



# Holistic Healing: Islam's Legacy of Mental Health

---

**RANIA AWAAD**

**DANAH ELSAYED**

**HOSAM HELAL**

**YAQREEN™**  
INSTITUTE FOR ISLAMIC RESEARCH

## Author Biography

**Dr. Rania Awaad M.D.**, is a Clinical Associate Professor of Psychiatry at the Stanford University School of Medicine where she is the Director of the Stanford Muslim Mental Health & Islamic Psychology Lab and its community nonprofit Maristan.org, Associate Chief of the Division of Public Mental Health and Population Sciences, and Co-Chief of the Diversity and Cultural Mental Health Section. She is currently a Senior Fellow at Yaqeen Institute and ISPU. In addition, she serves as the Director of The Rahmah Foundation, a non-profit organization dedicated to educating Muslim women and girls. She has previously served as the founding Clinical Director of the Khalil Center-San Francisco as well as a Professor of Islamic Law at Zaytuna College. Prior to studying medicine, she pursued classical Islamic studies in Damascus, Syria and holds certifications (ijaza) in Qur'an, Islamic Law and other branches of the Islamic Sciences. Follow her @Dr.RaniaAwaad

**Danah Elsayed** is an M.Sc. student in the department of Family Relations and Human Development at the University of Guelph, studying the impact and development of religiosity in Muslim minority youth in Canada. She is also pursuing an undergraduate degree from Al-Azhar University in Arabic and Islamic Studies. At the Stanford Muslim Mental Health & Islamic Psychology Lab, she contributes to the Islamic Psychology and Muslim mental health lines of research. She also studies the social-emotional resilience of Syrian newcomer children at the University of Toronto.

**Hosam Helal** serves as Imam and Manager of Education and Youth at ISNA Canada and as Associate Chaplain at Brock University who won the Imam of the Year Award in 2015. Imam Hosam memorized the Qur'an at the age of eight and has since received several Ijāzahs in its various recitation styles. He has completed and is pursuing further studies at al-Azhar University (in Qur'an exegesis and Islamic and Arabic Studies) as well as degrees at the University of Toronto (in Health & Disease and Religious Studies) at the undergraduate and graduate levels.

He contributes to the Islamic Psychology, Islamic history, and suicide ethics lines of research at the Stanford Muslim Mental Health and Islamic Psychology lab.

**Disclaimer:** *The views, opinions, findings, and conclusions expressed in these papers and articles are strictly those of the authors. Furthermore, Yaqeen does not endorse any of the personal views of the authors on any platform. Our team is diverse on all fronts, allowing for constant, enriching dialogue that helps us produce high-quality research.*

Copyright © 2021. Yaqeen Institute for Islamic Research

## Abstract

Islamic intellectual heritage has squarely recognized mental health and played an active role in cultivating mental wellbeing—starting from the Prophet ﷺ and his companions (RAA) and inspiring Muslim scholars who followed. So where did the concept of shame regarding mental health difficulties come from? Or the belief that a believer is invincible and that faith alone will prevent them from struggling with mental illness? How have these ideas impacted our *ummah*? What lies ahead? In this paper, we explore each of these questions from a historical and Islamic lens in an attempt to reconcile the rich Islamic intellectual heritage of the past with the mental health challenges of the present and the future.

## Suffering and resilience: How Prophet Muhammad

ﷺ managed emotional difficulties

It is not uncommon to hear some Muslims say: “A Muslim cannot be afflicted by depression” or “Depression is the result of weak faith; all you need to do is pray more.” To justify this stance, some people use *āyāt* such as the following:

إِنَّ الَّذِينَ آمَنُوا وَعَمِلُوا الصَّالِحَاتِ وَأَقَامُوا الصَّلَاةَ وَآتَوُا الزَّكَاةَ لَهُمْ أَجْرُهُمْ عِنْدَ رَبِّهِمْ وَلَا خَوْفٌ عَلَيْهِمْ  
وَلَا هُمْ يَحْزَنُونَ<sup>1</sup>

---

<sup>1</sup> Qur'an 2:277.



Indeed, those who believe, do good, establish prayer, and pay alms-tax will receive their reward from their Lord, *and there will be no fear for them, nor will they grieve.*

This *āyah*, however, was understood by the early Muslims to refer to the state of the believer in the hereafter. For example, Imam al-Ṭabarī mentions that “there is no fear for the believers in the hereafter; God is pleased with them and He grants them salvation and grace, nor will they grieve over what they missed out on in this world.”<sup>2</sup> Ibn Kathīr agrees with al-Ṭabarī; he says, “The believers are not scared of what is to come on the Day of Resurrection nor do they experience sorrow over what they left behind in the world.”<sup>3</sup> This world, however, is a place of trials and tests,<sup>4</sup> and the believers are told in the Qur’an to expect tribulations in their wealth and within themselves (i.e., their health),<sup>5</sup> with some fear, famine, and loss of property, life, and crops.<sup>6</sup> We are also told that we will be tested in the pleasures of life and through gains.<sup>7</sup>

These tests apply to all of humanity, including to the best of us (the prophets). In fact, the Prophet ﷺ taught us that God tests those He loves the most, to strengthen them and to cultivate tenacity, resilience, and gratitude within them.

Sa’d said that when the Prophet ﷺ was asked which people experienced the greatest trials he replied, “The prophets, then those who follow their path, then those who follow them. A human is afflicted in proportion to their faith; if they are firm in their faith, their trial is increased, but if there is weakness in their faith, their trial is made lighter for them, and this continues until they walk on the earth [almost] having no sin.”<sup>8</sup>

The prophets (whose faith and trust in Allah is unmatched) experienced and acknowledged intense emotional challenges.<sup>9</sup> Part of the humanity of Prophet

<sup>2</sup> *Tafsīr al-Ṭabarī*, verse 10:62, <http://quran.ksu.edu.sa/tafseer/tabary/sura10-aya62.html>.

<sup>3</sup> *Tafsīr Ibn Kathīr*, verse 10:62, <http://quran.ksu.edu.sa/tafseer/katheer/sura10-aya62.html>.

<sup>4</sup> Qur’an 67:2, 11:7, 6:165, 23:30, 21:35, 3:186, and 76:2.

<sup>5</sup> Qur’an 2:186.

<sup>6</sup> Qur’an 21:155.

<sup>7</sup> Qur’an 6:156.

<sup>8</sup> *Mishkāt al-Maṣābīh*, no. 1562, <https://sunnah.com/mishkat:1562>.

<sup>9</sup> Qur’an 12:84, 18:6, and 35:8.

Muhammad ﷺ is evidenced by the struggles he endured and how he overcame them. In the resilience he exhibited is a series of lessons for us should we undergo similar challenges. For example, Prophet Muhammad ﷺ experienced sadness so deep during a year-long episode of bereavement that chroniclers coined this period “the year of sadness.” His grief was exacerbated by the immense financial pressure on him and his followers from the Quraysh’s socio-economic boycott. He also felt the pain of the disbelievers’ denial of his message:

فَلَعَلَّكَ بَاخِعٌ نَفْسَكَ عَلَى آثَارِهِمْ إِنْ لَمْ يُؤْمِنُوا بِهِذَا الْحَدِيثِ أَسَفًا<sup>10</sup>

Perhaps, then, will you [O Prophet] grieve yourself to death over their denial, if they [continue to] disbelieve in this message.

Importantly, Allah (SWT) urged him to take steps to manage this grief:

فَلَا تَذْهَبْ نَفْسُكَ عَلَيْهِمْ حَسْرَاتٍ<sup>11</sup>

So do not grieve yourself to death over them [O Prophet].

Part of managing the grief in his life involved embracing and acknowledging his emotions. While watching his son Ibrāhīm take his last breaths, Prophet Muhammad ﷺ demonstrated the importance of being careful with one’s words and focusing on coming to terms with reality and accepting the will of Allah (SWT) with contentment and healing. With tears flowing down his blessed cheeks, he said:

إِنَّ الْعَيْنَ تَدْمَعُ وَالْقَلْبَ يَحْزَنُ، وَلَا نَقُولُ إِلَّا مَا يَرْضَى رَبُّنَا، وَإِنَّا لَفِرَاقُكَ يَا إِبْرَاهِيمَ لَمَحْزُونُونَ<sup>12</sup>

Indeed, the eyes shed tears and the heart feels sorrow. Yet, we do not say except that which is pleasing to our Lord. Your departure, O Ibrahim, surely leaves us all deeply saddened.

He also taught a holistic approach to healing, including accessing spiritual remedies (such as mindful remembrance of Allah,<sup>13</sup> cognitive reframing in light of

<sup>10</sup> Qur’an 18:6.

<sup>11</sup> Qur’an 35:8.

<sup>12</sup> *Riyāḍ al-Ṣāliḥīn*, no. 927, <https://sunnah.com/riyadussalihin:927>.

<sup>13</sup> Qur’an 13:28.

Allah's Divine Will,<sup>14</sup> and special supplications for anxiety and sadness),<sup>15</sup> regulating our emotions,<sup>16</sup> and taking good care of our bodies.<sup>17</sup> However, he did not stop there.

When one of 'Ā'ishah's (RAA) family members would pass away, she would gather her close relatives and friends and ask for a pot of *talbīnah* (a soup made by adding milk and honey to dried barley powder) and some *tharīd* (a dish made from meat and bread) to be cooked. She would then tell them, "Eat of it, for I heard Allah's Messenger ﷺ saying, '*Talbīnah* soothes the heart of the patient and relieves some of his sadness.'"<sup>18</sup> In these instances, 'Ā'ishah (RAA) recognized that her loved ones were suffering from grief and offered them a physical, medical treatment for emotional distress. She was also known to use *talbīnah* to treat anxiety and grief-induced psychosis. It should be noted here that *talbīnah* was considered by the Prophet's contemporaries to be a form of healing with some medicinal benefits to be used in conjunction with spiritual remedies—illustrating the holistic nature of Islamic healing. Describing *talbīnah*, the Prophet ﷺ said, "It strengthens the heart of the bereaved person, and removes [some of] the sorrow within the heart of the ill person, similar to how one of you removes dust from their face by washing their face with water."<sup>19</sup>

Although *talbīnah* can be categorized as a form of naturopathic medicine, the Prophet ﷺ encouraged the companions to seek all forms of treatments available to them:

تَدَاوُوا عِبَادَ اللَّهِ، فَإِنَّ اللَّهَ لَمْ يَضَعْ دَاءً إِلَّا وَضَعَ مَعَهُ شِفَاءً إِلَّا الْهَرَمَ<sup>20</sup>

<sup>14</sup> *Riyāḍ al-Ṣāliḥīn*, no. 39, <https://sunnah.com/riyadussalihin:39>.

<sup>15</sup> *Hiṣn al-Muslim*, no. 137, <https://sunnah.com/hisn:137>.

<sup>16</sup> *Sunan Abū Dāwūd*, no. 4782, <https://sunnah.com/abudawud:4782>; *Bulūgh al-Marām*, bk. 16, hadith 1524, <https://sunnah.com/urn/2117910>; *Bulūgh al-Marām*, bk. 16, hadith 1535, <https://sunnah.com/urn/2118020>.

<sup>17</sup> *Riyāḍ al-Ṣāliḥīn*, no. 149, <https://sunnah.com/riyadussalihin:149>.

<sup>18</sup> *Ṣaḥīḥ al-Bukhārī*, no. 5417, <https://sunnah.com/bukhari:5417>.

<sup>19</sup> An explanation of *Mishkāt al-Maṣābīḥ*, no. 4162, al-Durar al-Sanīyah (website), <https://web.archive.org/web/20210428083335/https://www.dorar.net/hadith/sharh/92522>.

<sup>20</sup> *Jāmi' al-Tirmidhī*, vol. 4, bk. 2, hadith 2038, <https://sunnah.com/urn/721670>.

Seek cures, O servants of God, for God has placed a cure for every ailment that He has allowed, except for old-age/death.

This Prophetic tradition, among others, is said to have encouraged early Muslim researchers to go out and look for medical solutions available to them, catalyzing the formation of Islamic medicine (which also included aspects of Galenic medicine) as well as *al-ṭibb al-nabawī* (Prophetic medicine, a distinct discipline based on Prophetic sayings and remedies).<sup>21</sup>

In this way, the Prophet Muhammad ﷺ laid the groundwork for what would become a rich Islamic tradition of caring for mental health in the generations that came after him.<sup>22</sup>

It is important to add here that Muslims often delay seeking medical treatments because they attribute mental health problems to different phenomena, including the evil eye (*ḥasad* or *nathlah*), possession by supernatural entities such as demons (*jinn*), and magic (*siḥr*).<sup>23</sup> Many Muslim scholars (e.g., Ibn Taymiyyah) assert that these are real phenomena that can impact mental and spiritual health. However, “not all mental health problems are associated with supernatural causes.”<sup>24</sup> As noted above, the Prophetic framing encourages Muslims to seek spiritual, psychological, and medicinal forms of healing that are available to them.

---

<sup>21</sup> John K. Borchardt, “Arabic Pharmacy during the Age of the Caliphs,” *Drug News and Perspectives* 15, no. 6 (2002): 383–88, <https://doi.org/10.1358/dnp.2002.15.6.840036>.

<sup>22</sup> Rania Awaad, Danah Elsayed, Sara Ali, and Aneeqa Abid, “Islamic Psychology: A Portrait of Its Historical Origins and Contributions,” in *Applying Islamic Principles to Clinical Mental Health Care*, ed. Hooman Keshavarzi, Fahad Khan, Bilal Ali, and Rania Awaad (New York: Routledge, 2020), <https://www.taylorfrancis.com/chapters/edit/10.4324/9781003043331-6/islamic-psychology-rania-awaad-danah-elsayed-sara-ali-aneeqa-abid>.

<sup>23</sup> G. Hussein Rassool, *Islamic Counselling: An Introduction to Theory and Practice* (Hove, East Sussex: Routledge, 2016), 54.

<sup>24</sup> G. Hussein Rassool, *Evil Eye, Jinn Possession, and Mental Health Issues: An Islamic Perspective* (New York: Routledge, 2019), 58.

## The legacy of the Prophet ﷺ continues: Understanding and caring for mental health during the 7th-15th centuries CE

For years after the life of the Prophet Muhammad ﷺ, the tradition of recognizing and prioritizing mental wellbeing continued in the works of Muslim scholars who drew from the teachings of the Prophet ﷺ and from the civilizations before him.<sup>25</sup> Muslim and non-Muslim scholars alike gathered in the Islamic knowledge capital Baghdad<sup>26</sup> and worked collaboratively to preserve and produce knowledge related to the human psyche.

In their pursuit to understand the self (*nafs*), soul (*rūḥ*), mind (*‘aql*) and the psyche more broadly, the scholars typically took one of two paths. Some would translate the works of the Greek, Persian, and Indian civilizations into Arabic,<sup>27</sup> filter out what was not in accordance with Islamic theology, and then add to these translations by trying to consolidate them with Islamic teachings or by using other empirical or philosophical methods to build upon them. For example, Al-Kindī (d. 873 CE; known as “the philosopher of the Arabs”) was commissioned by the ‘Abbāsīd caliphs al-Ma’mūn and al-Mu’tasim to oversee the translation of Greek works into Arabic in Baghdad’s great “House of Wisdom.”<sup>28</sup> He tried to reconcile Greek and Islamic thought in his own work and constructed theories on perception, dreams, and repelling sorrows, drawing from both revelatory and Greek philosophical sources. For example, in his book describing cognitive strategies to fight depression (*al-Ḥīlah li-Daf‘ al-Aḥzān*/The Trick to Repelling Sorrows), Al-Kindi borrows the same five-word phrase from the Qur’an (57:23) used to describe grief over missing out on worldly pursuits: “لَكَيْلًا تَأْسَوْا عَلَىٰ مَا فَاتَكُمْ” (so that you do not grieve over what you have missed out on).<sup>29</sup> This is but one small

<sup>25</sup> Rassool, *Evil Eye*.

<sup>26</sup> Osman Bakar, “Science,” in *History of Islamic Philosophy*, ed. Seyyed Hossein Nasr (London: Routledge, 2015), 1656-92.

<sup>27</sup> Rania Awaad and Sara Ali, “Obsessional Disorders in al-Balkhī’s 9th Century Treatise: Sustenance of the Body and Soul,” *Journal of Affective Disorders* 180 (July 15, 2015): 185–89, <https://doi.org/10.1016/j.jad.2015.03.003>.

<sup>28</sup> Muḥammad ‘Uthmān Najātī, *al-Dirāsāt al-naḥṣānīyah ‘inda al-‘ulamā’ al-Muslimīn* (Cairo: Dār al-Shurūq, 1993).

<sup>29</sup> Abū Yūsuf al-Kindī and Muḥammad ‘Abd al-Hādī, *Rasā’il al-Kindī al-falsafīyah* (Cairo: Dār al-Fikr al-‘Arabī, 1950).



example of how the works of our early predecessors were directly inspired by the Qur'an and Sunnah.

The other approach taken by some scholars was to ground themselves first in the study of revelatory sources, searching the Qur'an and Sunnah for inspiration about the inner workings of the psyche. Ibn al-Qayyim (d. 1350 CE; a great Islamic scholar and a student of ibn Taymiyyah) was known to draw almost exclusively from revelatory sources, only taking from the sciences and philosophical works what could be backed by revelation.<sup>30</sup> For example, he proposed a sequential stage-theory of cognition and behavior based on terms used in the Qur'an to describe thinking in the following stages: involuntary thoughts, emotional motivations to act, firm decisions to act, taking action, and finally, consistent actions forming habits.<sup>31</sup> Importantly, he and others like him took mental health seriously. In his *Ighāthat al-Lahfān fī Maṣāyid al-Shayṭān* (Rescuing the Fool Caught in the Trap of Satan), he states:

The second category of diseases of the heart are based on emotional states such as anxiety, sadness, depression, and anger. This type of disease can be treated naturally by treating its [root] cause or with medicine that goes against the cause... and this is because the heart is harmed by what harms the body and vice versa.<sup>32</sup>

Another great scholar from Islamic history, al-Balkhī (d. 934 CE), drew mainly from medicine and revelation in the formulation of his ideas surrounding mental health and in his call to action. What is striking about al-Balkhī's famous book, *Maṣāliḥ al-Abdān wa-al-Anfus* (Sustenance of the Body and Soul), as a premodern text is the urgency and seriousness with which he implores his readers to understand psychological illnesses, especially depression. He argues that psychological illnesses are just as, if not more, serious than physical illnesses because people are affected by their consequences far more frequently throughout their lives and because virtually everyone will face these symptoms at some point.

<sup>30</sup> Najātī, *al-Dirāsāt al-naḥṣānīyah*.

<sup>31</sup> Zohair Abdul-Rahman, "The Lost Art of Contemplation," *Yaqeen*, September 20, 2017, <https://yaqeeninstitute.org/zohair/the-lost-art-of-contemplation-spiritual-psychology-series/>.

<sup>32</sup> Muḥammad ibn Abī Bakr Ibn Qayyim, *Ighāthat al-lahfān fī maṣāyid al-shayṭān*, ed. Muṣṭafā ibn Sa'īd Ītīm, Muḥammad 'Azīz Shams, and Bakr ibn 'Abd Allāh Bū Zayd, vol. 1 (Mecca: Dār 'Ālim al-Fawā'id, 2011), 26.

<sup>33</sup> Given this importance, al-Balkhī took great care in refining the definitions and understandings of several psychological illnesses, including depression, anxiety, phobias, and obsessive-compulsive disorder. For example, in his descriptions of the diagnostic criteria for obsessive compulsive disorder—which are a near-perfect match for the DSM-5, the internationally relied upon diagnostic manual for determining psychiatric disorders—he explains its causes as possibly the result of black bile (the dominant medical explanation of the time, likely taken from the Greeks) or as whispers from Shayṭān or a combination of both.<sup>34</sup> Al-Balkhī urges his readers to seek treatment regardless of which cause they believe to have led to their symptoms of mental illness<sup>35</sup> and asks them to remain optimistic, quoting the hadith, “for every illness God has created a cure.”<sup>36</sup>

Beyond the works of individual scholars, the Islamic legacy of prioritizing mental wellbeing can also be seen in the hospital systems built under Muslim governance. One of the unique trademarks of the Islamic hospital was the dedication of a psychiatric ward within the hospital system. It is incredible to note that wards dedicated to mental health conditions emerged in the Muslim world approximately 500 years before they did in Europe.<sup>37</sup> The earliest evidence for institutional psychiatric care is a report that documents the care for psychiatric patients in the al-Fustat Hospital founded in Cairo in 872-3 CE.<sup>38</sup>

From the 10th century onward, healing centers, known as *dār al-shifā'* or *māristāns*, sprung up all throughout the Muslim world from North Africa to Anatolia. Muslim cities such as Damascus, Baghdad, and Cairo were all homes to prominent hospitals that had specific treatments for psychiatric illnesses in

---

<sup>33</sup> Abū Zayd al-Balkhī and Malik Badri, *Abu Zayd al-Balkhī's Sustenance of the Soul: The Cognitive Behavior Therapy of a Ninth Century Physician* (London: International Institute of Islamic Thought, 2013), 28–29.

<sup>34</sup> Rania Awaad and Sara Ali, “A Modern Conceptualization of Phobia in al-Balkhī's 9th Century Treatise: Sustenance of the Body and Soul,” *Journal of Anxiety Disorders* 37 (2016): 89–93, <https://doi.org/10.1016/j.janxdis.2015.11.003>.

<sup>35</sup> Abū Zayd al-Balkhī, *Maṣālih al-abdān wa-al-anfus*, ed. Maḥmūd al-Miṣrī and Muḥammad Haytham al-Khayyāt (Cairo: Ma'had al-Makhtūṭāt al-'Arabīyah, 2005).

<sup>36</sup> Awaad and Ali, “Obsessional Disorders,” 180, 185–89.

<sup>37</sup> Michael W. Dols, *Majnūn: The Madman in the Medieval Islamic World* (Oxford: Clarendon Press, 1992).

<sup>38</sup> Dols.

specialized wings.<sup>39</sup> These institutions were located centrally in the heart of the city to remain accessible to those who might need them, but also to encourage Muslims to fulfill the Sunnah's recommendation of visiting the ill.<sup>40</sup> Notably, the architects of these holistic healing institutions also took the air quality and proximity to natural water sources into consideration when choosing a location. They designed water drainage systems to maintain cleanliness and monitored the air quality constantly. For example, in the Mansuri Hospital in Cairo, giant fans called *pankas* were used for air circulation and the floors were covered with branches of henna, pomegranate, and mastic as makeshift Medieval air fresheners.<sup>41</sup>

In terms of treatment in these Muslim hospitals, or *māristāns*, individuals with mental illnesses were treated with a wide variety of methods, including both simple and compound drugs, such as stimulants, sedatives, and suppressants. For example, early forms of antidepressants were used and referred to as *mufarriḥ al-naḥs*, or a “gladdenor of the spirit.”<sup>42</sup> Armed with the worldview of holistic healing and the understanding that humans are complex social and emotional beings, physicians in these *māristāns* employed multi-level approaches to healing. In addition to drugs and surgery, physicians also utilized alternative, holistic treatments that would minimize side effects. These treatments included auditory therapy (by employing Qur'anic recitation, musical tones, and nature sounds like water or birdsong), regular bathing, healthy balanced diets, blood-letting, cupping, massages with oils, immersion in nature (through the use of gardens on-site), and more.<sup>43</sup> When patients completed their treatment and were discharged from Islamic hospitals, such as *Dār al-Māristān* in Baghdad for example, they would receive financial support in order to bridge their transition and reintegration into daily life.<sup>44</sup> All of

---

<sup>39</sup> Gülşen Erdal and İlknur Erbaş, “Darüşşifas Where Music Therapy Was Practiced during Anatolian Seljuks and Ottomans/Selçuklu ve Osmanlı Darüşşifalarında müzikle tedavi,” *Journal of History Culture and Art Research* 2, no. 1 (2013): 1–19; Nina Ergin, “Healing by Design? An Experiential Approach to Early Modern Ottoman Hospital Architecture,” *Turkish Historical Review* 6, no. 1 (2015): 1–37; Enver Şengül, “Edirne Sultan Bayezid II Hospital,” *Turkish Neurosurgery* 25, no. 1 (2015): 1–8; Nurettin Heybeli, “Sultan Bayezid II Külliyesi: One of the Earliest Medical Schools—Founded in 1488,” *Clinical Orthopaedics and Related Research* 467, no. 9 (2009): 2457–63.

<sup>40</sup> Dols, *Majnūn*.

<sup>41</sup> Dols.

<sup>42</sup> Dols.

<sup>43</sup> Dols.

<sup>44</sup> Dols.

these very careful considerations evidence the importance that early Muslim scholars placed on integrating mental health treatment into holistic wellbeing. It is also these very well thought out considerations that led Islamic medicine to become known as “humanistic medicine.”

## A legacy interrupted: The influence of colonial and secular forces

Today, studies suggest that despite experiencing elevated risk factors, Muslims tend to underutilize mental health services.<sup>45</sup> In general, Muslim populations appear to distrust modern psychology (both as a discipline and as a clinical service).<sup>46</sup> Many avoid using psychotropic medication because they are wary of falling prey to money-making schemes, side effects, or long-term dependence.<sup>47</sup> Seeking therapy is often dismissed for fear that non-Muslim service providers will indoctrinate them or that Muslim service providers will judge or gossip about them.<sup>48</sup> This means that countless Muslims suffer in silence, remaining undiagnosed or unwilling to access treatment. How did this happen?

---

<sup>45</sup> Sara Ali, Danah Elsayed, Saadia Elahi, Belal Zia, and Rania Awaad, “Predicting Rejection Attitudes Towards Utilizing Formal Mental Health Services in Muslim Women in the US,” *International Journal of Social Psychiatry*, March 14, 2021, <https://doi.org/10.1177/00207640211001084>; Rania Awaad, Aaron J. Fisher, Sara Ali, and Natalie Rasgon, “Development and Validation of the Muslims’ Perceptions and Attitudes to Mental Health (M-PAMH) Scale with a Sample of American Muslim Women,” *Journal of Muslim Mental Health* 13, no. 2 (2019): 119–35, <https://doi.org/10.3998/jmmh.10381607.0013.205>; L. P. Sheridan and A. C. North, “Perspective: Representations of Islam and Muslims in Psychological Publications,” *The International Journal for the Psychology of Religion* 14, no. 3 (2004), [https://www.tandfonline.com/doi/abs/10.1207/s15327582ijpr1403\\_1](https://www.tandfonline.com/doi/abs/10.1207/s15327582ijpr1403_1); Belal Zia, Shahad Abdulrazaq, and Corey S. Mackenzie, “Mental Health Service Utilization and Psychological Help-Seeking Preferences among Canadian Muslims,” *Canadian Journal of Community Mental Health*, under review.

<sup>46</sup> Saara Amri and Fred Bemak, “Mental Health Help-Seeking Behaviors of Muslim Immigrants in the United States: Overcoming Social Stigma and Cultural Mistrust,” *Journal of Muslim Mental Health* 7, no. 1 (2012), <https://quod.lib.umich.edu/j/jmmh/10381607.0007.104?view=text;rgn=main>; M. M. Amer and A. Bagasra, “Psychological Research with Muslim Americans in the Age of Islamophobia: Trends, Challenges, and Recommendations,” *American Psychologist* 68, no. 3 (2013): 134–44, <https://doi.apa.org/doiLanding?doi=10.1037%2Fa0032167>.

<sup>47</sup> Amri and Bemak, “Mental Health Help-Seeking Behaviors.”

<sup>48</sup> Dalal Alhomaizi, Sarah Alsaïdi, Ali Moalîe, Nawal Muradwij, Christina P. C. Borba, and Alisa K. Lincoln, “An Exploration of the Help-Seeking Behaviors of Arab-Muslims in the US: A Socio-Ecological Approach,” *Journal of Muslim Mental Health* 12, no. 1 (Summer 2018), <https://quod.lib.umich.edu/j/jmmh/10381607.0012.102?view=text;rgn=main>.



There are a multitude of reasons for this with only a few mentioned here. At the forefront was a general shift away from religion that had a downstream impact on Muslims losing touch with what was once a very integrated and holistic system of healing that included mental health. It is also important to note that the weakening of religious practice along with waning political power played a significant shift in attitudes towards mental illness witnessed in this era. It is also in this context that the emerging field of modern “Western” psychology of the 19th century was developing in a world that had largely forgotten the intellectual contributions of Islamic civilizations. Colonial and secular forces had not only taken hold of Muslim lands, but also Muslim minds.<sup>49</sup> Colonialism divided the Muslim world along linguistic and nationalistic lines, which lessened their ability and motivation to collaborate. For example, when Mohamed Ali, the founder of modern Egypt, came into power, he aimed to transform the country so that it would be in line with colonial conceptions of modernity.<sup>50</sup> To do this, he installed foreign (i.e., French-speaking) high-ranking teachers in the universities that taught modern sciences. In addition to inserting linguistic barriers between Egypt and the remainder of Arabic-speaking scholarship, this created a lack of confidence in combining rational and revelatory sources because unlike French and other colonial languages, the Arabic terms for scientific and revelatory concepts were enmeshed, instead of at odds with one another.<sup>51</sup>

As new colonial civilizations whose foundations were based on secularism formed, religion was pushed out of the academy. The secular roots of modern psychology, then, opposed the fundamentals of an Islamic worldview and thus, fostered mistrust in many Muslims.<sup>52</sup> These historical forces excluded Muslims from mainstream psychology and caused them to turn inwards: they rejected non-revelatory sources and relied on cultural and familial networks for the resolution of mental health challenges.<sup>53</sup> As the causes of mental illnesses came to

---

<sup>49</sup> Awaad, Elsayed, Ali, and Abid, “Islamic Psychology.”

<sup>50</sup> Muzaffar Iqbal, *Science and Islam* (New Delhi: Pentagon Press, 2007).

<sup>51</sup> Iqbal.

<sup>52</sup> Amri and Bemak, “Mental Health Help-Seeking Behaviors”; Amer and Bagasra, “Psychological Research with Muslim Americans.”

<sup>53</sup> Hooman Keshavarzi and Amber Haque, “Outlining a Psychotherapy Model for Enhancing Muslim Mental Health within an Islamic Context,” *International Journal for the Psychology of Religion* 23, no. 3 (2013): 230–49,

be seen as inherently spiritual in nature, the stigma against seeking out care rose. What was once a robust, holistic understanding of wellness that firmly incorporated mental health faded. So too, did the formidable Islamic heritage of mental health promotion and care.<sup>54</sup>

## Reclaiming our Islamic conceptions of mental health: The road ahead

Islamic history has strongly nurtured mental health, from the time of the Prophet Muhammad ﷺ through countless succeeding generations of Muslim scholarship. The holistic outlook on life as a core foundation of the Islamic worldview led Muslim scholars from all disciplines to contribute to the field that became known as *‘ilm al-nafs* (the study of the self) and that was the precursor to the field of psychology. In an interdisciplinary effort, Muslim philosophers, theologians, and physician-scientists all contributed to this emerging field. For this reason, the study of the human psyche was never limited to focusing on the mind or to the field of science, as is common today. Rather, Islamic Psychology offered a holistic model (most famously described by Imam al-Ghazālī) that put the heart at the center, and connected to it the mind, body, soul, and emotions.

Similarly, this interdisciplinary approach to understanding mental illnesses helped Muslim scholars conclude that their causes were multifactorial: they postulated that biology, heritable factors (today known as genetics), environment, and spirituality could all be implicated. It was for this reason that Muslim scholars did not attribute mental illness to simply a weakness of faith. As such, their treatment regimens

---

<https://doi.org/10.1080/10508619.2012.712000>; Nasser Aloud and Amena Rathur, "Factors Affecting Attitudes Toward Seeking and Using Formal Mental Health and Psychological Services Among Arab Muslim Populations," *Journal of Muslim Mental Health* 4, no. 2 (2009): 79–103, <https://www.tandfonline.com/doi/abs/10.1080/15564900802487675>.

<sup>54</sup> Aloud and Rathur, "Factors Affecting Attitudes"; Ayse Ciftci, Nev Jones, and Patrick W. Corrigan, "Mental Health Stigma in the Muslim Community," *Journal of Muslim Mental Health* 7, no. 1 (2013), <https://quod.lib.umich.edu/j/jmmh/10381607.0007.102?view=text;rgn=main>; Wahiba Abu-Ras, "Cultural Beliefs and Service Utilization by Battered Arab Immigrant Women," *Violence Against Women* 13, no. 10 (2007), <https://journals.sagepub.com/doi/10.1177/1077801207306019>; Asra Haque-Khan, "Muslim Women's Voices: Generation, Acculturation, and Faith in the Perceptions of Mental Health and Psychological Help" (PhD diss., Texas Woman's University, 1997), <https://twu-ir.tdl.org/handle/11274/7886>.

were also varied and they did not prescribe prayer alone to combat mental illnesses. Along with the premodern medications, talk therapies and other forms of wellbeing previously discussed, they also gave spiritual remedies in line with their understanding of holistic wellbeing.

It is clear, then, that our Muslim predecessors were able to carry on the noble tradition of the Prophet Muhammad ﷺ in balancing the mind, body, and soul in their attempts to treat psychological ailments. They acknowledged and affirmed the impact of spiritual forces on mental health but, at the same time, were open to (and, indeed, actively pursued) other explanations and treatments like medicine, cognitive training, and talking with a trusted, learned person (who today we would call a professional).

In order to look forward, it is important that we learn from our past. In order to provide healing to our modern Muslim communities, we must understand our history. And in order to revive our great Islamic intellectual heritage, we must recognize it as one that was deeply committed to mental wellness via its holistic healing framework. We must also critically assess the mental health stigma that currently exists in our communities, including our reservations about receiving diagnoses and seeking treatment for psychological ailments. It is time that we not only acknowledge the scholarly giants that came before us, but that we actively stand on their shoulders to move this legacy forward.