. By integrating spiritual well-being as a restorative variable, this study extends existing literature beyond symptom-focused models and offers a culturally responsive framework for understanding recovery.

Overall, this research provides contextually grounded evidence that may inform holistic rehabilitation practices, support spir-itually integrated mental health interventions, and contribute to the development of culturally sensitive treatment models for substance use disorders in Pakistan and similar settings.

2.12 Research Objectives of the Study

Objectives of the study are as follows:

i. Research objective 1

To examine the effectiveness of listening to Surah Ad-Duha in reducing psychological distress and enhancing spiritual well-being among participants in the experimental group.

ii. Research objective 2

To compare post-intervention levels of psychological distress and spiritual well-being between the experimental and control groups.

iii. Research objective 3

To examine whether psychological distress and spiritual well-being differ across selected demographic variables, including age, education level, and duration of substance use, among males with substance use disorders.

2.13 Hypotheses

H1: Listening to Surah Ad-Duha significantly reduces psychological distress and enhances spiritual well-being among participants in the experimental group.

H2: There is a significant difference in post-intervention psychological distress and spiritual well-being between the experimental and control groups.

H3: Psychological distress and spiritual well-being differ significantly across selected demographic variables, including age, education level, and duration of substance use, among males with substance use disorders.

Chapter 3

Research Methodology

3.1 Research Design

This study employed a quasi-experimental design to examine the effects of listening to Surah Ad-Duha on psychological distress and spiritual well-being among males with substance use disorders. Participants were divided into an experimental group and a control group.

Pretest measures were administered before the intervention to assess baseline levels of psychological distress and spiritual well-being, while posttest measures were conducted after the intervention to evaluate changes.

This design allowed the researcher to assess the effectiveness of the Qur'anic intervention by comparing both within-group and between-group differences.

3.2 Type of the Study

This study was a quantitative, quasi-experimental intervention study employing a pretest–posttest control group design. A quantitative approach was used to measure changes in the study variables numerically, while the quasi-experimental design allowed the researcher to assess the effectiveness of the intervention in a rehabilitation setting where random assignment was not feasible (Liu et al., 2023).

3.3 Population and Sampling Procedure

A purposive sampling technique was employed to select male participants with substance use disorders from a rehabilitation center. Initially, a total of 66 participants were selected and equally allocated into the experimental group (n = 33) and the control group (n = 33) (PubAdmin.Institute, 2024). During the course of the intervention, 3 participants from the experimental group and 5 participants from the control group withdrew from the study. Consequently, the final sample comprised 58 participants, with 30 participants in the experimental group and 28 participants in the control group. Participants were males aged 18–40 years, consistent with evidence indicating a higher prevalence of substance use disorders in early and middle adulthood (World Health Organization, 2024).

3.3.1 Inclusion Criteria

i. Participants were willing to participate in the study and provided informed consent.

ii. Participants had completed at least one month in a rehabilitation center and had successfully completed the detoxification phase (World Health Organization, 2022).

iii. Participants were Muslims.

3.3.2 Exclusion Criteria

i. Participants were currently participating in other psychological or psychotherapeutic interventions.

ii. Participants were experiencing severe psychological distress requiring immediate medical care.

iii. Participants demonstrated noncompliance with the intervention protocol, such as missing intervention sessions or failing to follow the study instructions.

iv. Participants had prior extensive exposure to Surah Ad-Duha as a structured therapeutic practice.

3.4 Instruments

3.4.1 Demographic Information Sheet

A Demographic Information Sheet was use to collect participants age, gender, educational level, religious background, and duration of substance use disorder.

3.4.2 Kessler Psychological Distress Scale

A 10-item self-report questionnaire measuring levels of distress based on anxiety and depressive symptoms experienced during the past 4 weeks. Items are rated on a 5-point Likert scale, with total scores ranging from 10 to 50, where higher scores indicate greater levels of psychological distress. The scale demonstrates high reliability, with Cronbach's alpha values typically ranging from 0.88 to 0.93, indicating strong internal consistency (Kessler et al., 2003).

3.4.3 Spiritual Well-Being Scale

The Spiritual Well-Being Scale (SWBS) assesses perceived spiritual quality of life through 20 items, including Religious and Existential Well-Being subscales, Religious Well-Being (RWB), which measures one's relationship with God or a higher power, and Existential Well-Being (EWB), which measures life purpose and satisfaction. Items are rated on a 6-point Likert scale, with total ranging scores from 20 to 120. The scale demonstrates strong reliability, with Cronbach's alpha typically reported as 0.91 for the total scale, 0.89 for RWB, and 0.84 for EWB (Paloutzian and Ellison, 1982).

3.5 Intervention Procedure

3.5.1 Experimental Group

Participants in the experimental group were instructed to listen to Surah Ad-Duha (recited by Ridjaal Ahmed and Shamshad Ali Khan) through audio speaker twice

a week, with each session lasting approximately 40 to 45 minutes over a period of four weeks in a quiet environment.

During each session, participants were asked to focus attentively on the recitation, remain calm, close their eyes, and breathe naturally. Attendance and compliance with the intervention were monitored through session logs and researcher check-ins.

3.5.2 Control Group

Participants listened to natural relaxation sounds for the same duration and frequency, sitting quietly under identical conditions to control for relaxation and time. The procedure was kept the same as those of the experimental group. Both groups attended a total of eight structured sessions during the four-week period.

3.6 Data Collection Procedure

3.6.1 Pre-test

Before the intervention, both groups completed the psychological distress and spiritual well-being scale to measure baseline of psychological distress and spiritual well-being.

3.6.2 Intervention Phase

The experimental group listened to Surah Ad-Duha, while the control group listened to natural relaxation sounds.

3.6.3 Post-test

After the four-week period, both groups completed the psychological distress and spiritual well-being scales again.

3.7 Eight Structured Group Sessions

The eight structured sessions were developed following the World Health Organization (World Health Organization, 2024) guidelines, emphasizing manualized delivery, repeated exposure, and adherence monitoring.

The integration of spiritual content was guided by established recommendations for incorporating spirituality into substance use treatment de Rezende-Pinto and Moreira-Almeida (2023) and supported by previous evidence demonstrating the psychological benefits of Qur'anic Surah-based interventions, including the effectiveness of Surah Ar-Rahman in reducing depressive symptoms (Rafique et al., 2017).

3.7.1 Session 1: Introduction and Baseline Assessment

In the initial session, participants were introduced to the purpose and structure of the study, with particular emphasis on the role of listening to Surah Ad-Duha in reducing psychological distress and enhancing spiritual well-being. The baseline levels of psychological distress and spiritual well-being were measured through standardized scales. Participants were informed about listening to the Surah twice a week for 6 minutes and completing daily listening logs. This session aimed to set expectations for the study and prepare participants for their role in the intervention.

3.7.2 Session 2: Initial Exposure to Surah Ad-Duha for Experimental Group and Relaxation Sounds for Control Group

This session marked the first exposure to the intervention. The experimental group listened to Surah Ad-Duha recited by Ridjaal Ahmed and Shamshad Ali khan, while the control group listened to nature sounds. Both groups listened for

6 minutes in a quiet environment, following instructions to focus on their breathing and listen mindfully.

Afterward, participants reflected on their immediate emotional responses and recorded their thoughts in their daily logs, allowing the researcher to monitor any early changes. This session set the foundation for the following sessions and ensured that participants adhered to the listening protocol.

3.7.3 Session 3: First Follow-up and Check-in

This session served as the first follow-up to monitor participants' adherence to the auditory intervention. Participants were encouraged to continue listening to the recorded recitation of Surah Ad-Duha as prescribed and to complete their daily listening logs after each session. The researcher reviewed the listening logs to assess compliance with the intervention protocol and discussed any missed sessions or difficulties encountered.

3.7.4 Session 4: Listening Session

The listening session followed the same format as the previous session, providing another opportunity for participants to engage with the auditory intervention. Both groups repeated their respective listening auditory interventions: Surah Ad-Duha for the experimental group and nature sounds for the control group. Afterward, participants reflected on their emotional experiences and wrote their observations in their listening logs.

3.7.5 Session 5: Listening Session

This session followed the same format as the previous session. Participants repeated their respective listening auditory interventions: Surah Ad-Duha for the experimental group and nature sounds for control group. Afterward, they reflected on their experiences and recorded their observations in their listening log.

3.7.6 Session 6: Listening Session

In the sixth session, participants continued the auditory intervention while completing their listening logs. As in the previous sessions, participants were encouraged to engage mindfully and recorded their emotional responses afterward. This session helped maintain consistency in the intervention process, while the group reflection allowed participants to share any changes or new insights regarding their emotional state.

3.7.7 Session 7: Listening Session

This session marked the final round of the auditory intervention. Participants in both groups listened to their designated auditory stimulus and completed their listening logs. Following the listening session, participants reflected on the overall impact of the intervention on their psychological distress and spiritual well-being. They were encouraged to consider any changes in their emotional state, coping, or overall well-being since the beginning of the study. This session prepared participants for the post-test assessment and concluded the intervention phase.

3.7.8 Session 8: Post-intervention Assessment and Wrap-up

In the final session, participants completed the posttest to assess any changes in their psychological distress and spiritual well-being levels since the pretest. The researcher facilitated a group discussion to reflect on the entire intervention experience, encouraging participants to share their thoughts on how the listening sessions had impacted their spiritual well-being. Afterward, the study concluded with a debriefing, offering participants the opportunity to ask any final questions.

3.8 Sample Characteristics

Participants had completed at least one month in rehabilitation, were in a stable recovery phase, and were capable of completing self-report measures.

3.9 Ethical Consideration

The study adhered to established ethical standards, beginning with approval from the Ethical Research Committee of Capital University of Science and Technology (CUST) and authorization from the concerned rehabilitation center. Participants received an information sheet and informed consent form explaining the study's purpose, procedures, potential risks, benefits, confidentiality, and their right to withdraw at any time without consequences. Participation was voluntary, and participants' privacy, dignity, and well-being were maintained throughout the study. The intervention was conducted in a safe, quiet, and culturally appropriate environment. Participants were informed that they could discontinue participation or withdraw from a session if they experienced discomfort. Strict measures were implemented to maintain confidentiality. All data were anonymized using participant codes and securely stored, with access restricted to the researcher. The collected information was used solely for academic purposes, and findings were reported in a manner that prevented the identification of individual participants.

3.10 Data Analysis

The data were analyzed using the Statistical Package for the Social Sciences (SPSS) version 21. Descriptive statistics were used to summarize the demographic characteristics of the participants and the main study variables. Reliability analysis was conducted to assess the internal consistency of the measurement scales. To evaluate the effectiveness of the intervention, paired-sample t-tests were performed to compare pretest and posttest scores within the experimental and control groups. Independent-sample t-tests were conducted to examine differences between the experimental and control groups on psychological distress and spiritual well-being at pretest and posttest. Additionally, one-way Analysis of Variance (ANOVA) was employed to examine differences in psychological distress and spiritual well-being across selected demographic variables, including age, education level, and duration of substance use. Effect sizes were calculated using Cohen's d to determine the magnitude of the intervention effects.

Chapter 4

Results

This chapter presents the findings of the present study, including demographic characteristics of the participants, descriptive statistics of the study variables, psychometric properties of the scales in terms of Cronbach's alpha reliability coefficients, and inferential analyses in the form of paired sample t-tests, independent sample t-tests, and one-way analysis of variance (ANOVA). The demographic analysis provides an overview of participants' age, educational level, marital status, socioeconomic status, substance use information, duration of substance use disorder, and rehabilitation stay. Descriptive statistics and reliability analyses were conducted to examine the distributional characteristics and internal consistency of the study measures, including the Kessler Psychological Distress Scale and the Spiritual Well-Being Scale along with its subscales, Religious Well-Being and Existential Well-Being. Furthermore, paired sample t-tests were performed to assess pre-test and post-test differences within the experimental and control groups, while independent sample t-tests were conducted to compare differences between the two groups at pre-test and post-test. In addition, one-way ANOVA was applied to examine variations in psychological distress and spiritual well-being across selected demographic variables, including age, educational level, and duration of substance use. These analyses were carried out to evaluate the effectiveness of the intervention in reducing psychological distress and enhancing spiritual well-being among individuals with substance use disorder, as well as to determine whether these variables differed across demographic characteristics

TABLE 4.1: *Frequencies and Percentages of Demographic Variables* ($N = 58$)

Variables	**n**	**%**
Age		
18–25	10	17.2
26–33	23	39.7
34–40	25	43.1
Educational Level		
Middle	26	44.8
Matriculation	19	32.8
Intermediate	7	12.1
Graduation	4	6.9
Postgraduate	2	3.4
Marital Status		
Single	18	31.0
Married	32	55.2
Divorced	7	12.1
Widowed	1	1.7
Socioeconomic Status		
Lower Class	20	34.5
Lower Middle Class	11	19.0
Middle Class	22	37.9
Upper Middle Class	3	5.2
Upper Class	2	3.4
Substance Use Information		
Alcohol	4	6.9
Cannabis	19	32.8
Heroin	2	3.4
Ice/Methamphetamine	18	31.0
Prescription Drugs	3	5.2
Multiple Drugs	12	20.7
Duration of Substance Use		
Less than 1 year	17	29.3
1–3 years	14	24.1
4–6 years	9	15.5
More than 6 years	18	31.0
Stay Duration in the Rehabilitation Centre		
1–3 months	42	72.4
4–6 months	10	17.2
7–12 months	5	8.6
More than 1 year	1	1.7

Note. $N = 58$. Percentages may not total exactly 100 due to rounding.

The demographic characteristics of the participants indicate that the majority belonged to the 34–40 years age group (n = 25, 43.1%), followed by 26–33 years (n = 23, 39.7%), while the smallest proportion was in the 18–25 years category (n = 10, 17.2%). In terms of educational level, most participants had Middle-level education (n = 26, 44.8%), followed by Matriculation (n = 19, 32.8%), whereas only a few had attained Graduation (n = 4, 6.9%) and Post Graduation (n = 2, 3.4%). Regarding marital status, the majority were married (n = 32, 55.2%), followed by single participants (n = 18, 31.0%), while widowed participants constituted the smallest category (n = 1, 1.7%). With respect to socio-economic status, most participants belonged to the middle class (n = 22, 37.9%) and lower socioeconomic status (n = 20, 34.5%), whereas only a small number belonged to the upper middle class (n = 3, 5.2%) and upper class (n = 2, 3.4%). Concerning substance use information, Cannabis (n = 19, 32.8%) and Ice/Methamphetamine (n = 18, 31.0%) were the most commonly reported substances, while Heroin (n = 2, 3.4%) was the least reported. In terms of the duration of substance use disorder, the largest proportion of participants reported more than 6 years of substance use (n = 18, 31.0%), followed by less than 1 year (n = 17, 29.3%). Lastly, regarding stay duration in the rehabilitation center, the majority of participants had stayed for 1–3 months (n = 42, 72.4%), while only one participant (n = 1, 1.7%) had stayed for more than 1 year.

The descriptive and reliability analyses indicated satisfactory psychometric prop-

TABLE 4.2: *Descriptive Statistics, Reliability, and Psychometric Properties of Study Scales* ($N = 58$)

Scale	Items	M	SD	Range	α	Min.	Max.	Skew.	Kurt
KPD	–	22.39	7.48	30.0	.81	10	40	.309	-.837
SWB	–	91.42	12.61	59.0	.77	56	115	-.476	.279
RWB	10	48.60	7.21	28.0	.62	32	60	-.314	-.599
EWB	10	43.75	8.50	34.0	.69	26	60	-1.42	-.295

Note. $N = 58$. KPD = Kessler Psychological Distress Scale; SWB = Spiritual Well-Being Scale; RWB = Religious Well-Being; EWB = Existential Well-Being; α = Cronbach's alpha.

erties of the measures. The KPDS had a mean of 22.39 (SD = 7.48), indicating moderate psychological distress, with good internal consistency (α = .81) and

approximately normal distribution. The SWBS showed a mean of 91.42 (SD = 12.61), reflecting moderate to high spiritual well-being, with acceptable reliability ($\alpha = .77$) and approximate normality. The RWB subscale had a mean of 48.60 (SD = 7.21) and lower but acceptable reliability ($\alpha = .62$), while the EWB subscale had a mean of 43.75 (SD = 8.50) with acceptable reliability ($\alpha = .69$). Overall, the scales demonstrated acceptable to good reliability and adequate psychometric properties for use in the present study. The experimental group showed a signifi-

TABLE 4.3: Paired Sample *t*-Test Measuring Differences in Psychological Distress and Spiritual Well-Being Scores at Pre-Test and Post-Test Among Experimental Group Participants ($N = 30$)

Variable	**Group**	**Pre-test**		**Post-test**		***t***	***p***	**Cohen's *d***
		M	**SD**	**M**	**SD**			
KPD	EG	21.83	8.00	15.80	6.22	5.50	.00	0.84
SWB	EG	94.96	12.22	110.73	7.23	9.74	.00	1.58
RWB	EG	51.20	6.24	57.60	2.97	6.58	.00	1.32
EWB	EG	45.76	8.01	53.13	5.51	6.65	.00	1.07

Note. PD = Psychological Distress; SWB = Spiritual Well-Being; RWB = Religious Well-Being; EWB = Existential Well-Being; EG = Experimental Group; M = Mean; SD = Standard Deviation.

cant reduction in psychological distress from pre-test (M = 21.83, SD = 8.00) to post-test (M = 15.80, SD = 6.22), t = 5.50, $p < .001$, with a large effect size (d = 0.84). Spiritual well-being significantly increased from pre-test (M = 94.96, SD = 12.22) to post-test (M = 110.73, SD = 7.23), t = 9.74, $p < .001$, with a very large effect size (d = 1.58). Religious well-being also increased significantly (M = 51.20, SD = 6.24 to M = 57.60, SD = 2.97), t = 6.58, $p < .001$, d = 1.32, while existential well-being increased from M = 45.76 (SD = 8.01) to M = 53.13 (SD = 5.51), t = 6.65, $p < .001$, d = 1.07. Overall, the findings indicate that the intervention significantly reduced psychological distress and enhanced overall, religious, and existential well-being among experimental group participants.

The control group showed a significant reduction in psychological distress from pre-test (M = 23.00, SD = 6.72) to post-test (M = 20.85, SD = 6.29), t(27) = 2.89, p = .007, with a small effect size (d = 0.33). In contrast, overall spiritual

TABLE 4.4: Paired Sample t-Test Measuring Differences in Psychological Distress and Spiritual Well-Being Scores at Pre-Test and Post-Test Among Control Group Participants ($n = 28$)

Variable	**Sub-scale**	**Group**	**Pre-test**		**Post-test**		***t***	***p***
Cohen's d								
			M	*SD*	*M*	*SD*		
KPD	—	CG	23.00	6.72	20.85	6.29	2.89	.007
0.33								
SWB	—	CG	87.32	11.58	90.14	11.54	1.68	.103
0.24								
RWB	10	CG	45.78	6.95	47.03	7.49	1.13	.268
0.17								
EWB	10	CG	41.39	8.30	43.10	6.42	1.51	.141
0.23								

Note. KPD= Kessler Psychological Distress Scale; SWB= Spiritual Well-Being; RWB= Religious Well-Being; EWB = Existential Well-Being; CG= Control Group; M = Mean; SD = Standard Deviation. Statistical significance was evaluated using paired-samples t-tests.

well-being increased slightly from M = 87.32 (SD = 11.58) to M = 90.14 (SD = 11.54), but the change was not significant, t(27) = 1.68, p = .103, d = 0.24. Similarly, religious and existential well-being showed small, non-significant increases, with effect sizes of d = 0.17 and d = 0.23, respectively. Overall, the control group experienced a modest reduction in psychological distress, while spiritual well-being and its sub-dimensions did not significantly change over time. The independent-samples t-test showed that the groups were comparable in psychological distress at pre-test, t(58) = 0.60, p = .552, d = 0.15. However, a significant pre-test difference was observed in spiritual well-being, t(58)= 2.44, p= .018, d= 0.64, with the experimental group scoring higher. At post-test, the experimental group had significantly lower psychological distress(M = 15.80, SD = 6.22) than the control group (M = 20.86, SD = 6.29), t(58) = 3.07, p = .003, d = 0.80. The experimental group also showed significantly higher overall spiritual well-being (M = 110.73, SD = 7.23 vs. M = 90.14, SD = 11.54), t(58) = 8.19, $p < .001$, d = 2.13, as well as higher religious well-being (d = 1.85) and existential well-being (d = 1.67). Overall, findings indicate that the intervention was associated with lower psychological distress and greater spiritual well-being in the experimental group.

TABLE 4.5: Independent Sample t-test Measuring Differences in Psychological Distress and Spiritual Well-being Scores Between Experimental and Control Groups

Variable	**Sub-scale**	**Experimental Group** ($n = 30$)		**Control Group** ($n = 28$)		$t(58)$	p	**Cohen's** d
		M	SD	M	SD			
KPD Pre	–	21.83	8.00	23.00	6.72	-0.60	.552	-0.15
KPD Post	–	15.80	6.22	20.86	6.29	-3.07	.003	-0.80
SWB Pre	–	94.96	12.22	87.32	11.58	2.44	0.18	0.64
SWB Post	–	110.73	7.23	90.14	11.54	8.19	.000	2.13
RWB Pre	10	51.20	6.24	45.78	6.95	3.12	.003	0.82
RWB Post	10	57.60	2.97	47.03	7.49	7.14	.000	1.85
EWB Pre	10	45.76	8.01	41.39	8.30	2.04	.046	0.53
EWB Post	10	53.13	5.51	43.10	6.42	6.38	.000	1.67

Note. $N = 58$ ($n = 30$ for the experimental group and $n = 28$ for control group). KPD = Kessler Psychological Distress Scale;SWB = Spiritual Well-being;RWB = Religious Well-being;EWB = Existential Well-being. Degrees of freedom for independent-samples t-test are 56.

TABLE 4.6: Mean, Standard Deviations, and One-Way ANOVA Statistics for Psychological Distress Across Age Groups

Variable	**Age Group**	n	M	SD	$\boldsymbol{F}$	$\boldsymbol{p}$
KPD Pre	18–25	10	21.80	7.77	0.55	.580
	26–33	23	23.65	7.40		
	34–40	25	21.48	7.33		
KPD Post	18–25	10	18.40	6.43	0.11	.890
	26–33	23	18.69	6.37		
	34–40	25	17.76	7.31		

Note. $N = 58$. ANOVA = Analysis of Variance; KPD = Kessler Psychological Distress Scale; M = Mean; SD = Standard Deviation.

A one-way ANOVA was conducted to examine differences in psychological distress across age groups. The results showed no significant differences at pre-intervention, F(2, 55) = 0.55, p = .580. Similarly, post-intervention differences were also non-significant, F(2, 55) = 0.11, p = .890. Although the mean psychological distress scores decreased across all age groups after the intervention, the differences remained statistically non-significant. These findings suggest that age did not significantly influence psychological distress in the present study.

TABLE 4.7: Mean, Standard Deviations, and One-Way ANOVA Statistics for Spiritual Well-Being Across Age Groups

Variable	**Age Group**	n	M	SD	$\boldsymbol{F}$	$\boldsymbol{p}$
SWB Pre	18–25	10	94.80	10.58	1.49	.232
	26–33	23	87.91	12.79		
	34–40	25	92.96	12.48		
SWB Post	18–25	10	98.30	16.83	0.23	.793
	26–33	23	100.65	12.56		
	34–40	25	101.92	14.63		

Note. $N = 58$. ANOVA = Analysis of Variance; SWB = Spiritual Well-Being; M = Mean; SD = Standard Deviation.

A one-way analysis of variance (ANOVA) was conducted to examine differences in spiritual well-being across age groups. The results indicated no statistically significant differences at pre-intervention, F(2, 55) = 1.49, p = .232. Participants aged 18–25 years reported slightly higher spiritual well-being (M = 94.80, SD = 10.58)

than the other age groups, but the difference was not significant. Similarly, post-intervention results showed no significant differences, F(2, 55) = 0.23, p = .793. Although spiritual well-being increased across all age groups, participants aged 34–40 years reported slightly higher scores (M = 101.92, SD = 14.63). Overall, age did not significantly influence spiritual well-being in the present study.

Table 4.8: Mean, Standard Deviations, and One-Way ANOVA Statistics for Psychological Distress Across Education Levels

Variable	**Education Level**	*n*	*M*	*SD*	***F***	***p***
KPD Pre	Middle	26	24.00	7.82	0.95	.440
	Matriculation	19	20.89	7.46		
	Intermediate	7	21.43	5.65		
	Graduation	4	24.00	5.71		
	Post Graduate	2	16.00	8.48		
KPD Post	Middle	26	18.15	7.15	0.21	.927
	Matriculation	19	18.00	7.10		
	Intermediate	7	17.85	5.24		
	Graduation	4	21.25	4.78		
	Post Graduate	2	17.00	9.89		

Note. $N = 58$. ANOVA = Analysis of Variance; KPD = Kessler Psychological Distress Scale; M = Mean; SD = Standard Deviation.

A one-way analysis of variance (ANOVA) was conducted to examine differences in psychological distress across education levels. The results showed no statistically significant differences at pre-intervention, F(4, 53) = 0.95, p = .440. Participants with Middle and Graduation education reported relatively higher distress (M = 24.00 for both), whereas those with Post Graduation reported lower distress (M = 16.00); however, these differences were not significant. Similarly, post-intervention results revealed no significant differences across education levels, F(4, 53) = 0.21, p = .927. Although participants with Graduation reported slightly higher distress (M = 21.25), the differences among education groups remained non-significant. Overall, education level did not significantly influence psychological distress in the present study.

A one-way analysis of variance (ANOVA) was conducted to examine differences in spiritual well-being across education levels. The results showed no statistically significant differences at pre-intervention, F(4, 53) = 0.63, p = .642. Participants

Table 4.9: Mean, Standard Deviations, and One-Way ANOVA Statistics for Spiritual Well-Being Across Education Levels

Variable	**Education Level**	*n*	*M*	*SD*	***F***	***p***
SWB Pre	Middle	26	90.69	12.00	0.63	.642
	Matriculation	19	91.78	12.19		
	Intermediate	7	94.42	11.20		
	Graduation	4	83.75	16.27		
	Post Graduate	2	98.00	24.04		
SWB Post	Middle	26	101.34	15.79	0.74	.568
	Matriculation	19	102.42	11.01		
	Intermediate	7	101.28	13.48		
	Graduation	4	89.25	10.14		
	Post Graduate	2	99.50	28.99		

Note. $N = 58$. ANOVA = Analysis of Variance; SWB = Spiritual Well-Being Scale; M = Mean; SD = Standard Deviation.

with Post Graduation reported relatively higher spiritual well-being (M = 98.00, SD = 24.04), whereas those with Graduation reported lower scores (M = 83.75, SD = 16.27); however, these differences were not significant. Similarly, post-intervention results revealed no significant differences across education levels, F(4, 53) = 0.74, p = .568. Although participants with Matriculation reported slightly higher spiritual well-being (M = 102.42, SD = 11.01), the differences remained non-significant. Overall, education level did not significantly influence spiritual well-being in the present study. A one-way analysis of variance (ANOVA) was

Table 4.10: Mean, Standard Deviations, and One-Way ANOVA Statistics for Psychological Distress Across Duration of Substance Use

Variable	**Duration of Substance Use**	*n*	*M*	*SD*	***F***	***p***
KPD Pre	< 1 year	17	23.35	7.07	1.41	.248
	1–3 years	14	18.93	5.81		
	4–6 years	9	24.11	8.89		
	> 6 years	18	23.33	7.68		
KPD Post	< 1 year	17	19.94	7.05	2.08	.113
	1–3 years	14	15.85	4.57		
	4–6 years	9	15.22	2.90		
	> 6 years	18	20.00	8.26		

Note. $N = 58$. ANOVA = Analysis of Variance; KPD = Kessler Psychological Distress Scale; M = Mean; SD = Standard Deviation; < = Less than; > = More than.

conducted to examine differences in psychological distress according to the duration of substance use. The results showed no statistically significant differences at pre-intervention, F(3, 54) = 1.41, p = .248. Participants with 4–6 years of substance use reported relatively higher distress (M = 24.11, SD = 8.89), while those with 1–3 years reported lower scores (M = 18.93, SD = 5.81); however, these differences were not significant. Similarly, post-intervention results revealed no significant differences, F(3, 54) = 2.08, p = .113. Although participants with more than 6 years of substance use reported slightly higher distress (M = 20.00, SD = 8.26), the differences remained non-significant. Overall, duration of substance use did not significantly influence psychological distress in the present study.

Table 4.11: Mean, Standard Deviations, and One-Way ANOVA Statistics for Spiritual Well-being Across Duration of Substance Use

Variable	**Duration of Substance Use**	**n**	**M**	**SD**	**F**	**p**
SWB Pre	< 1 year	17	89.82	12.35	0.21	.888
	1–3 years	14	93.42	10.92		
	4–6 years	9	90.88	9.71		
	> 6 years	18	91.16	15.25		
SWB Post	< 1 year	17	96.64	14.03	0.88	.454
	1–3 years	14	101.50	17.84		
	4–6 years	9	105.66	8.01		
	> 6 years	18	101.72	13.12		

Note. $N = 58$. ANOVA = analysis of variance; SWB = Spiritual Well-being Scale; < = less than; > = more than.

A one-way analysis of variance (ANOVA) was conducted to examine differences in spiritual well-being according to the duration of substance use. The results showed no statistically significant differences at pre-intervention, F(3, 54) = 0.21, p = .888. Participants with 1–3 years of substance use reported relatively higher spiritual well-being (M = 93.42, SD = 10.92), while those with less than 1 year reported lower scores (M = 89.82, SD = 12.35); however, these differences were not significant. Similarly, post-intervention results revealed no significant differences, F(3, 54) = 0.88, p = .454. Although participants with 4–6 years of substance use reported slightly higher spiritual well-being (M = 105.66, SD = 8.01), the

differences remained non-significant. Overall, duration of substance use did not significantly influence spiritual well-being in the present study.

Chapter 5

Discussion and Conclusion

This study examined the effectiveness of a Surah Ad-Duha-based Qur'anic intervention on psychological distress and spiritual well-being among males with substance use disorders undergoing rehabilitation. The study investigated the therapeutic role of listening to Surah Ad-Duha within the framework of Islamic Psycho-Spiritual Theory (Rothman and Coyle, 2018), exploring how engagement with divine revelation may facilitate psychological healing and spiritual restoration. Based on the assumption that psychological distress may emerge from both emotional dysregulation and spiritual disconnection, the study explored whether Quranic recitation could reduce psychological distress and enhance spiritual well-being through strengthening the individual's relationship with Allah. Based on the sample of 58 participants, the findings provide important insights into the psychological and spiritual impact of Qur'anic interventions within the context of addiction rehabilitation in Pakistan, where religion and spirituality remain deeply embedded in coping and healing processes.

5.1 Reduction in Psychological Distress and Enhancement of Spiritual Well-being Following Surah Ad-Duha Intervention

The findings of the present study supported the first hypothesis, indicating that listening to Surah Ad-Duha significantly reduced psychological distress among

participants in the experimental group. This finding is consistent with Islamic Psycho-Spiritual Theory (Rothman and Coyle, 2018), which emphasizes that the Qur'an serves as a source of healing (Shifa) for emotional and spiritual suffering. Within this framework, psychological distress is often viewed as a condition resulting from imbalance between the mind, self, and soul, which can be restored through remembrance of Allah and engagement with divine revelation.

The Qur'an itself states, "And We send down of the Qur'an that which is healing and mercy for the believers" (Qur'an 17:82), reinforcing its therapeutic significance. These findings align with previous empirical studies showing that Quranic recitation significantly reduces anxiety, stress, and depressive symptoms (Moulaei et al., 2023; Thowseaf et al., 2025).

One possible explanation for the reduction in psychological distress may lie in the thematic content of Surah Ad-Duha itself (Naz and Rubab, 2026). The Surah emphasizes hope, divine reassurance, mercy, and relief after hardship. Such themes may resonate deeply with individuals struggling with substance use disorders, who often experience guilt, hopelessness, shame, and emotional instability. According to (Rothman and Coyle, 2020), Islamic psychology views emotional suffering as a disconnection from one's fitrah (natural spiritual state), and spiritual interventions help restore psychological harmony. Therefore, repeated exposure to the Surah's messages may have facilitated cognitive restructuring and emotional reassurance, contributing to reduced distress (Kadir, 2026).

It is important to note that although the experimental group showed a significant reduction in psychological distress after listening to Surah Ad-Duha, the control group also demonstrated a smaller but significant decrease in distress over time. This reduction may be explained by the use of relaxation sounds, which can naturally induce calmness, reduce physiological arousal, and temporarily ease stress (Fan and Baharum, 2024).

Listening to soothing natural sounds may have provided a relaxation response by lowering tension and promoting emotional comfort, which could explain the slight improvement observed in the control group. However, the magnitude of

change in the experimental group was substantially greater than in the control group, indicating that the effects of Surah Ad-Duha extended beyond simple auditory relaxation. This distinction is important because while relaxation sounds may offer temporary emotional relief, Surah Ad-Duha provides both emotional and spiritual meaning. Unlike natural relaxation sounds, Qur'anic recitation carries divine messages of hope, mercy, and reassurance that directly address feelings of despair and helplessness.

As stated in Surah Ad-Duha, *"And the Hereafter is better for you than the first [life]" (Qur'an 93:4)*, and *"And your Lord is going to give you, and you will be satisfied" (Qur'an 93:5)*, these verses offer powerful reassurance of divine support, future ease, and ultimate reward.

Their repeated listening may have reinforced the belief that present hardships are temporary and that greater relief and fulfillment lie ahead. This deeper spiritual engagement may have strengthened emotional regulation and provided participants with a stronger sense of purpose, hope, and connection with Allah (Al Husain, 2026). Therefore, although both groups showed some reduction in distress, the significantly greater improvement in the experimental group highlights the unique therapeutic value of Qur'anic recitation as a spiritually integrated intervention.

The findings also supported the second component of the first hypothesis, indicating that listening to Surah Ad-Duha significantly enhanced spiritual well-being among participants in the experimental group. This finding strongly supports Islamic Psycho-Spiritual Theory (Rothman and Coyle, 2018), which proposes that closeness to Allah, remembrance (Dhikr), trust (Tawakkul), and patience (Sabr) are central to spiritual healing.

Spiritual well-being is considered a protective factor in addiction recovery, as it fosters meaning, purpose, and hope (Kane et al., 2024). Participants in the present study may have experienced greater spiritual awareness and connection with Allah, which enhanced their overall spiritual well-being. Similar findings were reported by (Worley, 2020), who found that spirituality plays a vital role in substance use

recovery by reducing relapse and promoting emotional resilience.

5.2 Differences Between Experimental and Control Group in Psychological Distress and Spiritual Well-being Following the Intervention

The second hypothesis was also supported, demonstrating significant differences between the experimental and control groups in post-intervention psychological distress and spiritual well-being. Although both groups showed some improvement over time, participants in the experimental group showed substantially greater reduction in psychological distress and greater enhancement in spiritual well-being compared to the control group. This indicates that the therapeutic impact of listening to Surah Ad-Duha was stronger than the effects of natural relaxation sounds.

At pre-intervention, there was no significant difference between the experimental and control groups in psychological distress, indicating that both groups were comparable at baseline. This strengthens the internal validity of the study and suggests that any later differences can more confidently be attributed to the intervention rather than pre-existing variations. However, significant baseline differences were observed in religious and existential well-being, with the experimental group scoring slightly higher than the control group. Although this may indicate some initial variation in spiritual orientation, the much larger post-intervention gains in the experimental group suggest that the Qur'anic intervention played a substantial role in further enhancing spiritual well-being (Moeini et al., 2016).

One possible explanation for the stronger outcomes in the experimental group lies in the unique spiritual and emotional content of Surah Ad-Duha. While the control group listened to natural relaxation sounds, which may have reduced distress through temporary calming and physiological relaxation, the experimental group received spiritually meaningful content that addressed deeper emotional and existential needs.

According to Koenig (2012), religious practices become psychologically effective when they provide meaning, emotional reassurance, and spiritual comfort. Surah Ad-Duha specifically emphasizes hope, divine mercy, reassurance after hardship, and Allah's continuous care for His servants.

These themes may have directly resonated with individuals recovering from substance use disorders, who often ex-perience guilt, hopelessness, shame, and emotional emptiness (Batchelder et al., 2022). Within Islamic Psycho-Spiritual Theory (Rothman and Coyle, 2018), this finding can be understood through the therapeutic influence of divine revelation on both the Qalb (heart) and Aql (mind).

The Qur'an is believed not only to calm emotional distress but also to facilitate inner transformation by restoring spiritual balance and strengthening one's connection with Allah. Through repeated listening and reflection (Tadabbur), participants may have experienced emotional regulation, spiritual reassurance, and cognitive restructuring, which contributed to their significant improvement (2025). In contrast, natural sounds may offer temporary sensory relaxation but lack the spiritual depth and cognitive meaning necessary for deeper healing.

The findings further revealed significant post-intervention differences in both subdimensions of spiritual well-being, including Religious Well-Being and Existential Well-Being, with large effect sizes. This suggests that the intervention not only improved participants connection with Allah but also strengthened their sense of meaning, purpose, and life satisfaction. These improvements are particularly important in addiction recovery, where spiritual emptiness and existential confusion often contribute to relapse(Hai et al., 2019).similarly found that spiritually integrated interventions significantly improved psychospiritual functioning and emotional adjustment among individuals with substance use disorders.

Furthermore, Xu (2015) emphasized that spiritual coping and religious practices play a crucial role in promoting recovery and resilience during major life stressors. Supporting this, David B. Larson and colleague (1998) found that religious commitment and spiritual practices contribute significantly to emotional stability

and recovery from addictive behaviors. More recently, Al Husain (2026) demonstrated that regular Qur'anic engagement is positively associated with higher spiritual well-being and emotional balance. Collectively, these findings align with the present results and support the second hypothesis, indicating that spiritually integrated interventions can produce significant improvements in psychological distress and spiritual well-being compared to non-spiritual control conditions.

5.3 Differences in Psychological Distress and Spiritual Well-being Across Selected Demographic Variables

The third hypothesis proposed that psychological distress and spiritual well-being would vary significantly across selected demographic variables, including age, education level, and duration of substance use among males with substance use disorders. However, the findings did not support this hypothesis, as the one-way ANOVA analyses revealed no statistically significant differences in psychological distress or spiritual well-being across these demographic categories. These findings suggest that the psychological and spiritual challenges associated with substance use disorders may be relatively consistent across different age groups, educational backgrounds, and durations of substance use. This pattern indicates that the emotional burden and spiritual struggles linked with addiction may operate as common experiences regardless of individual demographic differences.

One possible explanation for these findings may be understood through the lens of Islamic Psycho-Spiritual Theory Rothman and Coyle (2018), which posits that substance-related distress emerges primarily from spiritual imbalance and disconnection from Allah rather than from demographic characteristics alone.

From this perspective, the disruption in the harmony between the qalb (heart), aql (intellect), and nafs (self) may create similar levels of distress and weakened spiritual well-being across individuals, irrespective of their personal backgrounds. This may explain why participants demonstrated comparable levels of psychological distress and spiritual well-being despite variations in age, education, and

substance use duration. These findings are also consistent with previous literature suggesting that substance use disorder itself is a dominant psychological and spiritual risk factor that often overrides demographic influences. For example, have emphasized that addiction-related distress is strongly associated with emotional dysregulation, hopelessness, and impaired coping, which may remain relatively stable across demographic groups.

Similarly, Worley (2020) emphasized that spiritual struggles and existential crises are common experiences among individuals recovering from substance use disorders, regardless of their demographic background. This consistency may reflect the shared psychological pain and spiritual disconnection often found in addiction recovery.

Additionally, Galanter et al. (2007) found that spirituality plays a significant role in addiction recovery and treatment engagement, suggesting that spiritual orientation can serve as an important resource for maintaining emotional stability and promoting long-term recovery among individuals with substance use disorders. Furthermore, research by Kelly et al. (2010) demonstrated that recovery-related psychological growth and spiritual transformation can occur similarly across individuals with different demographic characteristics, reinforcing the idea that addiction recovery processes may be more universally shaped by emotional and spiritual mechanisms rather than socio-demographic factors. Therefore, the present findings imply that intervention strategies should focus more on universal psychological and spiritual needs rather than demographic-specific differences. This highlights the importance of adopting holistic and spiritually integrated rehabilitation approaches that address the shared emotional and existential difficulties experienced by individuals with substance use disorders.

In rehabilitation contexts such as Pakistan, where religion remains central to daily life and cultural identity, spiritually integrated interventions may hold particular significance. For many individuals, faith is not only a source of comfort but also a guiding framework for understanding suffering, repentance, and personal transformation (Memon et al., 2025). Individuals recovering from substance use disorders often experience intense social stigma, internal shame, guilt, and existential

emptiness, which can weaken motivation for recovery and increase vulnerability to relapse (Bukhari, 2023). Within such circumstances, interventions that incorporate religious and spiritual elements may provide a culturally meaningful and emotionally accessible pathway for healing. Consistent exposure to spiritually meaningful content such as Surah Ad-Duha may strengthen hope, trust in Allah (tawakkul), and resilience against emotional suffering by reminding individuals of Allah's mercy, reassurance, and promise of relief after hardship. The themes of Surah Ad-Duha particularly emphasize that feelings of abandonment are temporary and that divine support remains constant, which may directly counter hopelessness and despair often experienced in addiction recovery. This spiritual reassurance may help individuals reconstruct a more positive self-concept, reduce feelings of worthlessness, and foster a renewed sense of purpose in life.

Moreover, from the perspective of Islamic Psycho-Spiritual Theory (Rothman and Coyle, 2018), Qur'anic recitation can facilitate the restoration of balance between the qalb (heart), nafs (self), and aql (intellect), thereby promoting both emotional regulation and spiritual stability. This process may help individuals develop healthier coping strategies and strengthen their resistance to cravings and relapse triggers (Melemis, 2015). These findings support previous research suggesting that faith-based interventions enhance psychological well-being and foster recovery-oriented behaviors by addressing both the emotional and spiritual dimensions of addiction (Worley, 2020; Hai et al., 2019). Therefore, the present study highlights that integrating Qur'anic recitation into rehabilitation programs may not only reduce psychological distress but also promote spiritual healing, inner peace, and long-term recovery sustainability among Muslim individuals with substance use disorders.

5.4 Limitation of the Study

Although the present study provides valuable insights into the effectiveness of a Surah Ad-Duha-based Qur'anic intervention on psychological distress and spiritual well-being among males with substance use disorders, several limitations need to be acknowledged. First, the study employed a quasi-experimental design, which limits the ability to establish complete causal relationships between the intervention

and the observed outcomes. Although the pretest–posttest control group design strengthened internal validity, future studies may employ randomized controlled trials and longitudinal designs to provide stronger causal evidence and examine the long-term sustainability of the intervention effects.

Another limitation concerns the nature of the control group. The control group received neutral instrumental nature/relaxation sounds for the same duration as the intervention sessions. Although this helped control for attention and exposure to a structured listening session, the relaxation sounds themselves may have had calming effects on participants' psychological distress.

Therefore, the study cannot completely rule out the possibility that some observed changes were associated with general relaxation or auditory stimulation rather than the specific effects of listening to Surah Ad-Duha. Future studies should consider including a usual-treatment or wait-list control group, in addition to an active control condition, to more clearly determine the specific effects of Qur'anic recitation.

Second, the study relied on self-report measures to assess psychological distress and spiritual well-being. Self-report instruments may increase the possibility of response bias, social desirability, and subjective interpretation of personal experiences. Participants undergoing rehabilitation may underreport distress or overreport spiritual improvement due to social expectations or treatment settings. Future studies should consider incorporating qualitative methods, clinical interviews, and observational techniques to gain a deeper understanding of the psychological and spiritual changes associated with Qur'anic interventions.

Another limitation concerns the possibility of researcher bias during the implementation and monitoring of the intervention. As the researcher was directly involved in conducting the intervention sessions, monitoring participants' engagement, and maintaining session records, personal expectations or observations may have unintentionally influenced the intervention process or interpretation of participants' responses. Although standardized procedures and session protocols were followed to minimize this influence, researcher bias cannot be completely ruled out. Future

studies should consider using independent intervention facilitators and blinded assessors to reduce researcher influence and strengthen the objectivity of the findings.

Another limitation relates to the sample characteristics of the study. Although the study initially recruited 66 participants, six participants withdrew during the intervention period, reducing the final sample size to 56. This attrition may have affected the statistical power of the study and may reflect the practical challenges of maintaining consistent participation among individuals with substance use disorders. Future studies should consider larger sample sizes and stronger retention strategies to minimize dropout and improve the robustness of findings.

Furthermore, the sample was relatively homogeneous, as it consisted only of male participants. This limits the generalizability of the findings to female populations, individuals in other rehabilitation settings, and those from different socio-cultural backgrounds. Since addiction experiences and spiritual coping mechanisms may differ across gender and context, future research should include more diverse samples to improve external validity.

Additionally, the intervention focused specifically on Surah Ad-Duha, which may limit the broader application of findings to other Quranic chapters or Islamic spiritual practices. Different Surahs carry different themes and emotional meanings, which may influence psychological and spiritual outcomes in varied ways. Future studies should explore the comparative effectiveness of other Qur'anic chapters, Dhikr, and other Islamic psycho-spiritual interventions to broaden the understanding of faith-based therapeutic approaches.

Lastly, the duration of the intervention was relatively short, spanning four weeks. While significant improvements were observed within this period, it remains unclear whether these positive effects can be maintained over longer periods or whether they contribute to relapse prevention. Long-term follow-up studies are necessary to assess the enduring effects of Qur'anic recitation on psychological distress, spiritual well-being, and sustained recovery outcomes.

Overall, despite these limitations, the present study contributes significantly to

the growing field of Islamic psycho-spiritual interventions in addiction rehabilitation. It provides preliminary empirical evidence supporting the therapeutic role of Quranic recitation and highlights the need for further research using diverse methodologies, broader populations, and long-term designs to better understand the psychological and spiritual benefits of Qur'anic healing practices.

5.5 Implications

The present study has important theoretical, clinical, and practical implications for the field of addiction rehabilitation and Islamic psychology. At the theoretical level, the findings provide empirical support for Islamic Psycho-Spiritual Theory by demonstrating that engagement with divine revelation can contribute to both psychological healing and spiritual restoration. The study strengthens the understanding that psychological distress among individuals with substance use disorders may not solely be rooted in emotional dysregulation but can also be associated with spiritual disconnection. By highlighting the therapeutic role of Quranic recitation, the study contributes to the growing body of literature on faith-based psychological interventions and expands the application of Islamic theoretical frameworks within mental health research.

At the clinical level, the findings suggest that Quranic recitation, particularly Surah Ad-Duha, may serve as an effective complementary intervention in rehabilitation settings for reducing psychological distress and enhancing spiritual well-being. MH professionals, psychologists, and rehabilitation practitioners working within Muslim-majority populations may integrate spiritually oriented therapeutic practices alongside conventional treatment approaches. Such integration may provide a more holistic model of care by addressing not only behavioral and psychological symptoms but also the spiritual needs of individuals undergoing recovery. Practically, the study highlights the potential for rehabilitation centers in Pakistan to incorporate structured Qur'anic listening sessions into their treatment programs. Given the strong cultural and religious significance of the Qur'an in Pakistani society, such interventions may be more acceptable, accessible, and meaningful for patients. This can enhance treatment engagement, emotional regulation, and recovery motivation among individuals with substance use disorders.

Additionally, the findings may encourage policymakers and healthcare institutions to recognize the value of culturally sensitive and faith-based interventions within addiction treatment frameworks.

Furthermore, the study has implications for future research by emphasizing the need to explore other Qur'anic chapters, Islamic spiritual practices such as Dhikr and Salah, and their psychological effects in diverse populations. This may open new avenues for developing culturally grounded therapeutic models that integrate spirituality into evidence-based psychological practice.

Overall, the present study underscores the significance of addressing both psychological and spiritual dimen-sions in substance use recovery, particularly within Muslim contexts where faith remains central to coping, healing, and personal transformation.

5.6 Conclusion

In summary, the present study explored the effectiveness of a Surah Ad-Duha-based Qur'anic intervention in reducing psychological distress and enhancing spiritual well-being among males with substance use disorders undergoing rehabilitation. The findings demonstrated that Qur'anic recitation can serve as a meaningful psycho-spiritual intervention by addressing both the emotional and spiritual dimensions of addiction. Participants who were exposed to Surah Ad-Duha showed noticeable improvements in their psychological state and spiritual well-being, suggesting that engagement with divine revelation may contribute positively to the recovery process.

The study highlights that while conventional relaxation methods may provide temporary emotional relief, spiritually meaningful interventions such as Qur'anic recitation offer deeper therapeutic benefits by fostering hope, reassurance, emotional regulation, and connection with Allah. These dimensions are particularly important in addiction recovery, where individuals often struggle with guilt, hopelessness, and existential emptiness. By strengthening both inner peace and spiritual awareness, the intervention provided a more holistic healing experience.

The findings also suggest that the psychological and spiritual challenges associated with substance use disorders remain relatively similar across individuals from different demographic backgrounds. This indicates that addiction-related distress may be a shared human experience that requires comprehensive interventions targeting universal emotional and spiritual needs rather than demographic-specific concerns.

Overall, the present study contributes to the growing literature on Islamic psychospiritual interventions and emphasizes the significance of integrating faith-based approaches within rehabilitation settings. In the context of Pakistan, where religion plays a central role in daily life and coping practices, Qur'anic recitation may serve as a culturally relevant, accessible, and effective complementary therapeutic strategy. The study reinforces the importance of adopting holistic rehabilitation models that address not only behavioral and psychological symptoms but also the spiritual well-being of individuals to promote sustainable recovery and long-term psychological resilience.

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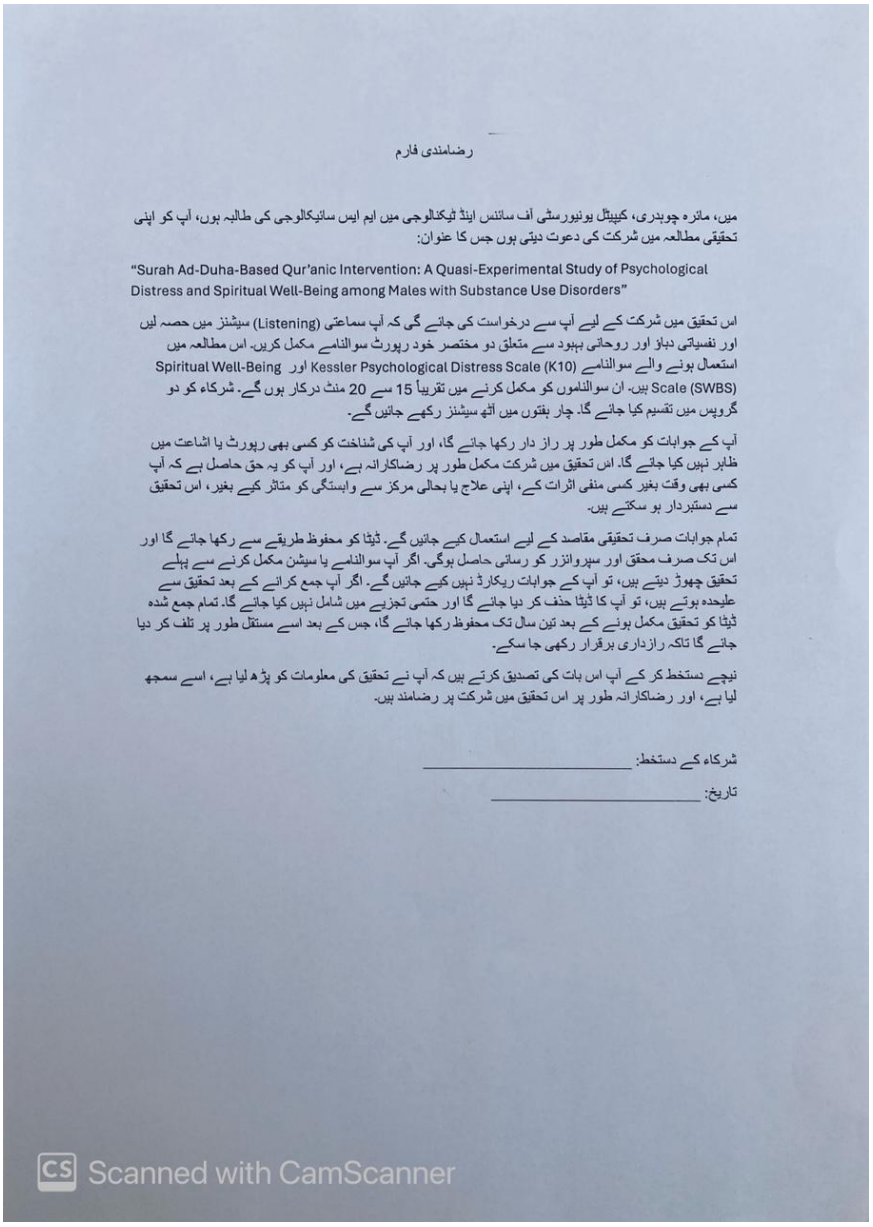
Appendix A: Consent and Demographic Sheet



رضامندی فارم

میں، مائرہ چوہدری، کیپیٹل یونیورسٹی آف سائنس اینڈ ٹیکنالوجی میں ایم ایس سائیکالوجی کی طالبہ ہوں، آپ کو اپنی تحقیقی مطالعہ میں شرکت کی دعوت دیتی ہوں جس کا عنوان:

"Surah Ad-Duha-Based Qur'anic Intervention: A Quasi-Experimental Study of Psychological Distress and Spiritual Well-Being among Males with Substance Use Disorders"

اس تحقیق میں شرکت کے لیے آپ سے درخواست کی جائے گی کہ آپ سماعتی (Listening) سیشنز میں حصہ لیں اور نفسیاتی دباؤ اور روحانی بہبود سے متعلق دو مختصر خود رپورٹ سوالنامے مکمل کریں۔ اس مطالعہ میں استعمال ہونے والے سوالنامے Kessler Psychological Distress Scale (K10) اور Spiritual Well-Being Scale (SWBS) ہیں۔ ان سوالناموں کو مکمل کرنے میں تقریباً 15 سے 20 منٹ درکار ہوں گے۔ شرکاء کو دو گروپس میں تقسیم کیا جائے گا۔ چار ہفتوں میں آٹھ سیشنز رکھے جائیں گے۔

آپ کے جوابات کو مکمل طور پر راز دار رکھا جائے گا، اور آپ کی شناخت کو کسی بھی رپورٹ یا اشاعت میں ظاہر نہیں کیا جائے گا۔ اس تحقیق میں شرکت مکمل طور پر رضاکارانہ ہے، اور آپ کو یہ حق حاصل ہے کہ آپ کسی بھی وقت بغیر کسی منفی اثرات کے، اپنی علاج یا بحالی مرکز سے وابستگی کو متاثر کیے بغیر، اس تحقیق سے دستبردار ہو سکتے ہیں۔

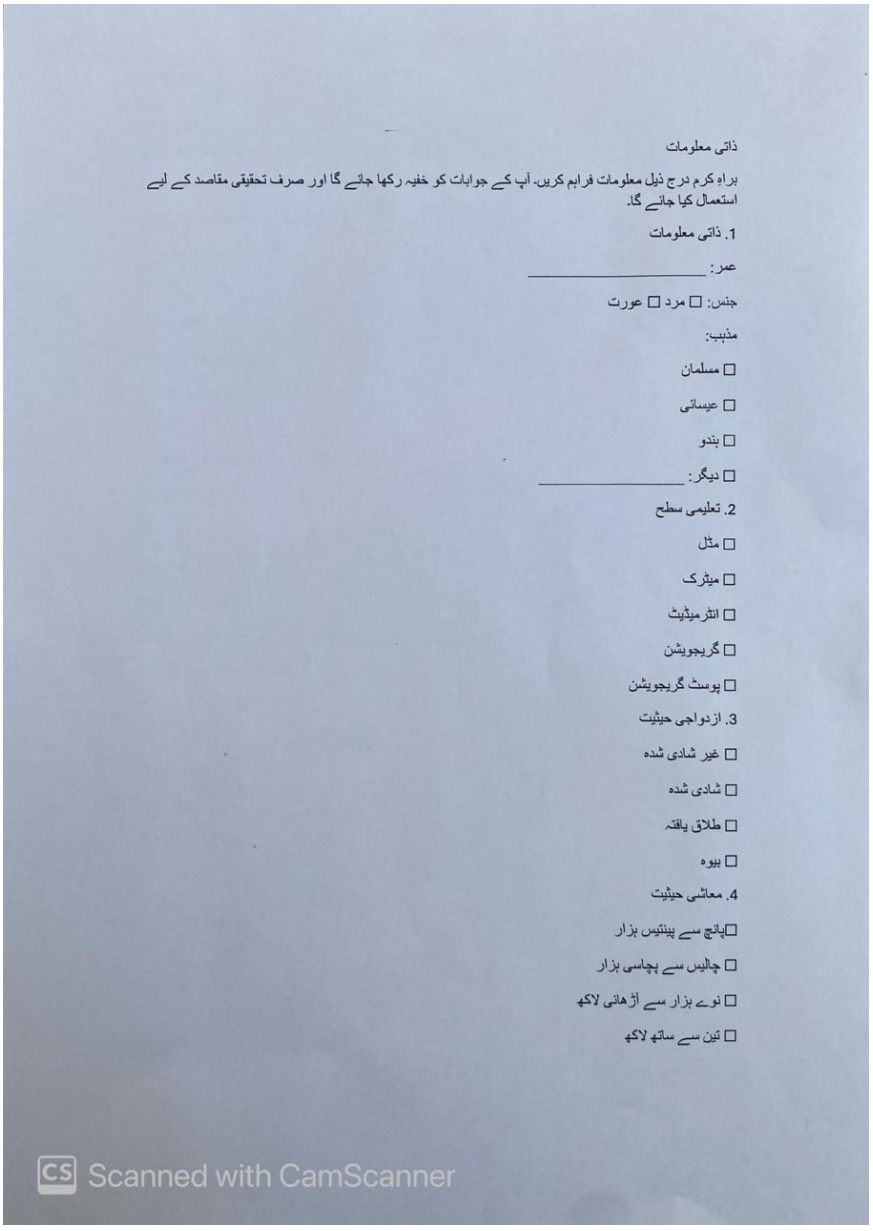
تمام جوابات صرف تحقیقی مقاصد کے لیے استعمال کیے جائیں گے۔ ڈیٹا کو محفوظ طریقے سے رکھا جائے گا اور اس تک صرف محقق اور سپروائزر کو رسائی حاصل ہوگی۔ اگر آپ سوالنامے یا سیشن مکمل کرنے سے پہلے تحقیق چھوڑ دیتے ہیں، تو آپ کے جوابات ریکارڈ نہیں کیے جائیں گے۔ اگر آپ جمع کرانے کے بعد تحقیق سے علیحدہ ہوتے ہیں، تو آپ کا ڈیٹا حذف کر دیا جائے گا اور حتمی تجزیے میں شامل نہیں کیا جائے گا۔ تمام جمع شدہ ڈیٹا کو تحقیق مکمل ہونے کے بعد تین سال تک محفوظ رکھا جائے گا، جس کے بعد اسے مستقل طور پر تلف کر دیا جائے گا تاکہ رازداری برقرار رکھی جا سکے۔

نیچے دستخط کر کے آپ اس بات کی تصدیق کرتے ہیں کہ آپ نے تحقیق کی معلومات کو پڑھ لیا ہے، اسے سمجھ لیا ہے، اور رضاکارانہ طور پر اس تحقیق میں شرکت پر رضامند ہیں۔

شرکاء کے دستخط: _____

تاریخ: _____

FIGURE 1: Inform Consent



ذاتی معلومات

براہ کرم درج ذیل معلومات فراہم کریں۔ آپ کے جوابات کو خفیہ رکھا جائے گا اور صرف تحقیقی مقاصد کے لیے استعمال کیا جائے گا۔

1. ذاتی معلومات

عمر: _____

جنس: ☐ مرد ☐ عورت

مذہب:

☐ مسلمان

☐ عیسائی

☐ ہندو

☐ دیگر: _____

2. تعلیمی سطح

☐ مڈل

☐ میٹرک

☐ انٹرمیڈیٹ

☐ گریجویشن

☐ پوسٹ گریجویشن

3. ازدواجی حیثیت

☐ غیر شادی شدہ

☐ شادی شدہ

☐ طلاق یافتہ

☐ بیوہ

4. معاشی حیثیت

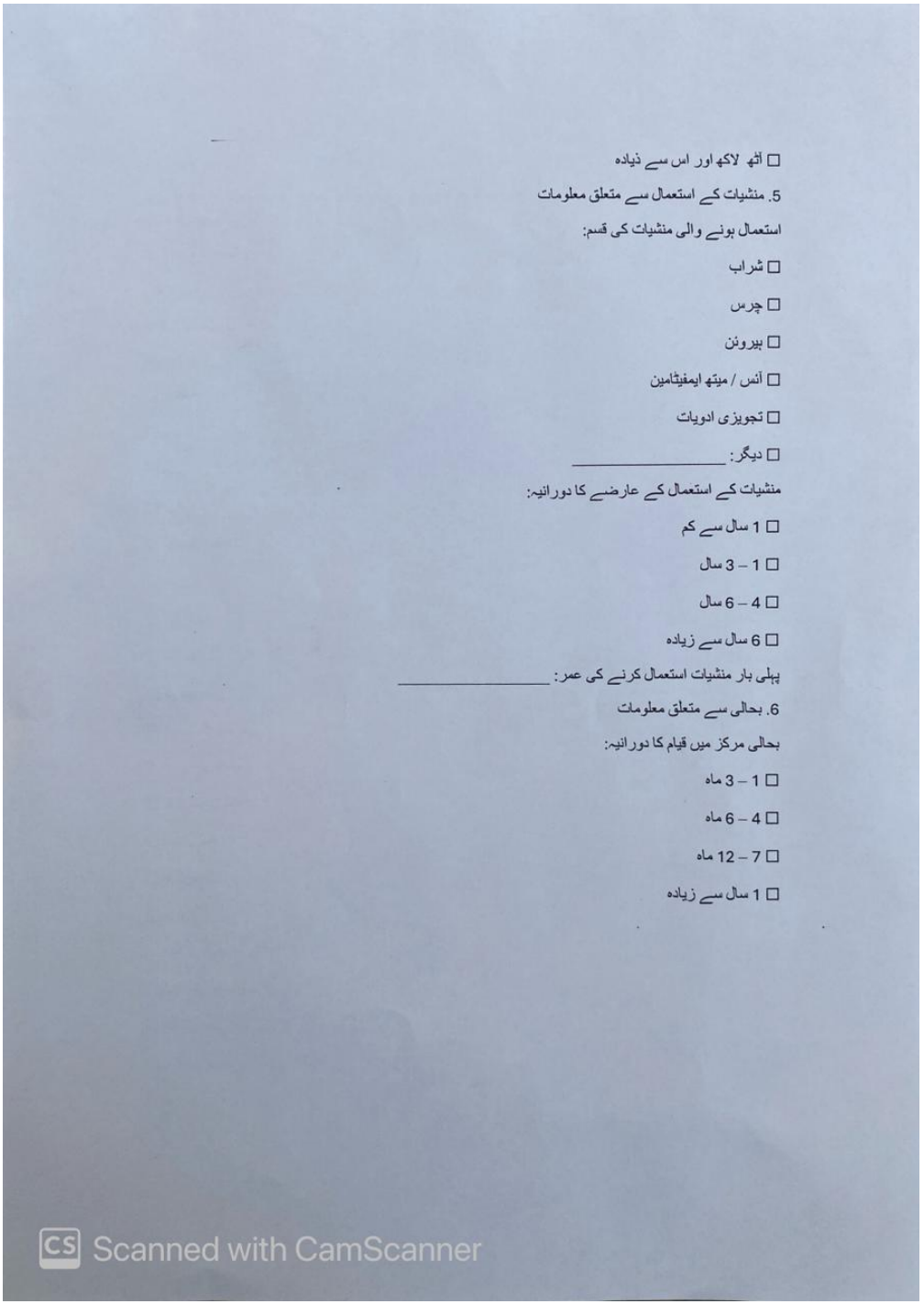
☐پانچ سے پینتیس ہزار

☐ چالیس سے پچاسی ہزار

☐ نوے ہزار سے آڑھائی لاکھ

☐ تین سے ساتھ لاکھ

FIGURE 2: Demographic Sheet



☐ آٹھ لاکھ اور اس سے زیادہ

5. منشیات کے استعمال سے متعلق معلومات

استعمال ہونے والی منشیات کی قسم:

☐ شراب

☐ چرس

☐ ہیروئن

☐ آئس / میتھ ایمفیٹامین

☐ تجویزی ادویات

☐ دیگر: _____

منشیات کے استعمال کے عارضے کا دورانیہ:

☐ 1 سال سے کم

☐ 1 – 3 سال

☐ 4 – 6 سال

☐ 6 سال سے زیادہ

پہلی بار منشیات استعمال کرنے کی عمر: _____

6. بحالی سے متعلق معلومات

بحالی مرکز میں قیام کا دورانیہ:

☐ 1 – 3 ماہ

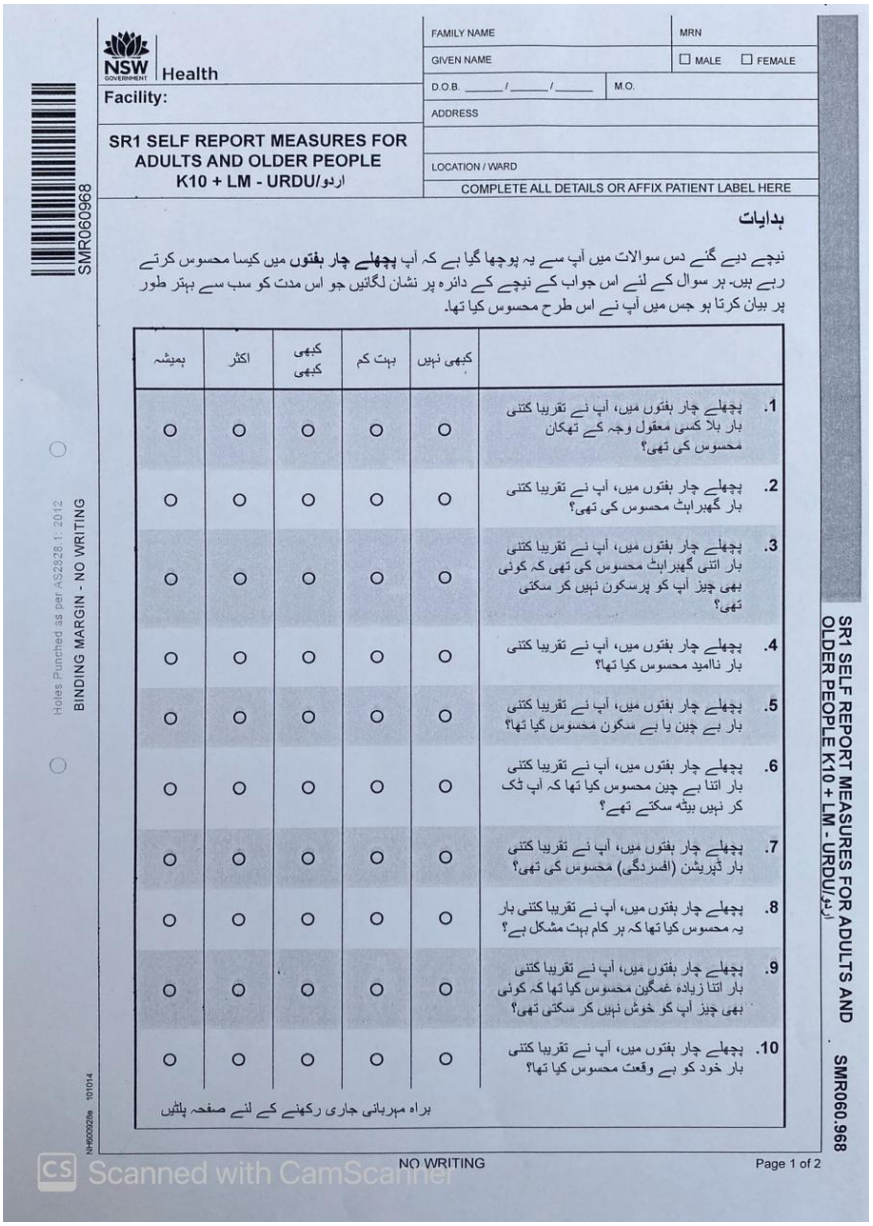
☐ 4 – 6 ماہ

☐ 7 – 12 ماہ

☐ 1 سال سے زیادہ

FIGURE 3: Demographic Sheet

Appendix B: Questionnaires



NSW GOVERNMENT Health

Facility:

SR1 SELF REPORT MEASURES FOR ADULTS AND OLDER PEOPLE
K10 + LM - URDU/اردو

FAMILY NAME | MRN
GIVEN NAME | ☐ MALE ☐ FEMALE
D.O.B. _____/_____/_____ | M.O.
ADDRESS
LOCATION / WARD
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

SMR060968

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ہدایات

نیچے دیے گئے دس سوالات میں آپ سے یہ پوچھا گیا ہے کہ آپ **پچھلے چار ہفتوں** میں کیسا محسوس کرتے رہے ہیں۔ ہر سوال کے لئے اس جواب کے نیچے کے دائرہ پر نشان لگائیں جو اس مدت کو سب سے بہتر طور پر بیان کرتا ہو جس میں آپ نے اس طرح محسوس کیا تھا۔

	کبھی نہیں	بہت کم	کبھی کبھی	اکثر	ہمیشہ
1. پچھلے چار ہفتوں میں، آپ نے تقریبا کتنی بار بلا کسی معقول وجہ کے تھکان محسوس کی تھی؟	○	○	○	○	○
2. پچھلے چار ہفتوں میں، آپ نے تقریبا کتنی بار گھبراہٹ محسوس کی تھی؟	○	○	○	○	○
3. پچھلے چار ہفتوں میں، آپ نے تقریبا کتنی بار اتنی گھبراہٹ محسوس کی تھی کہ کوئی بھی چیز آپ کو پرسکون نہیں کر سکتی تھی؟	○	○	○	○	○
4. پچھلے چار ہفتوں میں، آپ نے تقریبا کتنی بار ناامید محسوس کیا تھا؟	○	○	○	○	○
5. پچھلے چار ہفتوں میں، آپ نے تقریبا کتنی بار بے چین یا بے سکون محسوس کیا تھا؟	○	○	○	○	○
6. پچھلے چار ہفتوں میں، آپ نے تقریبا کتنی بار اتنا بے چین محسوس کیا تھا کہ آپ ٹک کر نہیں بیٹھ سکتے تھے؟	○	○	○	○	○
7. پچھلے چار ہفتوں میں، آپ نے تقریبا کتنی بار ڈپریشن (افسردگی) محسوس کی تھی؟	○	○	○	○	○
8. پچھلے چار ہفتوں میں، آپ نے تقریبا کتنی بار یہ محسوس کیا تھا کہ ہر کام بہت مشکل ہے؟	○	○	○	○	○
9. پچھلے چار ہفتوں میں، آپ نے تقریبا کتنی بار اتنا زیادہ غمگین محسوس کیا تھا کہ کوئی بھی چیز آپ کو خوش نہیں کر سکتی تھی؟	○	○	○	○	○
10. پچھلے چار ہفتوں میں، آپ نے تقریبا کتنی بار خود کو بے وقعت محسوس کیا تھا؟	○	○	○	○	○

براہ مہربانی جاری رکھنے کے لئے صفحہ پلٹیں

SR1 SELF REPORT MEASURES FOR ADULTS AND OLDER PEOPLE K10 + LM - URDU/اردو SMR060.968

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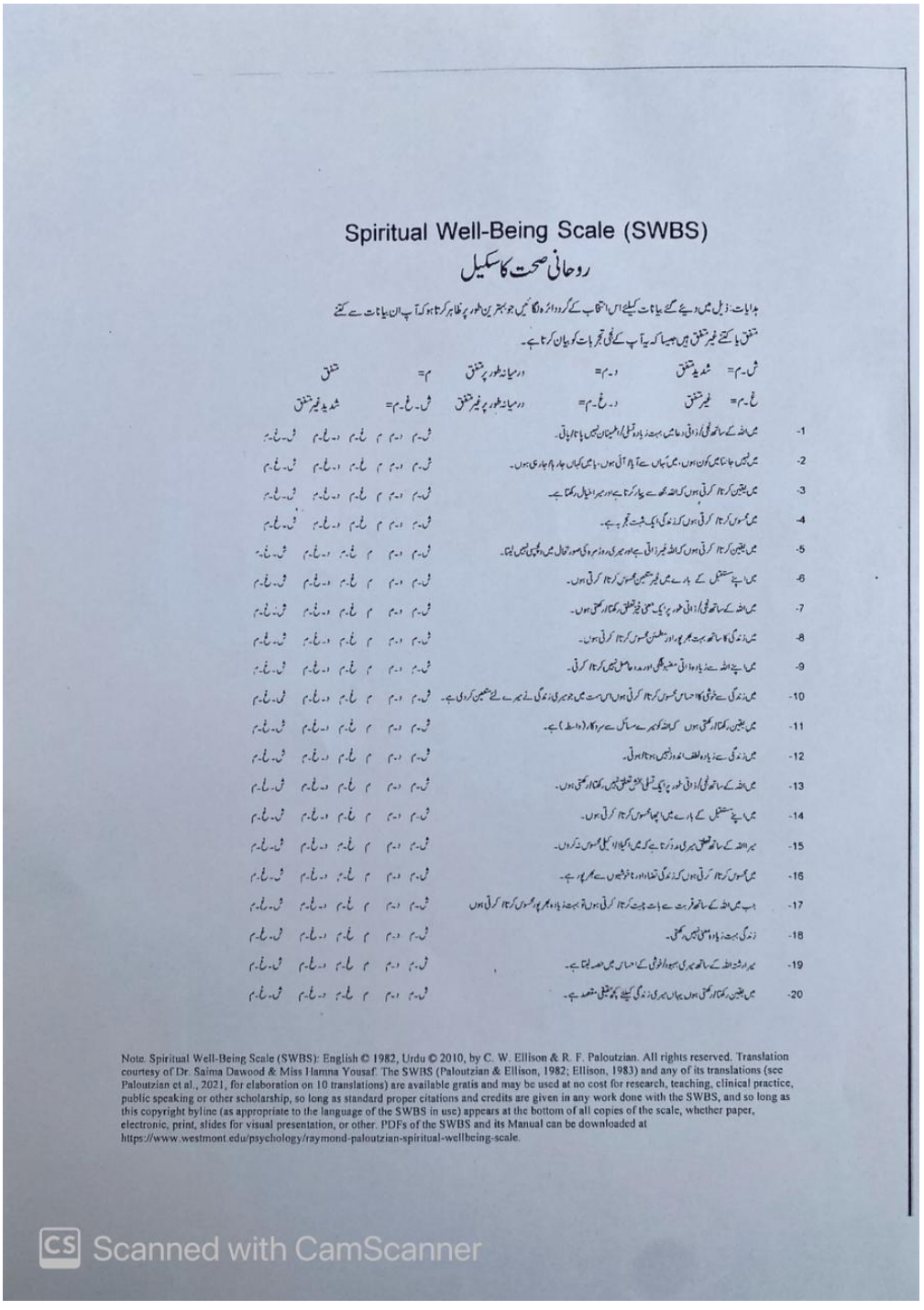
Page 1 of 2

FIGURE 4: Questionnaire 1



Spiritual Well-Being Scale (SWBS)

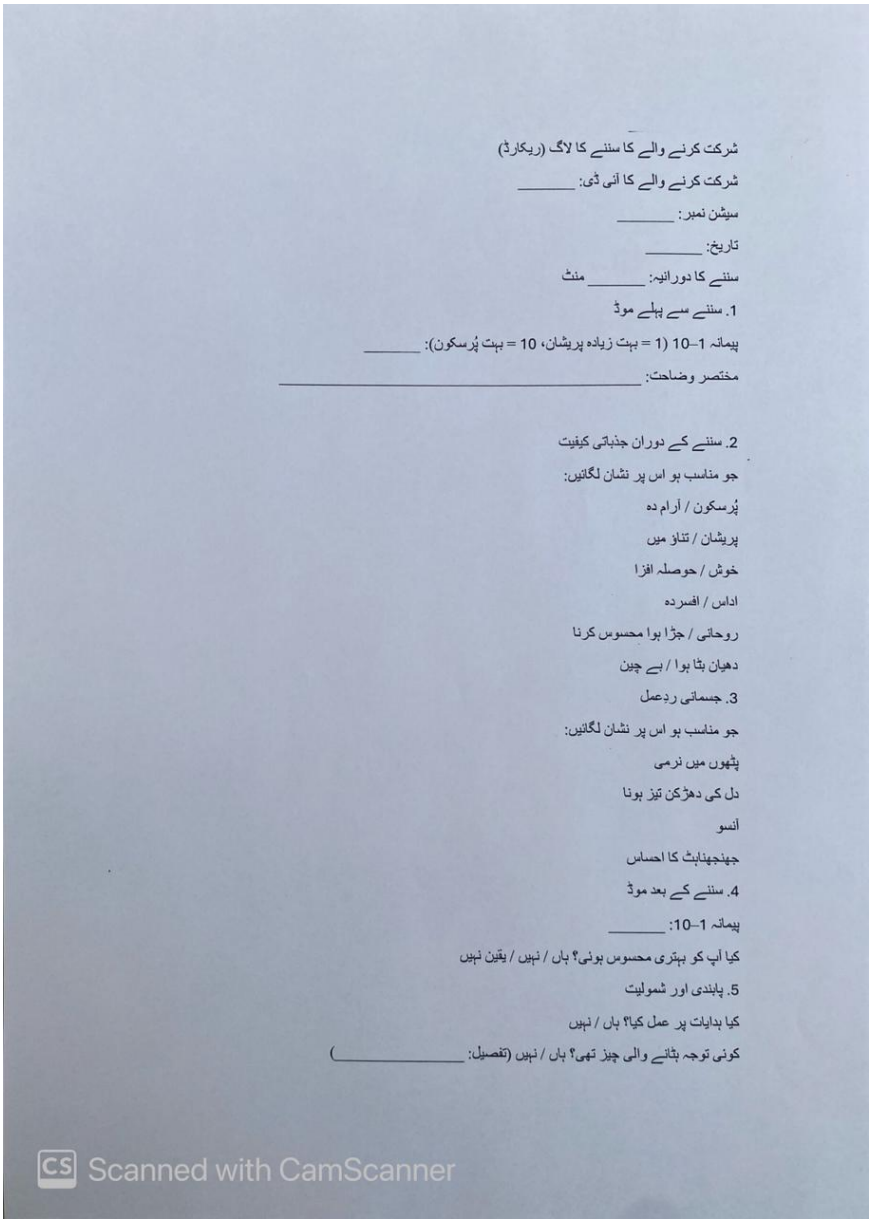
روحانی صحت کا سکیل

ہدایات: ذیل میں دیئے گئے بیانات کیلئے اس انتخاب کے گرد دائرہ لگائیں جو بہترین طور پر ظاہر کرتا ہو کہ آپ ان بیانات سے کتنے متفق یا کتنے غیر متفق ہیں جیسا کہ یہ آپ کے کئی تجربات کو بیان کرتا ہے۔

ش۔م=	شدید متفق	د۔م=	درمیانہ طور پر متفق	م=	متفق
غ۔م=	غیر متفق	د۔غ۔م=	درمیانہ طور پر غیر متفق	ش۔غ۔م=	شدید غیر متفق

-1	میں اللہ کے ساتھ نجی/ذاتی دعا میں بہت زیادہ تسلی/اطمینان نہیں پاتا/پاتی۔	ش۔م	د۔م	م	غ۔م	د۔غ۔م	ش۔غ۔م
-2	میں نہیں جانتا میں کون ہوں، میں کہاں سے آیا/آئی ہوں، یا میں کہاں جا رہا/جا رہی ہوں۔	ش۔م	د۔م	م	غ۔م	د۔غ۔م	ش۔غ۔م
-3	میں یقین کرتا/کرتی ہوں کہ اللہ مجھ سے پیار کرتا ہے اور میرا خیال رکھتا ہے۔	ش۔م	د۔م	م	غ۔م	د۔غ۔م	ش۔غ۔م
-4	میں محسوس کرتا/کرتی ہوں کہ زندگی ایک شدت تجربہ ہے۔	ش۔م	د۔م	م	غ۔م	د۔غ۔م	ش۔غ۔م
-5	میں یقین کرتا/کرتی ہوں کہ اللہ غیر ذاتی ہے اور میری روزمرہ کی معمولات میں دلچسپی نہیں لیتا۔	ش۔م	د۔م	م	غ۔م	د۔غ۔م	ش۔غ۔م
-6	میں اپنے مستقبل کے بارے میں غیر متعین محسوس کرتا/کرتی ہوں۔	ش۔م	د۔م	م	غ۔م	د۔غ۔م	ش۔غ۔م
-7	میں اللہ کے ساتھ نجی/ذاتی طور پر ایک معنی خیز تعلق رکھتا/رکھتی ہوں۔	ش۔م	د۔م	م	غ۔م	د۔غ۔م	ش۔غ۔م
-8	میں زندگی کا ساتھ بہت بھرپور اور مطمئن محسوس کرتا/کرتی ہوں۔	ش۔م	د۔م	م	غ۔م	د۔غ۔م	ش۔غ۔م
-9	میں اپنے اللہ سے زیادہ ذاتی مقبولیت اور وصال نہیں کرتا/کرتی۔	ش۔م	د۔م	م	غ۔م	د۔غ۔م	ش۔غ۔م
-10	میں زندگی سے خوشی کا احساس محسوس کرتا/کرتی ہوں اس سبب میں جو میری زندگی نے میرے لئے متعین کر دی ہے۔	ش۔م	د۔م	م	غ۔م	د۔غ۔م	ش۔غ۔م
-11	میں یقین رکھتا/رکھتی ہوں کہ اللہ کو میرے مسائل سے سروکار (واسطہ) ہے۔	ش۔م	د۔م	م	غ۔م	د۔غ۔م	ش۔غ۔م
-12	میں زندگی سے زیادہ لطف اندوز نہیں ہوتا/ہوتی۔	ش۔م	د۔م	م	غ۔م	د۔غ۔م	ش۔غ۔م
-13	میں اللہ کے ساتھ نجی/ذاتی طور پر ایک تسلی بخش تعلق نہیں رکھتا/رکھتی ہوں۔	ش۔م	د۔م	م	غ۔م	د۔غ۔م	ش۔غ۔م
-14	میں اپنے مستقبل کے بارے میں پُر امید محسوس کرتا/کرتی ہوں۔	ش۔م	د۔م	م	غ۔م	د۔غ۔م	ش۔غ۔م
-15	میرا اللہ کے ساتھ تعلق میری مدد کرتا ہے کہ میں اکیلا/اکیلی محسوس نہ کروں۔	ش۔م	د۔م	م	غ۔م	د۔غ۔م	ش۔غ۔م
-16	میں محسوس کرتا/کرتی ہوں کہ زندگی تضادات اور ناخوشیوں سے بھرپور ہے۔	ش۔م	د۔م	م	غ۔م	د۔غ۔م	ش۔غ۔م
-17	اب میں اللہ کے ساتھ قربت سے بات چیت کرتا/کرتی ہوں تو بہت زیادہ بھرپور محسوس کرتا/کرتی ہوں	ش۔م	د۔م	م	غ۔م	د۔غ۔م	ش۔غ۔م
-18	زندگی بہت زیادہ معنی نہیں رکھتی۔	ش۔م	د۔م	م	غ۔م	د۔غ۔م	ش۔غ۔م
-19	میں اللہ کے ساتھ میری ہم آہنگی/خوشی کے احساس میں حصہ لیتا ہے۔	ش۔م	د۔م	م	غ۔م	د۔غ۔م	ش۔غ۔م
-20	میں یقین رکھتا/رکھتی ہوں یہاں میری زندگی کیلئے کچھ حقیقی مقصد ہے۔	ش۔م	د۔م	م	غ۔م	د۔غ۔م	ش۔غ۔م

FIGURE 5: Questionnaire 2



شرکت کرنے والے کا سننے کا لاگ (ریکارڈ)

شرکت کرنے والے کا آئی ڈی: _____

سیشن نمبر: _____

تاریخ: _____

سننے کا دورانیہ: _____ منٹ

1. سننے سے پہلے موڈ

پیمانہ 1–10 (1 = بہت زیادہ پریشان، 10 = بہت پُرسکون): _____

مختصر وضاحت: _____

2. سننے کے دوران جذباتی کیفیت

جو مناسب ہو اس پر نشان لگائیں:

پُرسکون / آرام دہ

پریشان / تناؤ میں

خوش / حوصلہ افزا

اداس / افسردہ

روحانی / جڑا ہوا محسوس کرنا

دھیان بٹا ہوا / بے چین

3. جسمانی ردِعمل

جو مناسب ہو اس پر نشان لگائیں:

پٹھوں میں نرمی

دل کی دھڑکن تیز ہونا

آنسو

جھنجھناہٹ کا احساس

4. سننے کے بعد موڈ

پیمانہ 1–10: _____

کیا آپ کو بہتری محسوس ہوئی؟ ہاں / نہیں / یقین نہیں

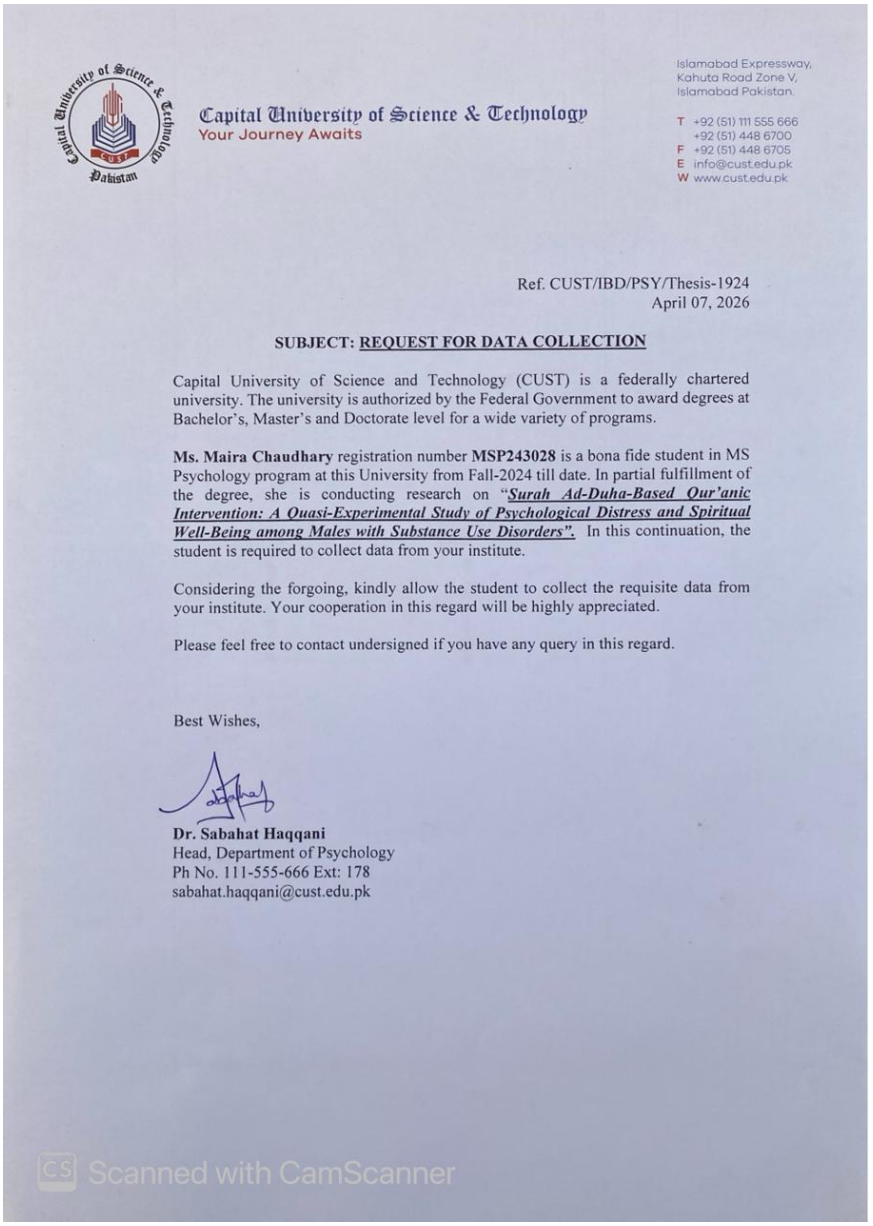
5. پابندی اور شمولیت

کیا ہدایات پر عمل کیا؟ ہاں / نہیں

کوئی توجہ بٹانے والی چیز تھی؟ ہاں / نہیں (تفصیل: _____)

FIGURE 6: Listening Log

Appendix C: Approvals



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Ref. CUST/IBD/PSY/Thesis-1924
April 07, 2026

SUBJECT: REQUEST FOR DATA COLLECTION

Capital University of Science and Technology (CUST) is a federally chartered university. The university is authorized by the Federal Government to award degrees at Bachelor's, Master's and Doctorate level for a wide variety of programs.

Ms. Maira Chaudhary registration number **MSP243028** is a bona fide student in MS Psychology program at this University from Fall-2024 till date. In partial fulfillment of the degree, she is conducting research on ***"Surah Ad-Duha-Based Qur'anic Intervention: A Quasi-Experimental Study of Psychological Distress and Spiritual Well-Being among Males with Substance Use Disorders".*** In this continuation, the student is required to collect data from your institute.

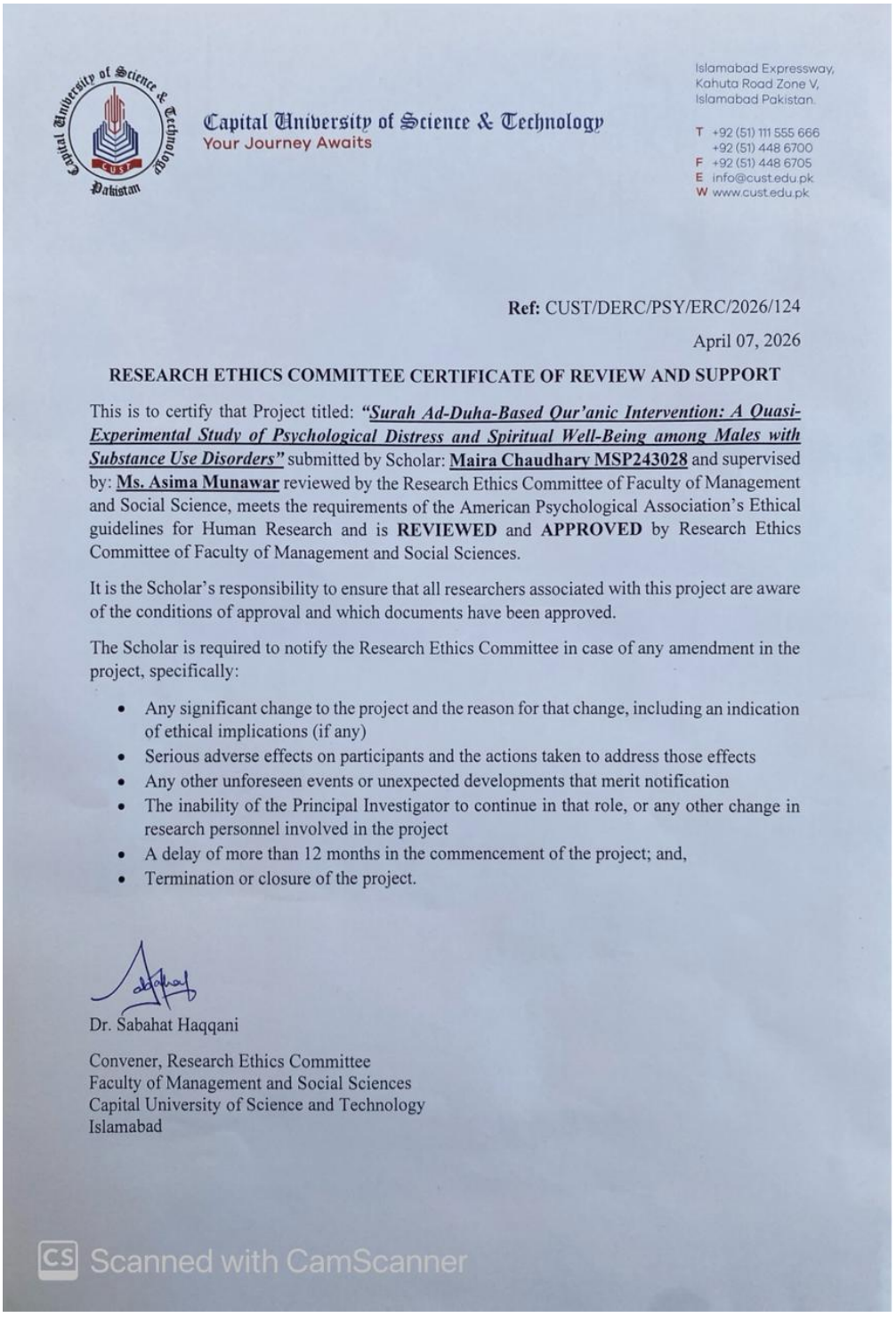
Considering the forgoing, kindly allow the student to collect the requisite data from your institute. Your cooperation in this regard will be highly appreciated.

Please feel free to contact undersigned if you have any query in this regard.

Best Wishes,

Dr. Sabahat Haqqani
Head, Department of Psychology
Ph No. 111-555-666 Ext: 178
sabahat.haqqani@cust.edu.pk

FIGURE 7: Data Collection Letter



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Ref: CUST/DERC/PSY/ERC/2026/124

April 07, 2026

RESEARCH ETHICS COMMITTEE CERTIFICATE OF REVIEW AND SUPPORT

This is to certify that Project titled: ***"Surah Ad-Duha-Based Qur'anic Intervention: A Quasi-Experimental Study of Psychological Distress and Spiritual Well-Being among Males with Substance Use Disorders"*** submitted by Scholar: **Maira Chaudhary MSP243028** and supervised by: **Ms. Asima Munawar** reviewed by the Research Ethics Committee of Faculty of Management and Social Science, meets the requirements of the American Psychological Association's Ethical guidelines for Human Research and is **REVIEWED** and **APPROVED** by Research Ethics Committee of Faculty of Management and Social Sciences.

It is the Scholar's responsibility to ensure that all researchers associated with this project are aware of the conditions of approval and which documents have been approved.

The Scholar is required to notify the Research Ethics Committee in case of any amendment in the project, specifically:

- Any significant change to the project and the reason for that change, including an indication of ethical implications (if any)
- Serious adverse effects on participants and the actions taken to address those effects
- Any other unforeseen events or unexpected developments that merit notification
- The inability of the Principal Investigator to continue in that role, or any other change in research personnel involved in the project
- A delay of more than 12 months in the commencement of the project; and,
- Termination or closure of the project.

Dr. Sabahat Haqqani

Convener, Research Ethics Committee
Faculty of Management and Social Sciences
Capital University of Science and Technology
Islamabad

FIGURE 8: Ethics Review form