

Mental Health: Facts and Fictions

From a Muslim psychologist's perspective Islam & Mental Health

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Mental health refers to the emotional and mental state of human beings (Merriam-Webster's online dictionary, 2017). Anyone reading the Qu'ran will come across many words describing the emotional and mental state of human beings—words such as, sorrow, despair, fear, envy, regret, anger, happiness, joy, peace, reasoning, and intellect. Allah (swt) reminds us, "People, a teaching from your Lord has come to you, a healing for what is in (your) hearts" (Qu'ran 10:57, Abdel Haleem translation). This verse refers to emotional healing.

Various hadith also refer to the emotional and mental state of human beings. For example, "No fatigue, nor disease, nor sorrow, nor sadness, nor hurt, nor distress befalls a Muslim, even if it were the prick he receives from a thorn, but that Allah expiates some of his sins for that" (Sahih Bukhari, Volume 7, Book 70, Number 545) (in Mills, n.d.). Also, "A servant is given nothing better after Islam than to be provided with a sound mind" (Ibn Abi Shaybah reported that Abu Al-'Ala , may Allah have mercy on him, said this, cited in Mus annaf Ibn Abi Shaybah 3580). Even one of the objectives of the Shariah is to safe-guard one's mind (Al Khayat, 1997). Since the Qu'ran and hadith both acknowledge the emotional and mental state of human beings, I argue that Islam views mental health as a fact, not as a fiction.

Other Mental Health Facts & Fictions

"If I have a mental health issue, then that means I am being punished by Allah

(swt), or that I have poor iman. So, I'm not going to tell anyone about my problems—especially someone Muslim—because they'll judge me for being spiritually weak."

The causes of mental health concerns are complex and not fully understood. However, they can be categorized into biological, psychological, environmental, spiritual, and supernatural factors (Utz, 2012). Biological factors include genetic predisposition, neurotransmitter malfunctioning, hormonal imbalances, infections, brain damage (before or after birth), exposure to toxins and substance abuse. Psychological factors include physical, sexual, or emotional abuse, trauma, neglect, or identity concerns (for example, about one's career, culture, or religion).

Environmental factors include poverty, war, losses (such as the death of a loved one, loss of a close relationship, unemployment, or underemployment), violence in the home, a tense family/home environment, housing problems, difficulty adjusting to a new culture, discrimination (such as Islamophobia), or life transitions (such as immigrating to a new country, becoming a refugee, leaving one's parental home for the first time, entering university, becoming a parent, marriage, divorce, retirement, being diagnosed with a medical illness, or moving to a new city).

Spiritual factors propose that not remembering Allah (swt), distancing ourselves from Him, and not following His Guidance does lead to emotional heartache (Utz, 2012). The

following verse in the Qu'ran alludes to the protective factor of faith: "This is a clear lesson to people, and guidance and teaching for those who are mindful of God. Do not lose heart or despair—if you are true believers, you have the upper hand" (Qu'ran 3: 138-139, Abdel Haleem translation).

Finally, supernatural factors include waswaas (whispering of Shaytan), the influence of evil jinn, and black magic. The following ayah refer to these factors: "I seek ref-uge with the Lord of daybreak against the harm of witches when they blow on knots, the harm of the envier when he envies," (Qu'ran 113: 1, 4-5, Abdel Haleem translation), and "I seek refuge with the Lord of people, against the harm of the slinking whisperer—who whispers into the hearts of people—whether they be jinn or people," (Qu'ran 114: 1, 4-6, Abdel Haleem translation).

As you can see, the causes of mental health difficulties are multifaceted. So automatically assuming that mental health difficulties are due to poor iman is jumping to conclusions. While it might be a fair conclusion in some cases, it is simply erroneous in others. It's akin to thinking that because the window of your car is broken, it must be because you're a careless driver who parked your car in an unsafe area. You decide not to take it to get repaired for fear that the mechanic will judge you as careless. So, you continue driving your car around with a broken window. But, maybe the real reason your car

window was broken had nothing to do with parking your car in an unsafe area, but more to do with a vandal who just happened to pass by, and didn't like the colour of your car.

Applying the "poor iman" argument to physical health concerns could lead to death! Take a minute to imagine the outcome of someone who believes that they contracted a serious infection, or broke their leg, or got diabetes because of lack of iman, and was so ashamed that they never sought treatment for their condition. Incidentally, some mental health disorders, left untreated, can also lead to death. Examples include severe depressive disorder, some eating disorders, like anorexia nervosa, and some substance abuse disorders.

Another point to consider is this: even though the Qu'ran provides spiritual answers for emotional problems, the solution does not ascertain the cause. In other words, a spiritual solution does not necessarily mean a spiritual cause. An analogy is the patient who undergoes surgery to repair a broken leg. The treatment of surgery sheds no light on what caused the patient's leg to break in the first place.

Certain verses in the Qu'ran such as, "You will surely be tested in your possessions and in yourselves (Qu'ran 3:186, Sahih International translation), and certain stories, for example, of Prophet Yusuf, of his father, Prophet Yacoub, who was so grieved upon losing Yusuf that his eyes became white (Qu'ran, 12:84, Abdel Haleem translation), and of Prophet Musa (peace be upon them) remind us that we will be faced with many trials and tests in this dunya (Mills, n.d.; Utz, 2012). However, hadiths, like the one mentioned in the very first paragraph, inform us that any tests or trials faced in this world will serve to expiate or reduce our sins and punishment in the Hereafter. I therefore invite my fellow Muslim brothers and sisters to view mental health issues as a trial or test, the cause of which is highly complex—it is not necessarily due to low iman. Moreover, these issues carry with them the benefits of reducing our punishment in the Hereafter, and providing us the opportunity to purify ourselves in this dunya.

As for not telling anyone about our difficulties for fear of being judged, this is a valid concern. In the Prophet's (peace be upon him) time, my impression is that many people



used to consult him about their low iman, with the goal of wanting to enhance their iman. Consider this hadith: Ibn 'Abbas said to me, "Shall I show you a woman of the people of Paradise?" I said, "Yes." He said, "This black lady came to the Prophet (saw) and said, 'I get attacks of epilepsy and my body becomes uncovered; please invoke Al-lah for me.' The Prophet (saw) said (to her), 'If you wish, be patient and you will (enter) Paradise; and if you wish, I will invoke Allah to cure you.' She said, 'I will remain patient,' and added, 'but I become uncovered, so please invoke Allah for me that I may not be-come uncovered.' So he invoked Allah for her" (Sahih Bukhari, Volume 7, Book 70, Number 555) (in Mills, n.d.). Putting myself in this lady's shoes, I am sure she felt embar-rassed to reveal to the Prophet (saw) that she used to become uncovered during her epileptic seizures, but she confided in him anyway—to her benefit. The trick is to find someone who will not judge you. Let's face it—every single one of us is on a journey to enhance our iman because none of us—even the most pious—have perfect iman. So who are we to judge?

"If I seek treatment for a mental health issue, then it means I am weak or mentally ill." In one hadith, the Prophet (saw) is quoted as saying, "Every disease has a cure. If treatment is administered with the right cure, the patient will recover by God's Grace" (related by Muslim & Ahmad following Jaber, in Al Khayat, 1997). Certain kinds of psy-chotherapy and medication are empirically validated treatments for many mental health disorders (Lambert, 2004). So, if you seek treatment for a mental health issue, then you are doing something that falls in line with our Prophet's (saw) advice.

Rather than viewing treatment as an act of weakness, I prefer to think of it as an act of humility—because we are acknowledging that we cannot fix the problem on our own. And Allah (swt) loves those who are humble.

The Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5; American Psychiatric Association, 2013), which is the standard guide that mental health clinicians use to reliably diagnose mental disorders, is shifting away from conceptualizing mental disorders as discrete categories, and toward

conceptualizing them as existing on a spectrum and dimensional. What this means is that mental health exists along a spectrum from issues/concerns to illness/disorder. So, a mental health issue does not imply a mental illness. Furthermore, just because people do not meet the criteria for a mental illness/disorder does not mean that they do not require treatment (American Psy-chiatric Association, 2013). They may still need, and benefit from, treatment. Generally speaking, sub-threshold symptoms are likely easier to treat than symptoms that surpass the thresh-old.

The following are a few guidelines that mental health clinicians use to differentiate symptoms that are of clinical concern from those that are not (American Psychiatric Association, 2013):

- What is sleeping, eating, concentration, and energy like?
- What is mood like, including worrying and anxiety?
- Duration of symptoms (need to be present anywhere from 2 weeks to 2 years depending on the disorder)
- Assess harm to self or others
- Ask about interpersonal functioning
- Ask about "externalizing" symptoms (p. 13) (i.e. impulsive behaviours or disrup-tive conduct)
- Are there deficits, e.g. in speaking, writing, reading, memory?
- Severity of symptoms: is it causing the person significant distress or negatively affecting their ability to fulfill certain role obligations, e.g. at work, at school, at home, or socially?

"If I seek treatment from a mental health worker who is not Muslim, then he or she won't understand me, at best, or be Islamo-phobic, at worst."

I remember undergoing counseling when I was having significant difficulty adjust-ing to living in a new country. I was quite lonely, and asked my counselor, "How do peo-ple here meet other people?" Her response was, "They go to the bar." So, the above is another valid concern. Having said that, I have also had non-Muslim counselors who were very

respectful and sensitive to my religious beliefs. My iman and identity as Muslim either remained intact or strengthened while undergoing counseling with them. So, when I weigh the risk of not getting treatment (and the resulting negative impact on my own, or others', mental health) to the risk of not being understood or facing Islamophobia by yet one more person, I choose the latter. The reality is this: not enough Muslim mental health providers currently practice in Winnipeg. So, until this reality changes, I suggest the following to minimize the risks of being misunderstood and facing Islamophobia: inform your mental health provider if you feel misunderstood or discriminated by him or her (we are trained to handle this kind of feedback), educate him or her about Islam, re-fuse to accept any recommendations that do not fit with your values, and if necessary, contact his or her supervisor to request whether the staff can undergo multicultural competency training in Islam. The Mental Health Initiative Committee* is working toward building partnerships with various mental health agencies in the city, so that they become more sensitive to the needs of our Muslim community.

Even though different agencies have different operating procedures, and different mental health service providers, such as counselors, psychologists, social workers, nurses, psychiatrists, and occupational therapists are trained differently, here is what you can generally expect once you seek help for a mental health issue. The first session is called an intake session, and its purpose is to gather clinically relevant information (please refer to bullet points above) to conduct an initial assessment and diagnosis of your mental health needs as this will inform treatment. At the end of this session, you may be referred to individual, couple, family, or group counseling, a program, another provider, or another agency. As mental health service providers, we are obliged to maintain confidentiality of our clients' information. Please see Sophia Ali's article on "Facts about confidentiality" in this issue. Clients are encouraged to disclose as much clinically relevant information as possible in this session to help clinicians arrive at accurate assessments.

Depending on the agency, you may remain with the intake counselor for ongoing counseling, or request ongoing counseling with a specific kind of clinician: female or male, experience working with Muslims, or someone who speaks a certain language. Keep in mind though that the agency's resources will determine whether your request can be granted. Depending on whom you see and where, the services you receive may either be free or you will have to pay for them either out of your own pocket or using your insurance plan, if this is an option.

Most mental health service providers who provide counseling will use empirically-validated therapy approaches, like cognitive-behavioral therapy, or emotionally-focused therapy. Group counseling has the additional benefits of providing people with a sense of community, like they are not alone in their difficulties, and receiving feedback from peers in addition to the clinician (Yalom, 1995). Your clinician will outline certain expectations of treatment, such as the number of sessions, attendance policy, and duration of sessions. You have the right to be informed about the kind of treatment you will receive, its risks and benefits, and the right to refuse treatment at any time. Although various therapies exist, such as art, drama, or play therapy, the people who benefit the most from talk-therapy are those who are engaged in the process, open, reflective, and can verbalize their difficulties.

"Instead of seeking treatment for my mental health concern, shouldn't I just pray more or read the Qu'ran more?"

As Muslims, we all need to strive for this—regardless of whether we have a mental health issue or not. According to at-Tirmidhi, Anas ibn Malik reported: A man said, "O Messenger of Allah, should I tie my camel and trust in Allah, or should I leave her untied and trust in Allah?" The Messenger of Allah (saw) replied, "Tie her and trust in Allah" (in Utz, 2012). This hadith can be interpreted as teaching us the importance of both attending to our spiritual needs and doing what we can to look after our well-being, such as seeking treatment for mental health concerns. Also, consider that one's mental health may be negatively impacting one's ability to fulfill the

obligations of our faith, which means that praying and reading the Qu'ran will not be so easy. For example, depression may prevent someone from being able to pray regularly. An impulse-control disorder might prevent someone from being able to fast. An obsessive-compulsive disorder might prevent someone from achieving a balance. And, someone with a substance use disorder is likely more preoccupied with obtaining the substance than remembering Allah (swt).

I encourage you to call or look up online any of the agencies listed in this issue. Ask questions. Do your own research. Consider the information you find and read.

Finally, although counseling is a popular treatment for mental health difficulties, it is not the only one. Following advice and tips, for example, in Sophia Ali's article on Self-Compassion or Dr. Abdulrehman's WinnLove tips (in this issue) can also help. Above all, consider whether the next steps you take will benefit your mental wellness and that of those around you. A mentally well ummah is a strong ummah. May Allah (swt) grant you wisdom, peace, and contentment.

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**The Mental Health Initiative Committee is a recently formed group of Muslim mental health service providers in Winnipeg, who, in collaboration with Manitoba Islamic Association, are working towards better meeting the mental health needs of Winnipeg's Muslim community*

The following WinnLove tips were created by Dr. Abdulrehman and his private practice team at Clinic Psychology to enhance people's love for themselves, others, and our city. Dr. Abdulrehman is a registered clinical psychologist.

Celebrate everything. Yes, EVERYTHING!

Why? Well, we do in fact live in an incredibly diverse city, filled with different kinds of people and practices. And it would be a shame to let all that rich diversity go to waste. But more importantly, if we focus on celebrating just

ONE HOLIDAY

as the focus of the year

WE ISOLATE PEOPLE WHO MAY NOT IDENTIFY WITH ANY ONE HOLIDAY, OR THOSE WHO DON'T CELEBRATE IT IN THE SAME WAY OTHERS DO.

Instead, if we Celebrate **EVERYTHING!** (with **vigor**), we become an **INCLUSIVE** society instead of an unintentionally **EXCLUSIVE** one. And feeling included is especially important for children, their identity, and their self-esteem. But feeling included also really benefits adults. Getting to know about and celebrate all kinds of cultures and holidays, can help us improve our world view and become more flexible in our thinking.

Pages also include:

- more parties
- more food
- and maybe even a few more days off.

How to participate on social media! Share this infographic with your friends, and family, share it with your school and workplace. Encourage the celebration of a variety of holidays of their separate time in the year, and most importantly, share stories and photos about holidays and traditions that are important to you on social media with the hashtag, #CelebrateEverything and @WinnLove.

THE PSYCHOLOGY OF CIVIC PRIDE. WinnLove is a part of a larger Public Mental Health Initiative by Clinic Psychology Manitoba.

TALK MORE WITH PEOPLE YOU DON'T KNOW. SO WHY DO IT?

Most of us feel at least a *bit* uncomfortable speaking with people we don't know.

It's actually a **very** healthy thing to do for many reasons. On the personal side, it decreases our anxiety in social situations, **increases** our sense of safety & trust in the world, increases our empathy for others, and ... **BROADENS** ... our perspectives. As a city **ALL**, it makes us friendlier, more connected, and more **vibrant**.

And, here's the **BIG** plus. We live in times where some use our differences to create **riffs** in our society. But psychological research tells us that the more we speak (& # 2) and work with people who we don't think we understand, the **LESS** likely we are to hold discriminatory views of them. And that's...

A GOOD THING FOR EVERYONE.

LET'S TALK WITH EACH OTHER

More with people we don't know. More with people who we feel are **different** from us. You'll probably find...

YOU HAVE MORE IN COMMON THAN YOU THINK.

Here's how you can help on social media. Share some of your experiences of when you've spoken to someone you don't know. And perhaps the surprising commonalities you found you had, despite any obvious perceived differences, or anxiety you may have prior to speaking with them.

#WinnLove



The Psychology of Civic Pride. WinnLove is a part of a larger Public Mental Health Initiative by Clinic Psychology Manitoba.