

STRESS AND RELIGIOUS COPING AMONG FLOOD VICTIMS IN MALAYSIA

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Abstract

Environmental disaster such as flood, earthquake, tsunami and other traumatic events caused the victims to suffer psychological distress. Religious belief plays an important role in coping with stressful experiences. This main aim of this study was to determine religion involved in achieving sense of personal control in a situation that evokes feelings of distress and vulnerability. This study involved 500 flood victims as the respondents, who completed the survey about their stressful events and their coping strategies. The study also aims to develop flood victims profile (demographic and psychological). The research instrument using questionnaire named as Profile of Stress and Brief Religious Coping Strategy (BRCOPE) consist of two sections; (1) demographic information, and (2) consist of two instruments (DASS and BRCOPE). The factorial analysis was conducted to determine the factor of BRCOPE among flood victims in Malaysia. There were revealed three meaning factors of 10 items with acceptable Cronbach alpha of .705 and subscale range values of alpha reliabilities between .640 to .816. The factors were renamed as BRCOPE 1, focused to doubt of God's love and power, BRCOPE 2, focused to self-reflection and wishful thinking, and BRCOPE 3 focused to achieve a life transformation. There were identified that majority of flood victims at high stress level and engaged with moderate level of all types of BRCOPE. Research findings have shown significant positive correlation between depression, anxiety and stress. However, there were found significant positive moderate correlation between DASS and BRCOPE 1. The finding implies the need to inculcate religious values while providing emotional and social support to flood victims to cope with stress. Future study suggests including other coping strategies, personality and explanatory mix-method to explore the coping strategies among flood victims.

Keywords: Flood victims, stress, depression, anxiety, religious coping.

Introduction

Flood victims and stress

Flooding in Malaysia has various impacts on the affected population in terms of damage to property, destruction of property and loss of life. The number of total evacuees went up to 90,546 (Malaymail Online, 26 Dec 2014). In general, the average rainfall for all the states in Malaysia is 2,500 mm a year as reported by Malaysian Meteorology Department (2011) and Department of Irrigation and Drainage Kubang Pasu. (2011). On December 2014, Kelantan, Terengganu, Pahang, Perlis, Kedah, Pulau Pinang, North Perak, South Selangor and coastal areas in Negeri Sembilan have received total rainfall amount more than 60% above average values. Kelantan, Terengganu and Pahang recorded monthly total rainfall amount exceeded 1200 mm. In contrast, southern part of Perak and southern part of Johore recorded total rainfall amount below average values with readings less than 200 mm. In relation to this, reported that Malaysia as one of the countries with the heaviest rainfall in the world and that flood disaster has created sufferings, pain and agony among the victims. The floods elicit stress and anxieties have been recognized as factors that could lead to depression and this will affect the quality of life of those involved. With the growing number of victims each year, much needs to be done in order to ensure quality health and well-being. Victims are regularly plagued by flooding that has happened before. This gives rise to stress and anxiety among flood victims. Residents expressed concern and pressure on natural event after era long period of heavy rain. As a consequence, their daily lives are always in a state of alert. Hence, they are worried of repeated flooding (Johana Johari & Najib Ahmad Marzuki 2013).

Stress and Coping strategy

The victims coping strategies are vital to overcome stress and anxiety to avoid depression. The pressure of dealing with life issues such as divorce, death of loved ones, health and financial problems can be very stressful that it eventually leads to anxiety. Anxiety and fear are basic human emotions that can be seen as normal internal or external reactions in dealing with stressor that were deemed crucial for survival of the species.

Anxiety can be explained as the feeling of lack of control related to future of things that are uncertain, which may lead to negative results.

Person afflicted with anxiety and other related mental health problem may exhibit decreased perception of their own self-worth (Kamal, 1999). These can lead to another serious psychological disturbance which is depression (Khalili, Murken, Helmut, Shah & Vahabzadeh, 2002). William, Larson, Buckler, Heckmann and Pyle (1991) also claimed that depression lead to serious psychological disturbances that have caused millions of suicides cases every year.

According to Bandura (2003) the perspective of social cognitive theory (Bandura, 1999) was widely discussed about social modeling operates within a larger set of distinctly human attributes that provide the capacity for becoming a spiritual being. Thus, these supportive attributes are reviewed briefly before addressing the role of modeling in the development and practice of spirituality. They include the capacity for symbolization, abstract vicarious learning, forethought, self-regulation, and self-reflection. Self-regulation and self-reflection can be related to a form of coping strategy as a dynamic process and a person may try defiantly to find solutions for it. According to Valiollah Khoshtinat (2012), a person used to evaluate their environment for compromising and always revises them. Lazarus (1984) was the first who discussed about coping that can be divided in two main criterions to control the stress, based on their focus on coping (Amini Khoei, Shykyany & Fakori, 2011). These criterions are: Emotional- focused coping and problem-focused coping.

Emotional-Focused Coping

Coping refers to all the activities and thoughts that an individual uses in order to control and betterment of unfavorable sensation arising from impressive condition. Emotional-focused coping includes:

- a. Coping based on looking for emotional support: consists of an individual's activities for catching behavioral, unanimity, sympathetic, good understanding sensation from the others.
- b. Coping based on positive evaluation or self-reflection from events and conditions based on having optimistic outlook toward life events. It is usual used to control mental disorders and emotions.
- c. Coping based on religion: In this kind of coping an individual refers to praying and trust to God and not likely to make mistake to be free from discomfort.
- d. Coping based on acceptance: consist of an active coping response in which an individual accepts the reality of impressive conditions. This method is effective and important while the impressive source (death of love ones) is not changeable (Valiollah Khoshtinat, 2012).

Problem- focused coping strategies

- a. Active Coping: in this process an individual actively tries to change mental pressure resource.
- b. Coping based on programming: In this kind of copying an individual in order to control and solve the problems, evaluates different solutions intellectually and among them chooses the best one.
- c. Coping with patience: Consists patience and avoiding from doing things that may make the problem more complex and solving it more difficult.
- c. Coping based on looking for effective social support: When a person is not able to solve their problem alone, they will easily ask help from the others. This assistance varies based on the kind of problem and extends from collecting information through consulting, guidance services and absorbing spiritual and financial facilities from the others (Valiollah Khoshtinat, 2012).

According to Amin Kho'ei et al, (2011) in their study found that, problem-focused coping was effective in controllable condition. However, in uncontrollable condition (death of dear ones), most people engaged with emotion-focused coping.

Religious Coping

Pargament (1997) in reported the psychology of religion and coping in theory, research and practice since 1990 in which he identified the positive impacts of different kinds of religious coping referred to religious aspect and told that religion can be a part of central structure of each coping process. He believes that religion is able to provide suitable resources for individuals to cope with threatening situation. Religious belief and religious rituals are part of human needs in the universe. Need to understand the origin of the existence; purpose of life and the role of man in this regard; how to have a relationship with others and man's reply to universe are belong to religious needs. These needs have been brought up in every era and all communities. The role of religion and its relation with health and healing has been well-knowing since long time ago. Religious and medicine were hand in hand for healing and reducing human's suffering for thousands of years (Matthews, Conti, & Sireci, 2001).

The Islamic teaching believed that healing can only begin by devoting strong faith in Allah S.W.T. Having strong faith or “tawakkal” in Allah may have tremendous power that can prevent any psychological disease from invading human mind and soul. When a person has submitted his or her self to Allah, the person would gain Alla’s blessing and peace of mind and soul can be achieved (Najati, 1985; Husni Mohd Radzi, Lilie Zahara Ramly, Sapora Sipon & Khatijah Othman, 2014). “Solat” or prayer is also an effective known way to treat anxiety. By performing “solat” it will purify the heart and calming the soul. It also teaches discipline and patience (Taha, 1993). According to Emerick (2004) mentioned that performing prayer reflect one believed enable to generate the feeling of spirituality and God consciousness and compassion. In addition, Rahman (1980) had earlier stressed on praying can also reduce anxiety because it promotes endurance, contentment and perseverance that will be useful when the person facing difficulty in life. Salhah Abullah (2012) found that praying and repentance as an effective coping strategy used by adolescents raped victims at rehabilitation center in overcome stress. In adversity, praying alone in the middle of night seems to be effective practice to release stress and depression as well as to recover loss of self-esteem (Salhah Abdullah, 2012). Religious coping focused to prayer by Poloma and Pendleton (1989) identified four types of personal prayer. First, meditative- contemplative prayer involves quieting the self and focusing on being in the presence of a divine other. In using this type of prayer the individual appears to be seeking spiritual support and connection from the divine. Second, ritual prayer is the repetition of memorized prayers or the reading of prayers. Third, Petitionary prayer involves asking the divine that a spiritual or material need be met. Forth, colloquial prayer is more of a conversational interaction with a divine other and as such doesn’t involve specific petitions but rather general requests for strength, guidance, and comfort as well as expressions of gratitude, love, or adoration for the transcendent.

Early on, researchers sought to identify the variable of psychological such as stress, anxiety, depression and coping strategy of people in facing stressful and traumatic events. However, rarely found literature to investigate the relationship between symptoms of psychological disorder with religious coping in general among disaster victims. Thus, present research address the issue of religious coping in Malaysian flood victims to identify the relationship between stress and religious coping.

Purpose and Research Questions

This main aim of this study was to determine religion involved in achieving sense of personal control in a situation that evokes feelings of distress and vulnerability among flood victims in Malaysia. Two research questions were developed to lead the research. First, what are the level of stress and religious coping among flood victims? Second, what are the relationship between depression, anxiety and stress among flood victims?

Method

Sample

Process of recruitment of this study was approved by the university research board of advisors. This study used a survey method involved 500 respondents using random sampling. The first study was conducted in two states which are, Terengganu and Selangor. The study was conducted at seven areas namely Kg. bukit Changgang, Kg. Rancangan Tanah Belia, Kg. Labohan Dagang and kg. Olak Lempit of the Kuala Langat district in Selangor and Kg. Pulau Bahagia, Kg. Pulau Rusa and Kg. Paya Resak of Kuala Terengganu district, Terengganu. Sets of questionnaires were used to obtain the result from these two studies. The questionnaires were designed to look into the effects on stress, self-esteem and spiritual coping strategies of flood victims. Permission was first obtained from the authority of the four targeted flood area. After receiving approval, the researcher would ask for the willingness of the respondents to participate in the survey process. Brief explanations were given to all the respondents regarding the item and the procedures of attempting the questionnaires. The respondents were given approximately 25 to 35 minutes to complete the questionnaires.

Instrument

A set of questionnaire consist of two parts: (1) open-ended questionnaire assessed demographic information, and (2) comprised two self-rating measures was used to collect data.

Depression Anxiety stress Scales (DASS) is an adopted Malay version with 21-item were measured on a 4-point Likert Scale (0= never to 3= almost always), with five positive items and five negative items. Originally, DASS developed by Lovibond and Lovibond (1995) which reported a high Cronbach alpha (.945) for the total items. The subscales values also high, depression was .891, anxiety was .851 and stress was .839. The scores range were standardise according to raw score proposed by expert in DASS.

Brief Religious Coping (BRCOPE) is an adopted and revised version of Malay captures from Pargament (1997). The original two subscales of personal perception to measure coping strategy with seven positive items and seven negative items. The items were measured on a 4-point Likert Scale (1=strongly disagree to 4= strongly agree). This research had run factorial analysis to test the psychometric properties of the inventory. The finding revealed three meaningful factors which defined as;(1) “self-reflection and wishful thinking with 3 items, (2) factor two as “factor one as doubt about God’s love and power” with 3 items, (3) factor three as “coping to achieve a life transformation” with 4 items. This research reported acceptable values of alpha reliabilities for the total of 9 items .668 and subscale range values of alpha reliabilities .640 to .816. Table 1 summarise the final BRCOPE used in this research.

Table 1

The BRCOPE: positive and negative subscale items for three factors

Factor 1	Doubt about God’s love and power
Negative	Questioned God’s love for me
Negative	Wonder whether my God had abandoned me
Negative	Question the power of God
Factor 2	Self-reflection and wishful thinking
Positive	Sought help from God in letting my frustration
Negative	Felt punished by God to punish me
Negative	Wonder what I did for God to punish me
Factor 3	Coping to achieve a life transformation
Positive	Searching for a stronger connection with God
Positive	Searching for God’s love and mercy
Positive	Striving to adjust life plan in accordance with God will
Positive	Tried to see how God might trying to strengthen me in this situation

Data Analysis

SPSS Version 21 was employed to analysis data for descriptive and inferential statistical tests. Factor analysis we used to determine the factor for RCOPE. Finally, Pearson correlation analysis was used to determine the relationship between the dependent variable (depression, anxiety, stress and coping strategy).

Findings

Demographic Profile

The 500 respondents age between 15 to 60 years old .Table 1 shows the demographic data of flood victims in West Malaysia.

Table 1
Profile of Flood Victims in West Malaysia

Background	Respondent	Frequencies	Percentage
Gender	Male	237	47.4
	Female	263	52.6
Race	Malay	487	97.4
	Chinese	11	2.2
	Others	2	0.4
Religious	Muslim	489	97.8
	Non-Muslim	11	2.2
Age	15-20 years	92	18.4
	21-30 years	112	22.4
	31-40 years	83	16.6
	41-50 years	88	17.6
	51-60 years	125	25.0
Educational Level	Primary school	267	53.4
	Certificate/Diploma	148	29.6
	Degree	75	15.0
	Master	8	1.6
	Others	2	0.4
Income	No fixed income	223	44.6
	1000-2500	190	38.0
	2500-5000	78	15.6
	5000-7500	6	1.2
	>7500	3	0.6
Occupation	No job	215	43.0
	Private	96	19.2
	Government servant	79	15.8
	Business	76	15.2
	Others	34	6.8

The results showed almost equal number of respondents according to gender 237 males (47.4%) and 263 females (52.6%). Majority of respondents are Malay (487, 91.4%), Chinese (11, 2.2%) and others (2, 0.4%). A total of 489 respondents (97.4%) and 11 respondents (2.2%) were non-Muslim. The range age of 15 to 60 years and the group were almost equally distributed, 92 respondents (18.8%) were between 15 to 20 years, 112 respondents (22.4%) were between 21 to 30 years, 83 respondents (16.6%) were between 31-40 years, 88 respondents (17.6%) were between 41-50 years and finally, 125 respondents (25%) were between 51 to 60 years. In addition, educational levels were reported, majority were in the group of having finished primary school (276 persons, 53.4%), 148 respondents (29.6%) were certificate and diploma level, 75 respondents (15%) were degree holder, 8 respondents (1.6%) were master degree holder and others 2 respondents (0.4%). The income levels of the respondents were also reported, most of the respondent claimed they had no fixed income (223 respondents, 44.6%), 190 respondents (38.0%) income between RM1000 to RM2500, 78 respondents (15.6%) income between RM2500 to RM5000, 6 respondents income between RM5000 to RM7500 and only 3 respondents (0.6%) claimed their income more than RM7500. Finally, the demography profile reported that majority, 215 (43.0%) claimed they were jobless, 96 respondents (19.2%) were working in private sector, 79 respondents (15.8%) working as government servant, 76 respondents (15.2%) were doing business and 34 respondents (6.8%) were doing other jobs.

Psychological Profile

The second finding reported the psychological profile of flood victims in this research. The first psychological profile of three subscales of DASS is displayed in Table 2.

Table 2

Frequencies and percentage of DASS divided into five levels

Level	Depression	Frequencies (%)	Anxiety	Frequencies (%)	Stress	Frequencies (%)
Normal	0-4	6 (1.2)	0-3	2 (0.4)	0-7	1 (0.2)
Mild	5-6	19 (3.8)	4-5	9 (1.8)	8-9	1 (0.2)
Moderate	7-10	143 (28.6)	6-7	105 (21)	10-12	68 (13.6)
Severe	11-13	332 (66.4)	8-9	244 (48.8)	13-16	430 (86)
Extreme severe	14 +	-	10+	140 (28)	17+	-

The finding showed that majority flood victims at the level of severe depression (330 respondents, 66%), followed by 143 respondents (28.6%) and 19 respondents (3.8%) identify in the moderate and mild depression level. The same trend were found in anxiety where majority 244 respondents (48.8%) were in the extreme severe, 105 respondents (21%) were identify at the level of moderate, 140 respondents (28%) were classified as extreme severe depression state. Finally, stress level was found to be distributed into five levels where 430 respondents (86%) were having severe stress and 68 respondents (13.6%) were moderate stress level.

The next psychological profile was religious coping strategy which determined by using the principle of mean and standard deviation as shown in Table 3.

Table 3

Frequencies and percentage of BRCOPE divided into five levels

Level	Factor 1	Frequency (%)	Factor 2	Frequency (%)	Factor 3	Frequency (%)
Low	<4	5 (1)	<4	2 (0.4)	<8	0
Moderate	4-8	54 (10.8)	4-6	253 (50.6)	8-12	1 (0.2)
High	>8	441 (88.2)	>6	245 (49)	>12	499 (99.8)

Factor one, named as doubt about God love and power (mean 4.38, S.D 1.83). Factor two, named as self-reflection and wishful thinking (mean 6.53, S.D 2.52), and factor three, named as coping to achieve a life transformation (mean 14.11, S.D 2.06). Each factor was divided into three levels. BRCOPE related with self-reflection and wishful thinking shown that 2 respondents (0.4%) were at low level, 253 respondents (50.6%) at moderate level and 245 respondents (49%) were at high level. BRCOPE related with feeling of doubt of God's love and power identified 5 respondents (1%) were low, 54 respondents (10.8%) were at moderate level and 441 respondents (88.2%) were at high level. Finally, BRCOPE focused to achieve a life transformation were identified no respondent at low level, 1 respondents (0.2%) were found at moderate level and 499 (99.8%) respondent was at high level.

Correlation

Correlation analyses were completed to identify the relationship between sub-scale of BRCOPE and DASS. Table 4 shows the results of correlation between the variables.

Table 4

Correlation between Brief Religious Coping Strategies and DASS

	BRCOPE 1	BRCOPE 2	BRCOPE 3	Stress	Anxiety	Depression
BRCOPE 1	1					
BRCOPE 2	.306**	1				
BRCOPE 3	.163**	.168	1			
Stress	.186**	-.227**	-.008	1		
Anxiety	-.195**	-.124**	.094*	.702**	1	
Depression	-.227**	-.154**	.047	.727**	.765**	1

** Correlation is significant at the 0.01 level (2-tailed)

Depression had shown significant high positive correlation with anxiety ($r = .765$, $p < 0.01$) and also with stress ($r = .727$, $p < 0.01$). However, depression identified a positive moderate correlation with BRCOPE 2 (self-reflection and wishful thinking, $r = -.154$, $p < 0.01$) and weak positive correlation with BRCOPE 1 (doubt of God's love and power, $r = -.227$, $p < 0.01$) and weak with BRCOPE 3 (coping to achieve a life transformation, $r = .047$). Anxiety also shown same pattern with depression was found significant high positive correlation with stress ($r = .702$, $p < 0.01$) and significant correlation with BRCOPE 1 ($r = -.195$, $p < 0.01$), weak negative correlation with BRCOPE 2 ($r = -.124$, $p < 0.01$). Anxiety also shown significant and negative weak with BRCOPE 3 ($r = .047$, $p < 0.01$). Stress shown moderate correlation with BRCOPE 1 ($r = .186$, $p < 0.01$), weak negative correlation with BRCOPE 2 ($r = -.227$, $p < 0.01$). Anxiety shown very weak correlation with BRCOPE 3 ($r = .094$, $p < 0.01$). Among factors of BRCOPE were identified significant positive weak correlation between BRCOPE 1 and BRCOPE 2 ($r = .306$, $p < 0.01$) but not significant with BRCOPE 3. Finally, BRCOPE 2 shown significant, positive weak correlation with BRCOPE 3 ($r = -.168$, $p < 0.01$).

Discussion

Prior to discussion, this research summarize the finding to highlight some result from the data analysis. This research aims to identify level of depression, anxiety, stress and religious coping begin with determining the factors of newly adaptation Malay version of religious coping from Pargament, Feuille and Burdzy (2011). Majority of the respondents were Malay (97.4%) and Islam (97.8%). The age group was dominated (25%) elderly peoples who were age between 51 to 60 years old followed by age group between 21-30 years old (22.4%). Majority of the flood victims were in low income group associated to the live in rural and small town whose educational background were at primary school.

Depression, anxiety and stress

The flood victims expected to suffer from psychological distress especially feeling anxiety such as panic, dryness of mouth, breathing difficulty such as excessively rapid breathing, breathlessness in the absence of physical exertion, trembling and felt scared without any good reason. Depression showed an alarming amount where 332 (66.4%) respondent reported to be in the severe depression level which is more than 143 respondents (28.6%) who are reported to have a moderate depression level. Anxiety also showed a very high number with 244 (48.8%) of respondent are experiencing severe anxiety level. Respondent also showed an extreme severe with 146 (28%) number of the flood victim are in extreme severe anxiety level. This also in line with stress level where the majority of the respondent reported to have severe stress level with 430 (86%) respondent which is higher than moderate level of stress respondents with only 68 respondent (13.6%). All the condition mentioned are really reflecting the psychological effect of the flood victim that may comprises of stress, anxiety, fainting, panic attacks, depression, lethargy and agoraphobia (Tapsell, 2001). The psychological discomfort may increases as the weather changes, as the weather is an important indicator of the upcoming rain that can bring flood (Nasir, Zainab & Khairudin, 2012). Thus, having some kind of coping mechanism is vital in facilitating the flood victim to face the disaster and to manage their stress, anxiety and depression level.

Religious Coping

Religious coping has great contribution in managing psychological discomfort (Khan & Watson, 2006). Religious belief and practice have been proven to have positive effect on managing stress (Pargament, Koenig & Perez, 2000). Religious individual are shown to have greater positive religious coping than non-religious individual (Pargament, et al. 1998). Majority of the respondents in this research were identified at high level for three factors of religious coping. Religious coping focused to achieve a life transformation contributed the most popular among the flood victims in this research. Furthermore, the self-reflection and wishful thinking contribute to positive rethinking process about the faith and feeling of hope avoids people in stress to feel helpless. This indicated that religious coping is a non-Western religious tradition that is useful in managing psychological discomfort such as depression stress and anxiety (Khan & Watson, 2006). However, almost majority of the flood victims self-rating themselves highly toward religious coping focuses to feeling doubt of God's love and power which reflect believe of God. Since majority of the victims were Muslims, this finding implies high risk of wrong *aqidah*. This has create a worrisome to the researcher as the majority of the flood victim respondents score highly on negative religious coping of doubting God love and power. Nevertheless almost all of the respondent score highly on religious coping of factor three as striving for life transformation which hopefully will balanced out the negative religious coping.

Conclusion

As a conclusion, from this study alone it is clearly observed that the flood victim does experienced moderate to severe level of depression, anxiety and stress. The psychological condition of the flood victim must be given careful attention since it may affect not only the psychological wellbeing but also religious belief of the flood victim. An extreme negative religious coping may lead to the wrong *aqidah* or Islamic belief. Despite the severe and some extreme level of anxiety, the majority of the respondents does have high positive religious coping of striving for life transformation, which indicate that the respondents still have high optimism and hopeful for future and also towards God.

Acknowledgements

This research is part of USIM/LRGS (UUM)/FKP/ULUM/34/50112-2014 studies. The researcher would like to thank Malaysian Ministry of Education, Universiti Utara Malaysia and Universiti Sains Islam Malaysia for granting us research fund to conduct this study.

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