



Religion, culture and illness: a sociological study on religious coping in Iran

Fereshteh Ahmadi, Mohammad Khodayarifard, Saeid Zandi, Abdollah Khorrami-Markani, Bagher Ghobari-Bonab, Mona Sabzevari & Nader Ahmadi

To cite this article: Fereshteh Ahmadi, Mohammad Khodayarifard, Saeid Zandi, Abdollah Khorrami-Markani, Bagher Ghobari-Bonab, Mona Sabzevari & Nader Ahmadi (2018) Religion, culture and illness: a sociological study on religious coping in Iran, *Mental Health, Religion & Culture*, 21:7, 721-736, DOI: [10.1080/13674676.2018.1555699](https://doi.org/10.1080/13674676.2018.1555699)

To link to this article: <https://doi.org/10.1080/13674676.2018.1555699>



© 2019 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group



Published online: 31 Jan 2019.



Submit your article to this journal [↗](#)



Article views: 7036



View related articles [↗](#)



View Crossmark data [↗](#)



Citing articles: 26 View citing articles [↗](#)

Religion, culture and illness: a sociological study on religious coping in Iran

Fereshteh Ahmadi^a, Mohammad Khodayarifard^b, Saeid Zandi^c, Abdollah Khorrami-Markani^d, Bagher Ghobari-Bonab^e, Mona Sabzevari^f and Nader Ahmadi^g

^aDepartment of Social Work and Psychology, University of Gävle, Gävle, Sweden; ^bDepartment of Psychology, University of Tehran, Tehran, Iran; ^cDepartment of Counseling Psychology, Allameh Tabataba'i University, Tehran, Iran; ^dDepartment of Nursing, Khoy Medical Sciences Faculty, Urmia Medical Sciences University, Khoy, Iran; ^eDepartment of Psychology and Education of Exceptional Children, Faculty of Psychology and Educational Sciences, University of Tehran, Tehran, Iran; ^fDepartment of Psychology, Shahid Beheshti University, Tehran, Iran; ^gSwedish Agency for Work Environment Knowledge, Gävle, Sweden

ABSTRACT

The present article is based on an international study on meaning-making coping aimed at understanding the role of culture in coping. The larger study has been conducted among cancer patients in 10 countries. The present article is confined to the results obtained in our study in Iran and restricted to religious coping methods. Twenty-seven participants with various kinds of cancer were interviewed. The several religious coping methods found in the present study are categorised on the basis of RCOPE's five basic religious functions. The study reveals, among others, the impact of cultural beliefs on certain religious coping methods, even among those who are not regarded as practicing Muslims. The study highlights the importance of investigating cultural and social context when exploring the use of the meaning-making coping strategies in different countries.

ARTICLE HISTORY

Received 25 November 2018
Accepted 1 December 2018

KEYWORDS

Meaning-making coping;
cancer; Iranians; religious and
spiritual coping methods;
pilgrim (*Ziyarat*)

Introduction

In an effort to study from a sociological perspective more closely the role of culture in cancer patients' meaning-making coping methods, an international project has been conducted in 10 countries (Sweden, South Korea, China, Japan, Malaysia, the Philippines, Portugal, Brazil, Turkey and Iran). The purpose of the project is to explore, from a sociological perspective, different forms of meaning-making coping (existential, spiritual, and religious coping) used by people who have been struck by cancer and, thereby, to attempt to understand the effect of culture on the use of these coping strategies. Essential to our study is, thus, not the study of coping only from a psychological perceptive but mainly the role of culture in the present study; we define culture as a system of beliefs, traditions, customs, art, history, folklore, institutions, norm and values and how they are expressed – a system that is shared by members of a society, community or group. This cultural content

CONTACT Fereshteh Ahmadi  faw@hig.se

© 2019 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group
This is an Open Access article distributed under the terms of the Creative Commons Attribution-NonCommercial-NoDerivatives License (<http://creativecommons.org/licenses/by-nc-nd/4.0/>), which permits non-commercial re-use, distribution, and reproduction in any medium, provided the original work is properly cited, and is not altered, transformed, or built upon in any way.

is crucial in constructing individuals' identities and ethical/moral worldview, which in its turn serves as an orienting system when navigating social relationships. Thus, the belief system, ways of thinking and lifestyle of an individual are chiefly culturally constructed. Culture influences, accordingly, the complex whole of social life: its institutions, laws, knowledge, customs, morals and lifestyles (Ahmadi, 2006). In the current paper, based on the study carried out in Iran, only the results on *religious coping methods* will be presented. We will try by sociologically analyzing the results, to discuss the role of cultural beliefs in coping. As Willander (2014, p. 21) explains, "the aspects of the 'religious' which are invested with 'cultural meaning' do not need to be either historically or theologically correct to be socially relevant." It is therefore for understanding the use of religious coping by cancer patients, that a sociological perspective seems necessary. Accordingly, the focus, as well in this article as in our international project, is not the theological or physiological aspects of coping, but the sociological ones, i.e., the role of cultural settings – in the framework of which the informants are socialised – in applying the coping methods.

Religion in Iran

Iran is an Islamic republic, both officially and in practice. The Constitution of the Islamic Republic of Iran mandates that the official religion of Iran is Shia Islam practiced according to the Twelver Ja'fari school. Iran recognises Zoroastrian, Jewish, and Christian religious minorities, among others. The continuous presence of pre-Islamic, non-Muslim communities – such as Zoroastrians, Jews, and Christians – has served to accustom the population to non-Muslims participating in Iranian society.

The vast majority (89%) of the population in Iran is Shi'a Muslim, 10% is Sunni Muslim, and the remaining 1% are Christian, Zoroastrian, Baha'i and Jewish. Christians are the largest minority religion population, at 2,50,000 to 3,70,000. Most Christians are Armenian in origin (Statistical Center of Iran, 2018). Iranian Sunni citizens are primarily concentrated in the provinces of Golestān, Kurdistan, and Sistan-Baluchestan.

Conceptual framework

Meaning-making coping

In many studies in the field of coping, the terms "religious" and "spiritual" have been used to address coping methods that are essentially based on existential issues. Nevertheless, the results of several studies (Ahmadi, 2006, 2015; Ahmadi, Park, Kim, & Ahmadi 2017; Ahmadi & Ahmadi, 2018) reveal the occurrence of other coping strategies that can hardly be regarded as religious or spiritual, for instance, strategies connected to nature. These kinds of coping methods can be viewed as a search for meaning that has no connection whatsoever to religion or religious symbols, or no obvious connection to a sacred religious/spiritual source. The term existential coping is employed because these methods involve individuals' efforts to discover an inwardly source – in nature, themselves or others – that can assist them in coping with their problems. Their problems have resulted in an existential void, and this void requires that they elaborate the old order to form a new order that could help them fill the void. Figure 1, presented by Ahmadi and Ahmadi

Cultural settings

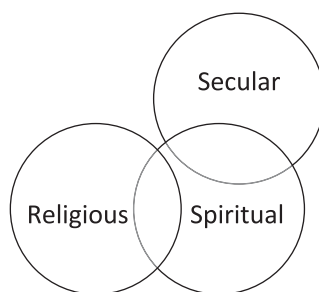


Figure 1. Relation of existential meaning-making domains.

(2018), depicts the relation between religious, spiritual and secular existential coping observed in our project.

As Ahmadi and Ahmadi (2018) point out:

In this model, the concepts and topics of the religious and spiritual domains overlap to some extent. The concepts and topics of spirituality and secular meaning-making coping also overlap, but there is no overlap between secular and religious concepts and topics. The reason for this is that, as mentioned before, our definition of religion is “a search for significance that unfolds within a traditional sacred context” (Ahmadi, 2006, p. 72). We define spirituality a search for connectedness with a sacred source that is related or not related to God or any religious holy sources (Ahmadi, 2006, p. 72–73). Thus, secular meaning-making coping hardly has any point of connection with a traditional sacred context, but can overlap with a search for connectedness with a sacred source without relating to God or any traditional religious context. As mentioned before, sacred here is not defined in a religious context, but an inwardly sanctification context.

In our international project, we have used the term meaning-making coping to refer to the entire range of religious, spiritual and existential coping methods.

Culture, religion and coping

In the current article, we present the results from our study in Iran, which looks at religious coping methods from a cultural perspective. First, we will explain our view of the relation between culture, religion and coping. Several researchers (Ahmadi & Ahmadi, 2018; DeMarinis, 2014; Lloyd, 2018) have investigated this relation from divergent perspectives. In this article, we proceed from the perspective advocated by Ahmadi and Ahmadi (2018). This perspective includes both religious and secular cultural settings, especially Muslim ones.

When discussing religious coping, it is vital to consider circumstances in which religion and coping are interlaced. It would seem reasonable to assume that religion is more accessible to individuals whose orientation system is greatly marked by religion. The concept of orientation system concerns the ways in which culture influences people’s lives. Thus, we can argue that the reason individuals turn to religion in times of crisis is that religion is more accessible in their sociocultural context than are other resources. Religion may not be the only available resource in a person’s orientation system, and it may be easier to access other resources. If this is true, then for people with limited alternatives, religion

may play an even more important coping resource. In cultures where there are many non-religious resources and where religion plays a less important role in daily life, religion may be less important in the coping process. Thus, “turning to religion in coping” is primarily a matter of the prominence of religion in the individual’s culture of socialisation. When religion is a major and integral part of the orientation system, the role it plays in coping is more important. When it is less vital to the orientation system, and less relevant to life experiences, it plays a less important role in coping (Ahmadi, 2006; Ellison, 1991; Ferraro & Koch, 1994; Kesselring, Dodd, Lindsey, & Strauss, 1986).

Methodology

The study was based on qualitative research. Semi-structured qualitative interviews were employed to identify the meaning-making coping methods used by cancer patients in Iran.

Participants

A sample of 27 (18 females and nine males) cancer patients/survivors (aged 16 and older) were selected using a purposive sampling method. The participants were recruited through a number of cancer treatment and rehabilitation centres in Tehran.

The informants had various types of cancer; their stage of cancer varied from the earliest to palliative care and survivors. Most of the participants were Shia Muslims. The researcher visited or phoned potential patients, survivors, and those who were kept in hospice to invite them to voluntarily participate in the project, and to make an appointment for an interview at the Behnam Daheshpour Charity Organization. Table 1 shows the demographic characteristics of the informants.

Table 1. Demographic characteristics of the participants ($N = 27$).

Characteristics	<i>N</i>
Gender	
Male	9
Female	18
Age	
16~29	4
30~59	19
60+	4
Education	
High school graduate or less	12
College graduate or higher	15
Marital status	
Single	4
Married or living with partner	20
Divorced	2
Widow	1
Children	
Yes	15
No	12
Stage of Cancer	
Early to 1st	3
2nd~3rd	14
4th or worse	10
Employment Status	
Housewife	15
Student	2
Working	8
Retired/On leave	2
Religion	
Shia Muslim	22
Sunni Muslim	1
Spiritual person	4

Interview guide

The interview guide was primarily based on the questions used in the Swedish study (Ahmadi, 2015); however, some cultural considerations were applied during production of the final protocol. In so doing, the following steps were undertaken. First, following the process recommended by the World Health Organization (2017), the original interview questions were translated into Persian by a psychology researcher whose mother tongue is Persian. Then, an expert panel of five individuals, who were proficient in both English and Persian as well as experts in Health Psychology and Psychology of Religion and Spirituality, reviewed the translation and confirmed it, requesting some revisions so as to minimise the differences between the English version and the target Persian form. Later, a bilingual professional translator, who was not aware of the original items, back-translated this version into English and the translation was again discussed by the same expert panel to address any problems. Ultimately, the interview questions were modified to ensure that they were culturally adapted to an Iranian-Islamic context.

Procedure

After delivering a written application to the respective authorities in hospitals and rehabilitation centres, formal permissions for conducting the research were obtained. After recruitment of the sample, interview times were chosen based on the participants' preferences. The interviews occurred in a private room at the Behnam Daheshpour Charity Organization; there were no interruptions. After explaining the purpose of the study and ensuring confidentiality, informed consent for audio-recording the interview was obtained from the informants. The interviews varied in length, from around one hour to one and half hours. They were conducted face-to-face and in Persian; all interviews were audio-recorded and then transcribed verbatim. The interviews were conducted from November 2017 through December 2017, and the transcription process was completed by February 2018.

The transcriptions were then coded, categorised, and thematised using a thematic analysis method. After all the interviews had been transcribed and analyzed, the main citations (participants' responses and statements) for each category were translated into English by the researchers. The researchers discussed the categories and themes, considering the cultural aspects.

Method of analysis

As in other studies in the international project, after translation of the transcribed interviews, the interview protocols were coded in line with the themes found in the study using a thematic analysis method (Braun & Clarke, 2006) and the MAXQDA software (version 12). The coding based on the themes found in the study used a template analysis style, a theory-driven analysis (Malterud, 2014), while categorisation of the themes was based on the results obtained in other studies in the project (Ahmadi, 2006, 2015; Ahmadi & Ahmadi, 2018; Ahmadi et al., 2017; Ahmadi, Ahmadi, Erbil, & Cetrez 2016). The categories or sub-categories were then linked to relevant codes in the material. Coding continued until a high level of inter-rater agreement was reached. After the coding process was complete, we established the fundamental characteristics of the

methods the informants employed to cope with their cancer disease. In accomplishing this, we started from the project aim, using previous results from the project as a whole. As concerns religious coping, we started from the Five Key Religious Functions that constitute the basis of RCOPE (Pargament, Koenig, & Perez, 2000, p. 521).

Trustworthiness

The criteria suggested by Lincoln and Guba (1985) were utilised in the current research to ensure trustworthiness. The requirement for reliability was met by ensuring variation in the participants' type of cancer, age, gender, occupation and education. The researchers have a continued commitment to the research areas. Writing notes while interviewing contributed to the data quality. Three experts performed the peer examination. They verified the process of coding and categorisation. All research groups checked all interview drafts and verified all codes and categorizations.

Ethical considerations

Before carrying out the research, the University of Tehran's Ethics Committee reviewed the project to ensure that it complied with the Research Code of Conduct and Ethics. It is worth noting that all interviews were conducted and audio-recorded upon obtaining informed consent from the informants. Moreover, it was explained to all potential informants that the research is part of an international study aimed at identifying the strategies patients use to cope with their illness; participation was voluntary; participants could withdraw at any time or from any part of the research without any consequences for themselves; the data are kept confidential; and the research reports have been presented and published without mentioning the participants' name or representative characteristics.

Results and Discussion on religious coping methods (RCOPE)

The quotes used in this part, which were recorded in Persian, have been translated into English. Translation included an inevitable process of removing certain nuances from the actual texts. Careful consideration was made during this phase.

Religious coping methods (RCOPE)

Here we present the results on Religious Coping Methods. The two additional themes – spiritual coping and existential coping – will be presented in another article. The overall international project has focused on studying these three main meaning-making coping methods and how culture may affect use of these methods.

The Five Key Religious Functions that constitute the basis of RCOPE were used to categorise these methods.

Category 1: religious methods of coping to find meaning

One of the methods in this category is *Benevolent Religious Reappraisal*: using religion to redefine the stressor as benevolent and potentially beneficial.

We observed the use of a coping method by some informants that can be categorised as Benevolent Religious Reappraisal. We found two patterns. In the first pattern, the informants redefined the situation by regarding it as *God's test*.

One interviewee, a 42-year-old man, explained that:

This test was important to me to understand what life is about. This test is God's message to remind us not to turn our back to Him.

In the second pattern, the informants tried to redefine the situation as *God's message*. In this respect, a 41-year-old man told us:

I know that I've done a lot of wicked things in my life. And this is the way he wants to remind me. I should make myself a better person.

A 53-year-old woman explained:

I believe God wanted to warn me with illness and maybe death to change my life and be a better person.

Using the coping method Benevolent Religious Reappraisal, the individual tries to find a lesson from God in the event or to see how the situation could be beneficial. Here we have found two patterns. In the first one, exemplified by the case of a 45-year-old woman, we can see that regarding her illness as test was a way for her to accept and deal with it.

The notion that illness is a test imposed on us by God is an old one. Illness may be considered a product of God's will, and thus accepted or – as in the story of Job – viewed as educational theodicy (Dein & Stygall, 1997).

Among Muslims, the idea of testing (Ekhtebar) is rather robust. According to Aflakseir and Coleman (2011):

The Qur'an emphasises clearly that the difficulties in this world are to test the believer and also asking people to have patience in facing their problems. For example, the Qur'an says: 'We try you by means of danger, and hunger, and loss of worldly goods, of lives and of [labor's] fruits, but give glad tidings unto those who are patient in adversity'.¹ Therefore, according to the religious teachings, the negative events have a purpose and people are required to be patient to achieve spiritual growth. (p. 46)

Thus, the notion that the worlds' problems are meant to test people and encourage them to have patience in the face of adversity is prominent among people in Muslim countries, including Iran. Khodayarifard et al. (2016) have also discussed the notion of *believing in divine benevolence* as an element of Islamic positive perspective.

Another coping method in this category is *Punishing God Reappraisal*.

One interviewee, a 53-year-old woman, explained:

I thought maybe I had committed sins and that this was God's way of punishing me. So I accepted it and was happy with it.

Punishment as a way to accept the illness is expressed in citation from a 50-year-old woman:

I believe everybody has sinned somehow. I believe I have sinned, and it is my punishment.

Applying Punishing God Reappraisal as a coping method "presumably requires a belief in a God who can determine the course of individuals' lives: a God who not only created man,

but also continually controls man's deeds and his destiny" (Ahmad, 2006, p. 106). The prevalent notion of God among many Muslims tends toward this view. According to Aflakseir and Coleman (2011, p. 46), "Islamic teachings encourage people to be patient, to perform prayer, and trusting and turning to God in times of need and for guidance." They (Aflakseir & Coleman, 2011) suggested that, according to the Qur'an and Islamic traditions, one way of attaining a state of improved well-being and of coping with adversity is to "remember the Name of your Lord and devote yourself with a complete devotion."²

In above citation, we see a passive approach to facing one's illness and totally relying on God.

Demonic Reappraisal - which refers to redefining the stressor as an act of the "Devil"/an evil power - is another coping method we found in the present study. Here believing in the *evil eye* was in focus. A 16-year-old man pointed out:

Never before have I believed in the evil eye, but now I sometimes think that it was the evil eye that made me ill, due to other people's jealousy.

Some Iranians believe in the "evil eye." This concept concerns being the victim of a curse made by someone else. Iranians tend to sometimes be secretive about their achievements, simply because they are afraid someone will give them the evil eye ("cheshm khordan," literally translated being struck by the eye). In Iran, Esfand seeds are burned to fight against the evil eye. The smoke and the popping sound are said to take away the evil. Some other people knock on wood to fight against the evil eye.

Sharifian (2011) focused on the case of *cheshm* ("eye" in Persian) - a body-part term that is important in Persian culture because it is related to emotions like love, envy and greed - and pointed out that expressions employed in relation to concepts such as envy and the evil eye probably originate from a combined historical, cultural, religious conceptualisation. Eyes, although tremendously important in sexual and affectional relations, are also regarded an important body part because they can attract evil. According to Cuesta and Yousefian (2015):

Although compliments might be seen as face-flattering acts, in Islamic societies it is believed that they could attract the 'evil eye'. Results of data analysis show the importance of using protective expressions when complimenting in Persian and Arabic. The "eye" is a pragmatic element in both cultures. (p. 138)

Category 2: religious methods of coping to gain control

Passive Religious Deferral refers to passive waiting for God to control the situation. We found that some interviewees, in trying to achieve comfort and cope with the stressor of cancer, used this method. A 75-year-old woman told us:

When the doctor said I had cancer, my children were extremely worried but I tried to comfort them to not be worried and said they should trust in God. He gave me my life and He can take it back.

Another woman, a 62-year-old, explained:

I'm not in charge, but only God. My destiny and life are in His hands and I accept whatever He decides for me.

A man, 41 years old, told us:

Completely surrounded by God, I put myself and my destiny in His hands. I begged Him not to let me die in pain. I think He has listened.

Perhaps one function of religion is to take the responsibility away from the sick person, reducing self-blame and enabling a better psychological outcome (Gotay, 1985; Linn, Linn, & Stein, 1982). As explained above, in Islam, people are encouraged to be patient and to trust God in difficult situations. Discussing the relationship of Muslims with God, Khodayarifard et al. (2016) also argued that Muslims use religious reaction strategies like *Tawakkul* (reliance on God) in challenging situations.

Collaborative religious coping refers to a search for control through a partnership with God. In this respect, two interviewees understood their collaboration with God as follows:

I don't believe in predestination. God tells us if you act, I will support you. Illness is our fault; it is due to our bad habits and way of life. (53-year-old female)

Hand in hand with God, we walked together on this path. (35-year-old female)

It seems as though, when using this method, the interviewees are not passively relying on God, but also on their own power. They consider God a partner, not a power that can carry them in His hands and put them in a safe place, but a partner who holds their hand to get them through difficult situations.

Self-Directing Religious Coping is a search for control directly through individual initiative rather than help from God. This coping method means that "people trust themselves as human beings more than they trust a sacred object God." According to some researchers (Phillips, Pargament, Lynn, & Crossley, 2004, p. 410), there are several reasons people rely on themselves rather than God:

- (a) They believe that God has indeed provided individuals with the ability and freedom to engage in the problem-solving process. Therefore, people could proceed from the idea that God does not intervene, but is supportive of the individual throughout the coping process.
- (b) The person may also believe that he/she must cope alone because God has abandoned him/her, or finally,
- (c) The individual may endorse self-directed methods because he/she is not very religious and does not involve God in the coping process.

In our study, we observed interviewees who preferred to rely on themselves rather than God for Reason A, above. One 41-year-old man explained this:

We have a responsibility to act. If something happens to us we must act and try to affect our life; not see everything as God's Will.

We also found some interviewees who, seemingly for Reason B, turned to self-directing coping to gain control. One 45-year-old woman explained:

I think one thing that helped me was to walk this path alone. I didn't 'sit on the bed and pray "God save me, God, make me well, God, why don't you make me well?" ... I was convinced I should take ten steps to answer one step in response, therefore I said to myself that I should

rely on myself and only myself in this world. I'm not dependent on anything or anybody. I knew that I would win if I only relied on myself.

Category 3: religious methods of coping to gain comfort and closeness to god

Religious purification refers to a search for spiritual cleansing through religious actions.

Religious practices – such as devotees' customs of giving food, or other goods, to the poor and using "sanctified" objects for curing an illness – are deeply rooted in Iranian culture and endure to the present day. Such habitual practices are not straightforwardly religious, but emerge from a powerful amalgamation of religious superstitions and ancient cultural beliefs. In our study, we found a tendency toward using these habits as coping strategies to gain comfort and closeness to God. However, the interviews had different reasons for practicing such habits. We found two patterns.

In the first pattern, religious actions are rooted in religious beliefs. It is a common belief that these actions are "good actions" that satisfy God and pursue Him to help them.

In this respect, a 48-year-old woman explained:

I believe that closeness to God, attending religious meetings, reading the Holy Book and visiting the mosque improves my health and calms me down.

In the second pattern, religious purification, such as performing certain religious practices, is based on habitual behaviours that make the individual feel safe and calm. The following citations, the first from an interview with a 41-year-old man and the second from an interview with a 48-year-old woman, show this pattern.

I did Nazr without understanding why. I had learned this devotional habit in my childhood. It is a kind of charity, helping people in need.

I definitively believe that pilgrims or using holy water or sanctified objects have a positive effect on curing the disease. I strongly believe in it because it is carved into my bones.

Religious actions are integrated parts of the everyday life of people in Muslim countries, including Iran. Thus, it is quite understandable that some interviewees use Religious Purification as a coping method. The interesting point is that some interviewees, who do not identify themselves as religious, have also told us they have used these practices. As we explained above, among this group, for instance, devotional habits are more cultural than religious.

Spiritual Connection means experiencing a sense of connectedness with forces that transcend the individual as a coping method to gain comfort.

We find two patterns regarding such connectedness. The first one is *conversation with God and saints*. One 60-year-old woman explained this:

I am very close to God and talk to Him a lot. I never forget Him for a second. It is the same with the saints and Imams.

Religious Visualization is the second pattern we found in our study. In this pattern, the informant uses the connection with God as a visualisation, which serves as a coping method. A 30-year-old man described his coping method as follows:

I told the nurse to bring me a Quran. Then I wanted to read, but I didn't know how. I remembered we had learned during the religious lessons at school that the first chapter of the Quran

that was sent to the Prophet was “Recite.” Then “Recite” became the core of my meditations and illustrations. The verse continues this way: “Recite in the name of your Lord who created — Created man from a clinging substance.” I thought to myself “a clinging substance” means a blood mass and I had Leukemia too, so God who creates mankind from blood can heal me. If something is going to happen, God knows and writes. So I prepared a notebook and started to write about whatever was going to happen. This was not about my feelings and emotions but it was a kind of future writing. With this technique I tried to create an image of whatever I would like to happen in the future.

As Ahmadi et al. (2016) explained:

Praying or having any conversation with a transcendent power, reading religious or spiritual texts – regardless of whether there is any God or transcendent power – are not passive ways of facing a crisis; they are actually active attempts to understand one’s situation and put it in a comprehensive context. By establishing a relationship with another “entity” than her-/himself, the patient tries to gain comfort and control. (p. 12)

Category 4: religious methods of coping to gain intimacy with others and closeness to god

Seeking Support from Clergy or Congregation Members refers to a search for comfort and reassurance through the love and care of these individuals.

We found two patterns in our interviews. One is “*Support from Saints and Imams but not Clergy*”. Islamic clergy can be regarded as “vicar,” “master” or “guardian.” It is a Muslim man, or woman, educated in Islamic theology and sacred law.

In this pattern, praying to and conversing with saints and imams are in focus; one interesting finding was that no one reported having turned to Clergies in this respect. In this regard, a 53-year-old woman, told us: “I never ask the clergy for help.”

Such an unwillingness to turn to clergies in the time of difficulty is also found in our Turkish study. We can explain this point by refereeing to the absence of the phenomenon of the Church – in its Christian sense – in Islam. As Corbin (1964/1993, p. 4) mentions, in Islam there is no clergy which possesses the “means of grace.” Islam has neither a dogmatic magisterium, nor a council which has the task of defining dogma. As Ahmad, explains:

Besides, the religious consciousness of Islam is not concentrated on a historical fact, but rather on a meta-historical, or better, trans-historical fact of the primordial covenant (mithaq) between man and God as understood from the Sura 7:172 in the Qur’an.

Therefore, the clergy is not necessarily a medium between the individuals and God. Another reason can be that, clergies (unlike Saints and Imams) are religious leaders who mainly give mundane advice (lead Islamic worship services, serve as community leaders, and provide religious guidance), not spiritual help.

On the contrary, seeking the love of saints and imams was found in this study. In this regard, a 60-year-old woman explained:

I feel extreme closeness to God. I can talk to Him, even talk to the saints. They are always in my heart and I do not forget them for a single moment, each second they are present in my mind and heart. The whole life, since our birth, we are socialised to believe in saints. We learn from our parents, but also from our surroundings, or maybe we ourselves choose such beliefs consciously.

In this pattern, praying to and conversing with saints and imams are in focus; concerning this pattern, a 60-year-old woman explained:

I feel extreme closeness to God. I can talk to Him, even talk to the saints. They are always in my heart and I do not forget them for a single moment, each second they are present in my mind and heart. The whole life, since our birth, we are socialised to believe in saints. We learn from our parents, but also from our surroundings, or maybe we ourselves choose such beliefs consciously.

The second pattern concerns *Ziyarat*, which refers to visiting Imams' tombs (pilgrims). The following citations from interviews with three women, 60, 48 and 52 years of age, show this pattern.

I always went to pilgrims when I was under chemotherapy.

Visiting pilgrims is for me like praying. All these things calm me down and give me strength.

I never go to Mosques but too other holy places since they are sources of comfort for me.

Ziyarat, in Islamic tradition, refers to making a pilgrimage to holy places, tombs or shrines; with the exception of visiting Mecca, this is voluntary and associated with Muhammad and his family members and descendants (including the Shī'ī Imāms). In some countries like Iran, *ziyarat* is also associated with other venerated figures in Islam, such as Sufi leaders and Islamic scholars.

Some people believe *ziyarat* has undeniable positive effects on their wellbeing, mental health and behaviour. Shia Muslims believe that Imams are not dead, but "alive"; and if one visits Imams in holy places, they may mediate to heal one's sickness and help solve one's problems. This is called *Shafa'ah*. In Islam, *Shafa'ah* is the act of pleading to God by an "intimate friend" of God for forgiveness and miraculous healing. Sobhani and Mirdarikondi (2014) found that *ziyarat* enhances enthusiasm and positive behaviour in individuals. Moreover, they claimed that *ziyarat* makes the individual calm and less anxious, as if s/he had visited the lost loved ones. The holy places may also function as reminders of God; Islamic/Quranic teachings argue that remembrance of Allah leads to peace and satisfaction: "Those who believe and whose hearts find peace in the remembrance of Allāh. Look! It is in the remembrance of Allāh alone that the hearts really find peace."³ Holy places may play the role of a safe haven in which one can experience peace and safety – a place to freely discharge negative affects and emotions; this may be similar to the idea of catharsis. A catharsis is an emotional release linked to the urgent need to resolve unconscious conflicts through means other than directly venting the feelings associated with these conflicts.⁴

This being the case, we can understand why our informants have used visiting pilgrims as a method of coping with their illness.

Discussion

RCOPE methods

As the present findings show, the RCOPE methods appear to be of great importance to the Iranian interviewees. One possible reason for this is that, for these interviewees, religion is a "larger part of [their] orientation system" (Ahmad, 2006, p. 28). An orienting system is

formed by the culture and affects the individual's life. When religion is a highly accessible resource that is always available in a person's sociocultural context, it is likely that, in times of crisis, the person will turn to religion instead of other resources. Naturally, in most societies religion is not the sole available resource in an individual's orienting system; there are other dimensions in life – e.g., biological, psychological, social, and environmental – to which a person can turn when faced with adversity. Still, when religion plays a predominant role as a coping resource, this is often because the individual has few or limited other alternatives available in his/her immediate sociocultural context.

Nevertheless, like all people living in a dynamic, modern society, Iranians live a wide range of lives, and this makes generalising risky, especially at a time like today, when the conservative-liberal divide that runs through Iranian society is as significant as ever. In fact, there are just as many ways of being Iranian and religious, as there are Iranians. Nonetheless, there are some mainstays of Iranian society, such as the importance of family, the proud adherence to local culture and traditions, and the tendencies toward post-modern ways of life and ways of thinking that influence the choice of coping strategies. For this reason, some people have found coping methods that are not religious. We will present these methods in another article.

Active coping: the idea of Ziyarat

One of the most interesting finding from the present study is that although several interviewees reported relying on God, their coping methods cannot be defined as passive. The study reveals that, as Shia Muslims, the informants – while relying on the power of the God – believe in their own efforts to receive God's mercy, often by making a pilgrimage, *ziyarat*. According to Bhardwaj (1998), *ziyarat* expresses a certain regional Islamic culture, especially among non-Arab populations. *Ziyarat* seems

to be composed of subsystems that have developed in several cultural contexts, each of which shares the universal characteristics of Islam, but also reflects [the regional] cultural distinctiveness ... contrary to Hajj, the behavior of the individuals in the ziarat [Ziyarat], reflects the cultural context and the individual's existential quest ... there are no uniformity prescribed rules. (Bhardwaj, 1998, p. 72)

Ziyarat is not merely an act of visiting the holy places. As Khosronejad (2012, p. 13) wrote, *ziyarat* is “a multi-dimensional phenomenon.” It is “not only pilgrimage but also the culture of devotion” related to the concept of *imamat*.

The concept of *imamat* is important to the Shiites.⁵ They believe that, without *imamat*, the faith of Muslims is not complete. Being Muslim and professing the prophecy of Muhammad is not enough for salvation in the absence of believing in Shia Imams (Khoshkjan 2016, p. 3). As Khoshkjan (2016) suggested, belief in the intercession of Imams is one of the most important principles for Shia Muslims. Intercession is a safe way of obtaining a divine blessing. The Imam is the guarantor of this process.

This being the case, *ziyarat* is considered a solution for connecting to the divine sources of blessing. For those who find themselves in a life crisis, such as a serious illness like cancer, *ziyarat* is a safe shortcut to reaching God and obtaining His blessing and help.

Ziyarat is, however, not merely a way of reaching God to ask for help. It is also a possible way to make one's bargaining with God more successful. Here the concept of *savab*

(reward) comes into the picture. According to Khoshkjan (2016, p. 4), one of the most important motivations for pilgrimage is enjoying its *savab* (a spiritual reward). The most beloved Imam among Iranians is Imam Reza, whose tomb is in Iran. He was married to a Persian princess. When our interviewees talked about *ziyarat*, they often referred to visiting his holy shrine. According to Majlesi (1982) (a very important religious figure in Iran) (p. 209), the reward (*savab*) of pilgrimage of Imam Reza's tomb in Mashhad (Iran) is equal to one thousand hajes- pilgrim to Macca. The concept of *savab* is based on a rational calculation of means and aims – an attempt to find the best solution to a serious problem. Being struck by a serious illness like cancer can result in the loss of confidence and security in life. As it seems, believing that imams have outwardly powers, that visiting imams' tombs – *ziyarat* – means nearing the source of the divine, and that through *ziyarat* they gain rewards – *savab* – has brought about the kind of psychological confidence and security that our informants needed while facing a serious life crisis.

Notes

1. The Qur'an 2:155.
2. The Qur'an 73:8.
3. The Qur'an 13:28.
4. The term was used first by Sigmund Freud's colleague Josef Breuer to describe a therapeutic technique. Breuer developed what he referred to as a "cathartic" treatment for hysteria. For more information (Freud & Breuer, 1895).
5. Here we refer to the "real believers" and not to the majority of Iranians who according to the law are regarded as Shiites.

Disclosure statement

No potential conflict of interest was reported by the authors.

Funding

This work was supported by Högskolan i Gävle: [Grant Number 7350].

References

- Aflakseir, A., & Coleman, P. G. (2011). Initial development of the Iranian Religious Coping Scale. *Journal of Muslim Mental Health*, 6(1), 44–61. doi:10.3998/jmmh.10381607.0006.104
- Ahmadi, F. (2006). *Culture, religion and spirituality in coping: The example of cancer patients in Sweden*. Uppsala, Sweden: Uppsala University, Acta Universitatis Upsaliensis, Studie Sociologica Upsaliensis 53.
- Ahmadi, F. (2015). *Coping with cancer in sweden: A search for meaning*. Uppsala, Sweden: Uppsala University, Acta Universitatis Upsaliensis, Studie Sociologica Upsaliensis 63.
- Ahmadi, F., & Ahmadi, N. (2018). *Existential meaning-making for coping with serious illness: Studies in secular and religious societies*. London: Routledge.
- Ahmadi, F., Park, J., Kim, K. M., & Ahmadi, N. (2017). Meaning-making coping among cancer patients in Sweden and South Korea: A comparative perspective. *Journal of Religion and Health*, 56(5), 1794–1811. doi:10.1007/s10943-017-0383-3
- Ahmadi, N., Ahmadi, F., Erbil, P., & Cetrez, Ö. (2016). Religious meaning-making coping in Turkey: A study among cancer patients. *Illness, Crisis and Loss*. Advance online publication. doi:10.1177/1054137316672042

- Bhardwaj, S. (1998). Non-Hajj pilgrimage in Islam: A neglected dimension of religious circulation. *Journal of Cultural Geography*, 17(2), 69–87. doi:10.1080/08873639809478321
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. doi:10.1191/1478088706qp063oa
- Corbin, H. (1964/1993). *History of Islamic philosophy*. London: Kegan Paul International.
- Cuesta, A. R., & Yousefian, S. (2015). A contrastive study of Arabic and Persian formulas against the evil eye used by women. *Procedia - Social and Behavioral Sciences*, 212, 131–139. doi:10.1016/j.sbspro.2015.11.310
- Dein, S., & Stygall, J. (1997). Does being religious help or hinder coping with chronic illness? A critical literature review. *Palliative Medicine*, 11, 291–298. doi:10.1177/026921639701100405
- DeMarinis, V. (2014). Public mental health promotion, meaning-making and existential meaning: Challenges for person-centered care of refugees in a secular, pluralistic context. In G. Overland, E. Guribye, & B. Lie (Eds.), *Nordic work with traumatised refugees: Do we really care* (pp. 316–324). Newcastle upon Tyne: Cambridge Scholars.
- Ellison, C. G. (1991). Religious involvement and subjective well-being. *Journal of Health and Social Behavior*, 32(1), 80–99. doi:10.2307/2136801
- Ferraro, K. F., & Koch, J. R. (1994). Religion and health among black and white adults: Examining social support and consolation. *Journal for the Scientific Study of Religion*, 33, 362–375. doi:10.2307/1386495
- Freud, S., and Breuer, J. (1895). *Studies on hysteria*. New York, NY: Basic Books.
- Gotay, C. C. (1985). Why me? Attributions and adjustment by cancer patients. *Social Science and Medicine*, 20, 825–831. doi:10.1016/0277-9536(85)90337-5
- Kesselring, A., Dodd, M., Lindsey, A. M., & Strauss, A. L. (1986). Attitude of patients living in Switzerland about cancer and its treatment. *Cancer Nursing*, 9(2), 77–85. doi:10.1097/00002820-198604000-00004
- Khodayarifard, M., Ghobari-Bonab, B., Akbari-Zardkhaneh, S., Zandi, S., Zamanpour, E., & Derakhshan, M. (2016). Positive psychology from Islamic perspective. *International Journal of Behavioral Sciences*, 10(2), 77–83. Retrieved from <https://journals.bmsu.ac.ir/jbs/index.php/jbs/article/view/593>
- Khoshkjan, Z. (2016). Pilgrimage and its dual functions in Iranian Shiism. *International Journal of Religious Tourism and Pilgrimage*, 4(5), 1–9. Retrieved from <https://arrow.dit.ie/ijrtp/vol4/iss5/2>
- Khosronejad, P. (2012). Anthropology, Islam and sainthood. In P. Khosronejad (Ed.), *Saints and their pilgrims in Iran and neighbouring countries* (pp. 1–20). Canon Pyon: Sean Kingston Publishing.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Newbury Park, CA: Sage Publications.
- Linn, M. W., Linn, B. S., & Stein, S. R. (1982). Beliefs about causes of cancer in cancer patients. *Social Science & Medicine*, 16, 835–839. doi:10.1016/0277-9536(82)90236-2
- Lloyd, C. (2018). *Moments of meaning – Towards an assessment of protective and risk factors for existential vulnerability among young women with mental ill-health concerns: A mixed methods project in clinical psychology of religion and existential health*. Uppsala: Uppsala University, Department of Theology.
- Majlesi, M. (1982). *Bahar al-anvar* [Oceans of light]. Beirut, Lebanon: Alvafa.
- Malterud, K. (2014). *Kvalitativa metoder i medicinsk forskning: En introduktion* [Qualitative methods in medical research: An introduction]. Lund, Sweden: Studentlitteratur AB.
- Pargament, K. I. (1997). *The psychology of religion and coping*. New York, NY: Guilford Press.
- Pargament, K. I., Koenig, H. G., & Perez, L. M. (2000). The many methods of religious coping: Development and initial validation of the RCOPE. *Journal of Clinical Psychology*, 56, 519–543. doi:10.1002/(SICI)1097-4679(200004)56:4<519::AID-JCLP6>3.0.CO;2-1
- Phillips, R. E., III, Pargament, K. I., Lynn, Q. K., & Crossley, C. D. (2004). Self-directing religious coping: A deistic god, abandoning god, or no god at all? *Journal for the Scientific Study of Religion*, 43(3), 409–418. doi:10.1111/j.1468-5906.2004.00243.x
- Sharifian, F. (2011). Conceptualisations of cheshm “eye” (in Persian). In A. Maalej, & N. Yu (Eds.), *Embodiment via body parts: Studies from various languages and cultures* (pp. 197–211). Amsterdam, Netherlands/Philadelphia, PA: John Benjamins.

- Sobhani, E., & Mirdarikondi, R. (2014). Psychological effects of ziyarat on mental health and life of human (in Persian). *Marefat*, 23(4), 13–30. Retrieved from <http://marifat.nashriyat.ir/node/2895>
- Statistical Center of Iran. (2018). *Religion and Iranian population in recent century* (in Persian). Retrieved from <https://www.amar.org.ir>
- Willander, E. (2014). *What counts as religion in sociology?: The problem of religiosity in sociological methodology*. Uppsala: Uppsala University, Department of Sociology.
- World Health Organization. (2017). *Process of translation and adaptation of instruments*. Retrieved from http://www.who.int/substance_abuse/research_tools/translation/en