

# Islam and mental health

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**SUMMARY** This paper discusses the importance of a spiritual element in health with particular reference to mental health and Islam. The Islamic spiritual quest is outlined and some directives described. Specific examples are given of their application to health.

## Introduction

When considering the Global Strategy for Health for All by the Year 2000, the World Health Assembly in 1984 rightly stressed the importance of the spiritual element in health. Importantly, it was also decided that this implies "a phenomenon that is not material in nature but belongs to the realm of ideas, beliefs, values and ethics that have arisen in the minds and conscience of human beings" [1]. It was also affirmed that these "ennobling ideas have not only stimulated worldwide action for health but have also given to health, as defined in WHO's constitution, an added spiritual dimension". This timely and meaningful worldwide resolution has revived major interest in and given a new impetus to the role of these basic human elements in the promotion of health and in the appropriate understanding of the psychoreligious and psychospiritual features in the mental health field [2]. Indeed, Jung, in his famous book *Modern man in search of a soul*, emphasized the importance of religion in attaining psychological health and enjoying a normal state of mental well-being [3]. He described that people from all civilized countries of the earth had consulted him and that among all his patients in the second half of life, there was not one whose problem was not that

of finding a religious outlook in life. He rightly concluded that it was high time for the clergymen and psychotherapists to join forces to meet this great spiritual task.

In this paper, an attempt will be made to describe rather briefly the growing challenges of mental illnesses, highlight the Islamic quest, the related religious principles, and outline examples of the therapeutic implications with due emphasis on the promotion of cognitive development, effective psychosocial adjustment and coping abilities.

## Challenge of mental health problems

Despite all manner of differences in methodology in the nature and conditions of the studied population or in the researcher's zeal and attitude, the fact still remains that mental health problems in both industrialized and developing countries are generally immense and widely distributed [4-11].

In spite of all the efforts made by countries for the prevention of mental health problems, the data available indicate that in 100 population anywhere in the world, industrialized or developing, there are on average 6-8 people who suffer from mental or neurological disorders or who depend on

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alcohol or misuse of drugs. Several more suffer from somatic problems due to psychological causes or are the victims of deviant behaviour.

In recent years, the challenge of mental health has become even more acute in the face of emerging multidimensional epidemics of modern times, notably drug-related problems, crimes of all sorts and the psychosocial and medical problems of acquired immunodeficiency syndrome (AIDS) [12]. Furthermore, with regard to alcoholism, for example, Smith reported that, "despite an increasing body of evidence of the breadth, depth and gravity of harm done by alcohol in Britain, the message does not seem to be getting through to either the government or the public that something needs to be done" [13].

Significantly, even in countries with advanced health care services, approximately one-third of the patients in general practice with psychiatric illness may not have their mental health problems identified and hence they may not be appropriately treated.

It is clear therefore that the challenge of mental health problems is immense and complex. Hence, the search continues for the development of more effective alternative treatment modalities, with a move away from the limited psychoanalytical technique to the behaviouristic, to the humanistic and recently to the transpersonal and more holistic approaches. An example of the latter is the development of the multifaceted model of psychosyntheses [14]. Besides the personal and social factors, great emphasis has been given in this model to the religious quest and the search for a fundamental, meaningful spiritual life.

### The Islamic quest

An important feature of the Islamic quest is the scrutiny of the basic human make-up,

the inner weaknesses, potential qualities and the need to follow the right path to attain a healthy state of mind and lead a meaningful life.

Essentially, the correct understanding of the inner self and the uncovering of its hidden elements should lead to the recognition of the divine Creator and of the holy God. This was clearly ordained, for example, in the following holy Quranic verses. *We shall show them our portents on the horizons and within themselves until it will be manifest unto them it is the Truth (41:53), and And in the earth are portents for those whose truth is sure. And in yourselves. Can you then not see? (51:20-1)*. In this respect the quest for seeing and believing needs to be well conceived within the religious context and within the wider perspective of faith and within the inner complex mechanism of thinking and feeling.

### The Islamic directives

Essentially, the Islamic directives emphasize human integrity, the rights of others, and wisdom and reason. This is clearly stated in the Quran, *sura 16, verse 125*.

Furthermore, within the framework of the basic and clear human directives for a firm belief, for securing equity and ensuring social welfare and for endurance of hardship and resolution of stress, humans have been given the right to choose and the ability to decide (*sura 33, verse 72*). This is indeed the supreme belief in and entrustment of humankind on earth.

Along with these guiding directives for a healthy way of life, Muslims are specifically reminded of their inner weaknesses, which they must overcome through religious devotion and useful work (*sura 95, verses 4-6*). As explained by Wagdy [15], the Quran describes the sharp contrast be-

tween the magnificent physical development of humans and their inner emotional turmoil and their inherent tendency to cruelty, passionate reactions, greediness and aggressive behaviour. Hence, as part of their destiny in life, humans have to face these human weaknesses and strive hard to overcome them.

Thus from a practical point of view, the Islamic directives provide a clear way for leading a meaningful psychosocial life and enjoying a healthy mental state. In *sura 2*, verse 177 of the Quran, for instance, it is clearly stated that: *it is not righteousness that you turn your face to the East and the West, but righteousness is to believe in Allah, the Last Day, and the Angels and the Scriptures and the Prophets and give wealth, in spite of love for it, to kinsfolk, orphans, the poor and the wayfarer and to those who ask, and set slaves free, and observe the proper worship and pay the poor their due. And those who keep their promises when they make one, and the patient in tribulation and adversity and time of stress. These are the sincere and the pious.*

## Islam and mental health care

In what way can Islam promote quality of life and help us deal with some of the challenging mental health problems?

### Strategic approaches

In general the Islamic scriptures deal with a number of psychosocial issues, including marital relationships, family care, child rearing, adoption, orphans, women, virtue, love, mercy, truthfulness, justice, modesty, as well as other topics that include well-defined guiding principles for healthy living and for the promotion of the quality of life.

Essentially, the Islamic strategy for the promotion of mental well-being is based on the recognition of the inherent human de-

fects and emotional weaknesses and hence calls for systematic developments and constructive enactments to overcome them.

In the daily Islamic practice, in the five-time daily prayers, the believer recites the opening of the Quran and appeals to God to show him/her the straight path, the path of those who He favours and not the path of those who have angered Him and those who have gone astray. This is a clear strategic line of action to be followed. The daily and seasonal Islamic practices are helpful for personality adjustment and the promotion of mental health. Ramadan (the month of fasting) and the Pilgrimage to Mecca, in particular, provide ideal opportunities for breaking away from harmful social habits, for resolving psychological conflicts and for the attainment of mental peace. Indeed, there are examples of drug-dependent people giving up alcohol and drugs through the faithful adherence to religious commitments during Ramadan and through the abreactive cleansing of the inner self, devotional awakening and faithful enactments during the performance of the Pilgrimage rituals.

### Observation of a healthy code of behaviour

The Quran as a guide and a source of enlightenment includes a number of historical events, examples of human endurance and supremacy, exemplary characters of prophets as well as reference to the dismal fate of those with deviant behaviour. In this respect, the aim is to encourage human beings to learn from past events, develop a refined quality of life and enjoy a healthy state of mind.

Islam, as with other religions, provides clear codes of conduct and behaviour. Abiding by such codes can help avoid certain health dangers, as for example sexually transmitted diseases such as AIDS.

### **Exemplary model of alcohol prevention**

The model, implemented in four stages at the dawn of Islam 14 centuries ago, for the control and prevention of alcoholism is still highly exemplary and unique. Under religiously motivated and well-oriented leadership, due consideration was given to the prevailing psychosocial conditions and a gradual systematic approach through persuasion, appeal to logic, religious conviction, demonstration by example and community mobilization to the degree of a holy war was effectively applied. Remarkably, the Islamic approach, based on religious directives, provides an excellent example and a superb model of success for dealing with the complex problem of alcoholism [16,17].

### **Management of specific mental health problems**

A number of intricately complex mental health problems have been adequately dealt with by Islamic doctrine. However, the Quran is a religious code and not a medical text. As a practical demonstration, two specific mental health problems, suicide and the management of guilt feeling, will be discussed here.

In Islamic scripture, the problem of suicide is pronounced upon with clear, precise and firm directives. Indeed, the Quran emphatically states that you should not kill yourself because God has been merciful to you. This specific commandment plays a great role in the prevention of self-injury and self-killing among Muslim communities. I have personally seen the strength of this directive having treated a number of Muslim patients who had entertained suicidal ideas but have stopped short of taking

their lives for fear of acting against the will of God.

As regards feelings of guilt within the Islamic context, relieving guilt feelings is an exercise in faith and a practical, step-by-step process of learning-by-doing. First, the person has to recognize his/her sin and wrong-doing. Second, he/she has to understand and face the mistakes. Third, he/she should strictly promise to give up and not repeat the wrongful behaviour, Fourth, he/she should invoke the help of God for forgiveness and guidance. Lastly, this act of repentance must be complemented by an act of faith and useful work (*sura 6, verse 54*).

### **Role of Islamic institutions**

Islamic institutions play a most effective and useful role in the promotion of mental health and the prevention of psychosocially damaging behaviour. The impact of these institutions on health education, public information, community mobilization, promotion of mental well-being and the prevention of social evils, such as the misuse of drugs, are generally well known [18]. It is encouraging to note that the initial activities undertaken in some countries, particularly community participation and the involvement of religious personnel and institutions are promising and augur well for future planning and programming.

### **Conclusion**

Islamic culture is rich with essential guiding principles, appropriate directives and models of excellence for the promotion of mental health and the realization of a meaningful quality of life.

### References

1. *World Health Assembly Resolution, WHA37/137/1984/REC/1.6*. Geneva, World Health Organization, 1984.
2. Lukoff D, Lu F, Turner R. Toward a more culturally sensitive DSM-IV. Psychoreligious and psychospiritual problems. *Journal of nervous and mental disease*, 1992, 180(11):673-81.
3. Jung C.J. *Modern man in search of a soul*. London, Routledge, 1961.
4. Rahim SI, Cederblad M. Effects of rapid urbanisation and child behaviour and health in a part of Khartoum, Sudan. *Journal of child psychology and psychiatry, and allied disciplines*, 1986, 25:629-41.
5. Baasher TA, Ibrahim HH. Childhood psychiatric disorders in the Sudan. *African journal of psychiatry*, 1976, 1:67-78.
6. Giel R, Van Luijk JN. Psychiatric morbidity in a small Ethiopian town. *British journal of psychiatry*, 1969, 115:149-63.
7. Goldberg DP, Blackwell B. Psychiatric illness in general practice. A new study using a new method of case identification. *British medical journal*, 1970, 1(707):439-43.
8. Leighton AH et al. *Psychiatric disorders among the Yoruba*. New York, Cornell University Press, 1963.
9. Orley J, Wing J. Psychiatric disorders in two African villages. *Archives of general psychiatry*, 1979, 36:513-20.
10. Carstairs M. Psychiatric problems in developing countries. *British journal of psychiatry*, 1973, 123:271-4.
11. Shephard M et al. *Psychiatric illness in general practice*. London, Oxford University Press, 1966.
12. Mckusick L, ed. *What to do about AIDS*. Berkeley, University of California Press, 1986.
13. Smith R. Alcohol: a new report, but still going backward. *British medical journal*, 1986, 293(6553):971-2.
14. Hardy J. *A psychology with a soul*. London, Routledge, 1987.
15. Wagdy ME. *The Holy Book interpreted*. Cairo, El-Shaal, 1970 (in Arabic).
16. Badri MB. *Islam and alcoholism*. Washington DC, American Trust Publication, 1976.
17. Bassher T. The use of drugs in the Islamic world. *British journal of addiction*, 1981, 76:233-43.
18. Baasher TA, Abu-Al-Azayem B. The role of the mosque. In: Edwards G, Arif A, eds. *Drug problems in sociocultural context*. Geneva, World Health Organization, 1980.