# The Quranic Perspective on Psychopathology and Psychotherapy: a Comprehensive Guide for Psychotherapists of Islamic World

# Waqar Husain Department of Humanities, COMSATS University Islamabad, Pakistan.

Abstract. Stigmatizing and underutilizing mental health services are mostly because of the beliefs people develop about psychopathology and psychotherapy. Cultural and religious values have been regarded extremely important in shaping these beliefs. The applicability of Western psychotherapies has also been questioned in the non-Western cultures. Practicing psychotherapy with the ones whose minds are heavily occupied by religious beliefs requires sufficient consideration to the religious and spiritual aspects of one's personality along with incorporating the basic psychotherapeutic themes. The religious beliefs can be used as agents of change in the psychotherapeutic process. The current study has compiled relevant and essential references from Quran that intend to serve as basic guidelines for psychotherapists dealing with Muslim clients. The paper discusses the most fundamental Quranic beliefs on mental health that the therapists can incorporate in their psychotherapeutic approaches to ease the psychotherapeutic process and have an effective psychotherapy with Muslims.

Keywords: Quran; Islam; Clinical Psychology; Psychopathology; Psychotherapy

Received January 28, 2024; Accepted September 27, 2024; Published October 5, 2024

#### Introduction

The understanding of mental health has taken a paradigm-shift in the recent past. Many Psychologists are now inclined toward the broader psychosocial aspects of mental health instead of focusing on the clinical diagnosis alone (Husain et al., 2024). The Psychology of Religion and Positive Psychology have been favored by many mental health practitioners. The religious beliefs of a person have documented effects on dealing with psychosocial problems. Religious practices, on the other hand, have been positively correlated with better mental health and have also been inversely correlated with psychopathology. Islam is the second largest religion with 1.65 billion Muslims worldwide. Muslims, due to several sociocultural factors, have been reported to be reluctant to seek professional psychological help. They have mixed religion with culture and have developed several misconceptions regarding Islamic beliefs on mental health. They intend to handle psychological problems in a more pseudoreligious way. The current paper clarifies the misconceptions in this regard and facilitates the psychotherapists and counselors in designing adequate psychotherapeutic strategies for Muslim clients. Propositions provided by Quran can be made part of the psychotherapeutic framework along with the modern ways of dealing with mental disorders (Husain, 2022a).

# Reluctance from psychotherapy

Mental health issues have been raising day by day. Nearly half of the world's population is suffering from some sort of mental disorder (Mackenzie et al., 2006) including Muslim populations such

Correspondence concerning this article should be addressed to Waqar Husain COMSATS University Islamabad, Pakistan. Email: <a href="mailto:drsukoon@gmail.com">drsukoon@gmail.com</a>

as Saudi Arabia (Almutairi, 2015), United Arab Emirates (Abou-Saleh et al., 2001), Egypt (Ghanem et al., 2009), Pakistan (Husain, 2018; Husain et al., 2016; Husain & Faize, 2020), etc. Underutilization of mental health services is a global issue and has attracted researchers significantly. Seeking psychological help is still a taboo in many parts of the world making people reluctant to consult professionals (Al-Krenawi, 2005; Bebbington et al., 2000; Douki et al., 2007; Fakhr el-Islam, 2008; Husain, 2018, 2020; Husain et al., 2016; Husain & Faize, 2020; Kessler et al., 2005; Ng et al., 2008; Walters et al., 2008). Although 30% to 50% of the world population is expected to be suffering from some form of mental illness (Mackenzie et al., 2006); yet only one third of them receive mental health treatment (Alonso et al., 2008; Kessler et al., 2003, 2005; Kohn et al., 2004; Wittchen & Jacobi, 2005). Mental problems are usually presented through physical symptoms e.g. pain in various parts of body. People usually deny having psychological problems and consult general physicians for psychological symptoms (Angermeyer et al., 1999; Jorm et al., 1997). Researchers (Al-Krenawi & Graham, 2000), for instance, reported that women diagnosed with depression first presented symptoms of conversion disorders to hide their sadness. Poor mental health literacy and social stigma associated with mental disorders have also been global problems (WHO, 2001). Apart from the extreme efforts of psychiatry to link mental disorders with human neurology, people in developing and developed countries both don't generally associate mental health related problems to science or neurology (Alonso et al., 2008; Joel et al., 2003; Kadri et al., 2004; Kleinman, 2004; Ng et al., 2008; Okello, 2006; Phillips et al., 2000; Srinivasan & Thara, 2001; Zafar et al., 2008).

#### The role of beliefs and culture in clients' decision for psychotherapy

The beliefs of a person play a significant role in preventing from and dealing with psychological problems. Based on the beliefs, a person develops positive or negative attitudes towards psychopathology and psychotherapy (Eagly, A. H., & Chaiken, 1998). Beliefs become bases for a future behavior (Blair et al., 2004; Greenberg et al., 2005; Tullett et al., 2012). Seeking psychological help heavily depends on the knowledge of a person about the causation of mental disorders. Based on the same knowledge, a person develops either favorable or unfavorable attitudes towards mental health, mental disorders, mentally ill, and other related areas. The beliefs related to the causes of mental problems vary from culture to culture (Zafar et al., 2008). Although the perceived stigma is more common in developing countries (Alonso et al., 2008); people, even in developed countries, possess a non-scientific causation structure towards mental disorders including schizophrenia (Banerjee & Roy, 1998; Joel et al., 2003; Kadri et al., 2004; Phillips et al., 2000; Srinivasan & Thara, 2001; Zafar et al., 2008), depressive disorders (Kleinman, 2004; Okello, 2006; Pachter, 1994) and obsessive compulsive disorder (Jacob et al., 1998; Ng et al., 2008).

Culture plays an incredibly significant role in developing beliefs about health and wellbeing. Culture also sets standards for the accepted and unaccepted means of treatment (Beiser et al., 2003; Fabrega, 1995; Ivanov, 2002; Kirmayer & Looper, 2006). Researchers (Kleinman et al., 1978) believed that illnesses are culturally constructed ways of perceiving, experiencing, and coping with sickness. They also noted that culture constructs rules about the approved ways of being ill. Depression is presented differently in Western and non-Western cultures (Marsella, 1980). The literature claims that Asians, as compared to Westerners, are less likely to utilize mental health services (Herrick & Brown, 1998; Huang & Spurgeon, 2006; Uba, 1994; C. J. Yeh, 2002; Ying & Miller, 1992). Personal and

emotional problems have not been considered so important for Asians (Mau & Jepsen, 1990). Repressing emotional vulnerability (Mau & Jepsen, 1990; Snowden & Cheung, 1990) or seeking support from family and alternative healing systems (Chong et al., 2005; Lin & Cheung, 1999; D. W. Sue & Sue, 2012; Uba, 1994; C. Yeh & Wang, 2000) are common in Asian cultures. Disclosing one's feelings with outsiders has been considered a matter of guilt and shame for the family. In traditional Chinese culture, seeking advice from an older family member and acupuncture have been the socially desired means of healing (Leung et al., 2012). Chinese, even who live in America, use the same cultural means of healing (Chen & Mak, 2008; Oian et al., 2001). Chinese living in America underutilize professional mental health services as compared to Americans (Spencer & Chen, 2004). Supernatural, astrological, and religious explanations are common in Indian culture (Chowdhury et al., 2001; Halliburton, 2003; Padmavati et al., 2005; Raguram et al., 2002; Saravanan et al., 2007) e.g. the concepts of "ghost possession", "black magic", and "sorcery" (Messent, 1992). In Indian and Pakistani cultures, many people prefer to consult with traditional healers due to their beliefs in supernatural forces (Banerjee & Roy, 1998; Kulhara et al., 2000). A study (Al-Mateen & Afzal, 2004) suggested that Pakistani Muslims considered spiritual weakness and inability to believe in God as the prime causes of depression. Collectivist family structure, a structure in which family members are interdependent on each other, is the most common family structure globally (Phinney, 1992). This structure also dominants South Asian and Muslim cultures (Dwairy, 2006). In a collectivistic family structure, one must involve the opinions of other family members for every important matter of life including issues related to mental health. Respect for elders and their opinions stays strongly crucial (Al-Mateen & Afzal, 2004). Due to the collectivistic nature of Muslim culture (Hamdan, 2009), mental health problems are usually considered private family issues. Muslim Americans (Aloud & Rathur, 2009) tend to seek psychological help from family members (21%) or a religious leader (19%) than from mental health professionals (11%). In UAE, Muslims are more inclined to seek help from families and religious healers as compared to professional practitioners (Al-Darmaki, 2003). The role of Imams, Sheikhs and other religious or spiritual healers is considered important to heal mental problems as they are considered indirect agents of God's will and facilitators of the healing process (Abu-Ras et al., 2008; Al-Krenawi & Graham, 2011; Cornish & Wade, 2010; Padela et al., 2012; Pickard & Tang, 2009; Youssef & Deane, 2006). Muslims in UK remember God or consult a religious healer to remove evil spirits from their mind (Khalifa & Hardie, 2005). A study conducted in the US (Ali et al., 2005) involved 450 mosques and their Imams. It revealed that 80% of the Imams spent enough time to address the psychological problems of Muslims including marital issues and suicidal thoughts. There are, on the other hand, several so called religious or spiritual healers whose methods of treatment are against Islam. They intend to exorcise the evil spirit causing mental problems through beating spirits to get out of client's body (Al-Krenawi & Graham, 1997). Such practices are religiously controversial and even banned in certain Muslim countries (Sabry & Vohra, 2013).

#### The apparent clash between Islam and Western psychotherapy

Religion and the Western ways for treating psychological problems have been in contradiction to each other since long. In American culture, psychiatrists have been considered less religious as compared with the rest of American population (Bergin & Jensen, 1990). This trend, however, has been changing and psychiatrists have been more religious as compared to their predecessors (Curlin, Lawrence, et al., 2007; Curlin, Odell, et al., 2007). The Psychology of Religion has been more worked

upon in the last few decades (Argyle, 2005). The applicability of western psychotherapies, however, has been seriously questioned in the non-Western cultures (Husain, 2022b; Saved, 2003; D. D. W. Sue & Sue, 2012). Psychology as a field has a history of pathologizing and victimizing minority cultures (Dana, 2002) at times intentionally, and more often unintentionally (C. R. Ridley et al., 2011). Psychologists are taught and later adopt certain models of mental health that inadvertently lead to unintentional racism in counseling and psychotherapy (C. Ridley, 2012). Psychotherapy itself is a White cultural phenomenon and that psychotherapy theories inherently include mainstream cultural values that often clash with minority values (Bernal & Scharrón-Del-Río, 2001). Religious beliefs, therefore, could be mistakenly considered as barriers in seeking professional psychological help.

The perceptions of Muslims on mental health are quite different than the Western nosology of mental health. In Islam, it is believed that Allah is the ultimate source of all the happenings in one's life including his health and illness. Muslims believe that illness is also among one of the positive methods to have close connection with Allah as it intends to purify them spiritually (Okello, 2006; Padela et al., 2012; Rassool, 2000; Shah et al., 2008; Vanaleesin S, Suttharangsee W, 2007; Ypinazar & Margolis, 2006). Mental illness can also be perceived as a test or punishment from Allah (Abu-Ras et al., 2008; Nabolsi & Carson, 2011; Rassool, 2000). The Muslims' belief in 'qadr' (destiny) remains very strong and leads to fatalism in some cases (Shah et al., 2008). Illness is considered as an opportunity to analyze the disconnection with Allah and to improve faith through regular prayer (Cinnirella & Loewenthal, 1999; Padela et al., 2012; Youssef & Deane, 2006). Deviance from the firm acceptance of Allah's ultimate dominance over the lives of His followers leads to inner disruption (Syed, 2008). The good virtues, as prescribed in Quran, lead to better mental health (Haque, 2004). Direct opposition to the teachings of Islam develop mental illnesses (Farooqi, 2006). Beliefs in Jinn, evil spirits and evil eye are quite prominent among Muslims and are tried to be authenticated by religious scriptures (Khalifa & Hardie, 2005). The belief of the existence of Jinn (evil spirits) forbids people to correlate delusions and other psychotic symptoms with mental disorders (Fakhr el-Islam, 2008). The possession of soul by bad spirits, evil curse and weakness in faith are considered prime causes for mental stress (Abu-Ras et al., 2008). Religiously, it is also difficult for Muslim men to present their women with mental problems to the medical settings (Al-Krenawi, 2005).

Muslims and believers of other faiths prefer religious practices over psychotherapy as the religious practices have proven positive outcomes for mental health. Religious practices are considered effective sources to overcome psychological problems (Koenig, 2012; Pargament & Brant, 1998; Schnittker, 2001). There is a rich literature which suggests positive associations between religiosity and psychological wellbeing (Amaro et al., 2010; Ball et al., 2003; Chatters, 2000; Ferriss, 2002; George et al., 2002; Greene & Yoon, 2004; Hackney & Sanders, 2003; Harris, 2002; Hill & Pargament, 2003; Huguelet et al., 2011; Jimenez et al., 2020; Koenig, 2009; Koszycki et al., 2010; Larson & Larson, 2003; Lewis et al., 2005; Lucchetti et al., 2011; Maselko & Kubzansky, 2006; Miller et al., 2003; Mohr et al., 2010; Moreira-Almeida et al., 2006; Pargament et al., 2000; Rew & Wong, 2006; Soydemir et al., 2004; Swinyard et al., 2001). Apart from the studies revealing positive correlations between religiosity and psychological wellbeing, there are studies which have found negative correlations between religiosity and psychopathology (Abdel-Khalek, 2002, 2006, 2007, 2008, 2009, 2010; Abdel-Khalek & Lester, 2007, 2009; Abdel-Khalek & Naceur, 2007). The effects of religious practices on mental health, however, vary from person to person (Loewenthal et al., 2001).

#### The standing of Islam on psychotherapy

The beliefs of today's Muslims are far away from the original Islamic teachings in several aspects and are mixed-up with the cultures they live in (Boroujeni et al., 2015; Syed, 2008). Islam does not deny the occurrence and treatment of mental disorders. A Muslim is never stopped to consult health practitioners for professional help. The concepts of Psychology and mental health as described in Islam are, however, quite different than the Western Psychology. A Muslim should, at first place, consult Allah and pray to avoid and combat with stress, anxiety, and depression (Al-Mubarakpuri, 1995). Moreover, as Psyche is considered soul in Islamic perspective, the psychological problems are better understood as spiritual problems (Okasha, 2001). Muslims have a rich history in which their physicians addressed the issues related to mental health, both from traditional and modern ways. The first psychiatric hospitals were built in Baghdad (705 AD), Cairo (800 AD) and Damascus (1270 AD; Murad & Gordon, 2002). The Qalaoon Hospital in Cairo was established in 14th century and had a mental illness ward which could accommodate 8000 patients. The same hospital had a research facility about mental illness (Okasha, 2005). There have been several prominent Muslim physicians e.g. Razi (d. 925 AD) who wrote a 24-volume encyclopedia of medicine and treated psychiatric patients as well (Pridmore & Pasha, 2004). Avicenna (d. 1037) is another very famous Muslim physician who wrote the famous Canon of Medicine, a 14-volume book on medicine which was used as a prominent book in Western societies for more than 700 years (Pridmore & Pasha, 2004). Since Islam has formed several forms in different cultures these days, the true Islamic culture which was present in the earlier centuries has been replaced with the local cultures of Muslim countries. These local cultures of Muslim countries are being labeled as Islamic cultures, which is not completely true. Since Muslims do believe in the supremacy of Quran as the ultimate guidance for mankind<sup>1</sup>, the current study was an effort to highlight the authentic Quranic perspective on mental health, especially for the therapists dealing with Muslim clients.

#### Method

The current study implied literature review, content analysis, contextual analysis, and thematic analysis as methods to conclude the results. The researcher reviewed Quran and identified the themes that were relevant to Clinical Psychology. Certain Quranic themes were translated in modern psychological terms. These knowledgeable themes were presented in such a manner that could ease the readers in understanding Quranic perspective on mental health and psychotherapy. All the verses of Quran are not included in the paper to avoid an unreasonable length.

# **Findings**

### The psyche

Psyche or mind is an extremely important construct in psychology. Understanding mental health's complexities and developing effective therapies are based on the study of the mind. Psyche or mind has been stated as 'nafs' in Quran and has been mentioned in two hundred and sixty-five verses. In seventy-seven verses<sup>2</sup>, the 'nafs' has specifically been mentioned for the psyche or mind. Some examples in this regard as under:

And by the human mind and by the One Who provided it with an all-dimensional poise, proportion and perfection, Then He inspired it with (discrimination between) vice and virtue, Indeed the one who purifies his (ill-commanding) self (from all vain and vicious desires and cultivates in it virtue and piousness) succeeds, But the one who corrupts himself (in sins and suppresses virtue) is doomed indeed.<sup>3</sup>

Who is charmed by his evil deeds and sees them as good (sees his evil deeds as favorable)? Then indeed, Allah misguides whomever He wants and guides whoever He wants. So, do not take your mind to them, regretting. Allah knows what they fabricate.<sup>4</sup>

And no mind can believe except with the permission of Allah; and He makes unclean (lays disgrace on) those that do not comprehend.<sup>5</sup>

We do not discomfort human *minds* beyond their capacity. And with Us is a book (a record) that speaks (shows) with truth, and they are not unjustly treated.<sup>6</sup>

And when Allah Will Say, "O Essa Son of Maryam, did you say to humankind, take my mother and me as two gods rather than Allah?" He will say, "Praise is to you! It is not for me to say what I have no right. If I had said that, then You would Know that. You Know what is in my mind, and I do not know what is in Your mind. You are the Knower of the Unseen.<sup>7</sup>

These and several other verses make it clear how vital the concept of mind is to Quran. It is important to acknowledge that the conventional translations of the Quran have predominantly rendered 'nafs' as soul. However, recent research has established that the term 'nafs' in several verses of Quran carries the same meaning as the mind (Husain, 2022a). This is also evident from analyzing the verses provided above as examples.

# The selves

Mental health and well-being are shaped by the self. A healthy self-concept, strong self-esteem, and self-efficacy improve psychological functioning and stress resilience. Negative self-perceptions or identity disturbances can lead to mental health issues, emphasizing the importance of self-related aspects in psychological assessment and treatments.

A person possesses four different selves according to Quran. These include the 'real self'<sup>8</sup>, the 'inner or personal self'<sup>9</sup>, the 'outer or social self'<sup>10</sup>, and the 'ideal self'<sup>11</sup>. Some examples of the use of the real or the divine self are as under:

Then proportionate (corrected) him and breathed into him from His soul and made hearing, and the eyesight for you, and the heart, but little do you thank Him. 12

Then "When I will make him, and fashion him harmoniously (design, proportionate sizes, shapes, requirements) and I will blow My Soul in him, then fall to prostrate to him." 13

Some examples of the use of inner or personal self are as under:

Rounds are made on them with plates of gold and glasses. In them is whatever their selves desire and pleasing to the eyes. You will live in there everlasting. <sup>14</sup>

But for whoever feared standing in front of his Rabb and held back his inclinations of the inner self's desires (temptations). <sup>15</sup>

Some examples of the use of outer or social self are as under:

No difficulty on the blind, nor the lame, nor on the sick, nor yourself if you eat from your homes, or the homes of your fathers, or homes of your mothers, or homes of your brothers, or homes of your sisters, or homes from your maternal uncles, or homes of your paternal aunties, or from homes of your maternal aunties, or from (homes) what you own the keys or your friends. There is no sin on you if you eat together or separate and when you enter the homes, say peace and blessings on your 'selves' from Allah. That is how Allah clarifies the signs for you so that you may understand.<sup>17</sup>

And the king said, "Bring him to me about this; I want to choose him for myself." And when he talked to him, he (Aziz) told him (Yousuf) honestly, "From this day, for us, you are a trustworthy resident." 18

Then fight in the path of Allah; you are not in charge except for yourself. And instigate (provoke) the believers. Perhaps Allah will restrain the wretchedness of those who are non-believers. Allah is Strong in Might and severe in exemplary punishment.<sup>19</sup>

Some examples of the use of ideal self are as under:

They prohibit this, and they are far away from this, but they are only destroying themselves, and they are not realizing.<sup>20</sup>

And If We wanted, We would have given guidance to every self, but the truth of the saying from Me: "I will fill up the Hell from the jinn and mankind altogether." <sup>21</sup>

Allah Does not Do injustice to humankind in anything, and but humankind is unjust to themselves.<sup>22</sup>

#### **Thoughts**

Thoughts shape perceptions, emotions, behaviors, and mental health. Assessing, diagnosing, and treating mental health illnesses requires understanding thought processes, biases, and habitual tendencies. Effective psychological therapy includes cognitive interventions to change maladaptive ideas and promote cognitive flexibility.

Quran reveals that thoughts are generated through different sources such as emotions<sup>23</sup>, culture and society<sup>24</sup>, devil<sup>25</sup>, angel<sup>26</sup>, other supernatural forces<sup>27</sup>, and Allah Himself<sup>28</sup>. This also reflects the limited freedom human have over their minds. Following are a few examples in this regard:

Assuredly We created man and We know (also) the doubts which his (ill-commanding) self puts (into his heart and mind). And We are nearer to him than his jugular vein. <sup>29</sup> (Al-Quran, 50:16)

From the evil of slinking whisperer (Satan) who hides himself withdrawing (from the influence of Allah's remembrance), Who whispers into the hearts of mankind, Whether he (the whispering Satan) comes from the jinn or mankind. 30

#### Intelligence

Intelligence includes cognition, problem-solving, and adaptation. Intelligence affects cognitive function, coping, and stress resilience, affecting mental health. Understanding how intelligence affects mental health can inform assessment, intervention, and support efforts to improve mental health. Intelligence is a topic that has been discussed in a detail in Quran. The prime function of psyche is intelligence which is referred in Ouran as 'galb'. Ouran discusses several cognitive processes related to such as agreement<sup>31</sup>, argumentation<sup>32</sup>, attention<sup>33</sup>, belief<sup>34</sup>, caution<sup>35</sup>, certainty<sup>36</sup>, communication<sup>37</sup>, comprehension<sup>38</sup>, delusion<sup>39</sup>, denial<sup>40</sup>, disagreement<sup>41</sup>, disbelief<sup>42</sup>, disorder<sup>43</sup>, doubt<sup>44</sup>, faulty thinking<sup>45</sup>, forgetfulness<sup>46</sup>, ignorance<sup>47</sup>, illusion<sup>48</sup>, intellectualization<sup>49</sup>, intention<sup>50</sup>, irritation<sup>51</sup>, knowledge<sup>52</sup>, perception<sup>53</sup>, prejudice<sup>54</sup>, processing<sup>55</sup>, reason<sup>56</sup>, regression<sup>57</sup>, revelation<sup>58</sup>, reversion<sup>59</sup>, satisfaction<sup>60</sup>, and suppression<sup>61</sup>. The purpose of intelligence (qalb) is to benefit the life hereafter as mentioned in all the verses related to 'galb'. 'Agl' (reason) is used as a verb / action in Ouran. It also describes different cognitive processes such as arguing<sup>62</sup>, believing<sup>63</sup>, comparing<sup>64</sup>, finding historical evidence<sup>65</sup>, perceiving<sup>66</sup>, getting in delusions<sup>67</sup>, introspecting<sup>68</sup>, learning<sup>69</sup>, listening<sup>70</sup>, modeling<sup>71</sup>, observing<sup>72</sup>, perceiving<sup>73</sup>, reading<sup>74</sup>, realizing<sup>75</sup>, reasoning<sup>76</sup>, social learning<sup>77</sup>, taking guidance<sup>78</sup>, and understanding language<sup>79</sup>. 'Foaad' (heart) has been used in Ouran as an alternative to 'galb' as 'galb' is placed in 'foaad'. Some examples of the importance on intelligence in Quran are as under:

Fie on you and (also) on these (idols) that you worship apart from Allah. Do you not then have sense?'81

And We scattered (spread out in the earth) many among the jinn and the humankind for Hell. They have hearts that do not understand. They have eyes that they do not see. They have ears that do not listen. These are like animals, but they are more misled. Those are the ignorant.<sup>82</sup>

Do they not travel on the earth, so their hearts can understand, or their ears can listen? Then, Blinds do not have a vision, but their hearts have become blinded in their chest.<sup>83</sup>

And to inform those who are given the knowledge that it is from your Rabb, and so, they believe in it, and their hearts take shelter (in confirming that this knowledge is from Allah). Allah guides believers towards the straight path.<sup>84</sup>

# The connection of a person with Allah

According to Quran, Allah is well connected with the person and the mind<sup>85</sup> and may communicate with the person<sup>86</sup>. Thoughts are dependent on Allah<sup>87</sup> and Allah is completely aware of each thought of a human<sup>88</sup>. Allah has the power to modify the thoughts of consciousness and subconsciousness silently; without brining into the notice of the person; so that the person should stay strict to the program already set for him<sup>89</sup>. This connectedness of a human with Allah has been evident in many verses. Some examples are as under:

O Believers! Whenever the Messenger (blessings and peace be upon him) calls you for some assignment that brings you (eternal) life, present yourselves (immediately), responding to Allah and His Messenger (blessings and peace be upon him) with submissiveness and obedience. And bear in mind that Allah intervenes between man and his heart (with a Glory of exclusive nearness), and that all of you will (ultimately) be gathered towards Him. 90

اَلَمْ تَرَ أَنَّ اللَّهَ يَعْلَمُ مَا فِي السَّمَاوَاتِ وَمَا فِي الْأَرْضِ مُّمَا يَكُونُ مِنْ نَجْوَىٰ ثَلَاثَةٍ إِلَّا هُوَ رَابِعُهُمْ وَلَا خَمْسَةٍ إِلَّا هُو مَعَهُمْ أَيْنَ مَا كَانُوا مُّمَّا يَبْتِنُهُمْ بِمَا عَمِلُوا يَوْمَ الْقِيَامَةِ ۖ إِنَّ اللّهَ بِكُلِّ شَيْءٍ عَلِيمٌ سَادِسُهُمْ وَلَا أَدْنَىٰ مِنْ ذَٰلِكَ وَلَا أَكْثَرَ إِلَّا هُو مَعَهُمْ أَيْنَ مَا كَانُوا مُثَمَّمُ أَيْنَ مَا كَانُوا مُثَمَّ يُنَبِّنُهُمْ بِمَا عَمِلُوا يَوْمَ الْقِيَامَةِ ۖ إِنَّ اللّهَ بِكُلِّ شَيْءٍ عَلِيمٌ سَادِسُهُمْ وَلَا أَدْنَىٰ مِنْ ذَٰلِكَ وَلَا أَكْثَرَ إِلَّا هُو مَعَهُمْ أَيْنَ مَا كَانُوا مُثَمَّ مُ اللّهَ يَعْلَمُ مِا اللّهَ بِكُلِّ شَيْءٍ عَلِيمٌ اللّهُ وَلَا أَكْثَرَ إِلّا هُو مَعَهُمْ أَيْنَ مَا كَانُوا مُثَمَّ مُ وَلَا أَنْذَى مِنْ ذَٰلِكَ وَلَا أَكْثَرَ إِلّا هُو مَعَهُمْ أَيْنَ مَا كَانُوا مُثَمَّ مُ مِنَا عَمِلُوا يَوْمَ الْقِيَامَةِ ۖ إِنَّا اللّهَ بِكُلِّ شَيْءٍ عَلِيمٌ (O man!) Do you not know that Allah knows everything full well.  $^{91}$  there earth? There is no whisper of three (men) anywhere, but He is their fourth. Nor is there any whisper of five (men) but He is the sixth of them. Nor of less or more than that but He is (always) with them wherever they are. Then on the Day of Rising He will alert them to the actions that they used to do. Surely Allah knows everything full well.

وَمَا كَانَ لِبَشَرٍ أَنْ يُكَلِّمَهُ اللَّهُ إِلَّا وَحْيًا أَوْ مِنْ وَرَاءِ حِجَابٍ أَوْ يُرْسِلَ رَسُولًا فَيُوحِيَ بِإِذْنِهِ مَا يَشَاءُ ۚ إِنَّهُ عَلِيٍّ حَكِيمٌ And every man has not (this) faculty that Allah should speak to him (directly) except that by Revelation or (should talk) from behind a veil or by sending some angel as a messenger to reveal with His permission what Allah may will. Surely, He is Most High, Most Wise. 92 (Al-Quran, 42:51)

#### The (free) will

Free will in psychology is complex and involves philosophical, scientific, and ethical issues. While discussions regarding free will persist, its relationship to mental health emphasizes the importance of agency, autonomy, and perceived control in psychological well-being and resilience.

The will power of a human is a form of psychic energy, whereas the will of Allah is the ultimate universal energy that is required for each movement within the universe<sup>93</sup>. The combination of these two energies enables human behavior to be executed<sup>94</sup>. Therefore, a human being is 'apparently' free in his will to decide about performing an act<sup>95</sup>. However, his 'free' will is influenced by several hidden and uncontrollable factors. It is obvious that a human being is not at all completely free and in control of his thoughts and actions. He is surely weak<sup>96</sup> and dependent on several internal and external forces. Allah Himself is the Creator of everything, after all<sup>97</sup>. This also includes the creation of a human's will

and behavior. Therefore, one should seek Allah's support in the performance or avoidance of any action<sup>98</sup>. The weakness of a human and the hindrances in his freedom are for the purpose of testification i.e. how well a human would perform within the limited resources and the controlled experimental environment. Life is a test from Allah for measuring gratitude<sup>99</sup>, behavior<sup>100</sup>, and intention<sup>101</sup>. Goodness and badness are for testification<sup>102</sup>. He himself is a witness in this test<sup>103</sup>. A human can just try<sup>104</sup>, and the same trial and error is being monitored. It is promised that the human being will be fully capable of accomplishing his desires in the heaven<sup>105</sup>. Some exemplary verses in relation to free will are as under:

And you cannot wish anything yourselves except what Allah wills. Indeed Allah is All-Knowing, Most Wise. 106

Allah intends to lighten your burden. And man has been created weak (and infirm). 107

Allah is the Creator of everything and He is Ever-Watchful over everything. 108

And that man (according to justice) will get only that for which he will have strived. 109

### Nature and nurture

The nature vs. nurture controversy in psychology highlights the complicated interaction between hereditary and environmental variables in human behavior and development. Understanding mental health outcomes and influencing lifelong resilience and well-being therapies requires acknowledging nature and nurture. Discussing the nature of a human, Quran highlights certain characteristics. Human beings are primarily wrongdoers, ungrateful, hopeless, vainglorious, opportunists, impatient, and venal<sup>110</sup>. However, they have chances for repentance and success<sup>111</sup> if they develop certain virtuous traits within them<sup>112</sup>.

And He has given you everything that you asked Him for and if you seek to number the favors of Allah, you will not be able to count them all. Indeed man is highly unjust and extremely ungrateful.<sup>113</sup>

Surely man has been created impatient and greedy. 114

Indeed We have created man (ever suffering) in rigors. 115 (Al-Quran, 90:4)

# إِنَّ الْإِنْسَانَ لِرَبِّهِ لَكَنُودٌ

Indeed man is most ungrateful to his Lord. 116 (Al-Quran, 100:6)

# **Psychopathology**

Psychopathology studies mental diseases, their causes, symptoms, and remedies scientifically. Researchers and practitioners study psychopathology to improve mental health diagnosis, prevention, and treatment. Regarding psychopathology and mental disorders, Ouran has provided several interlinked beliefs. According to Ouran, all the psychological problems are pre-determined<sup>117</sup> and come to human by Allah's will<sup>118</sup>. Thoughts<sup>119</sup> and behaviors<sup>120</sup> are dependent on Allah. Mental harms and mental peace are from Allah<sup>121</sup>. Devil is the prime reason for mental disorders. The justification of a devil in a person's life is to testify the person<sup>122</sup> for his intentions, desires, and feelings. The devil, although unreliable<sup>123</sup> and ungrateful<sup>124</sup>, becomes a secret companion of the person<sup>125</sup>. He observes the person secretly<sup>126</sup> and possesses some sort of additional knowledge<sup>127</sup> which the person is unaware of (until the person's dominant self is not the real self). He simply argues with the person<sup>128</sup> but cannot force the person<sup>129</sup>. The devil of a person can approach the devils of other people, and therefore, other human beings can also serve the role of devil for the person<sup>130</sup>. The devil has been confirmed to be an extremely dangerous enemy of mankind<sup>131</sup>. His main functions include deceiving the perception of the person<sup>132</sup>, inducing anxiety and obsessions into the person <sup>133</sup>, motivating the person for compulsive behaviors <sup>134</sup>, inducing fear<sup>135</sup>, disturbing the memory and concentration<sup>136</sup>, causing pain<sup>137</sup>, motivating the person for verbal abuse 138, damaging and breaking social relationships 139, motivating to harm the nature 140, inducing false hopes<sup>141</sup>, making a person to forget remembering God<sup>142</sup>, and motivating the person to disobey God<sup>143</sup>. The thoughts induced by the devil can be cleaned by God<sup>144</sup>. As a remedy, one should remember God<sup>145</sup> and seek God's help to clean the mind from Devil<sup>146</sup>. The devils will be put in hell at the end<sup>147</sup>. Some examples regarding the psychopathological understanding provided by Quran are as under:

مَا أَصَابَ مِنْ مُصِيبَةٍ فِي الْأَرْضِ وَلَا فِي أَنْفُسِكُمْ إِلَّا فِي كِتَابٍ مِنْ قَبْلِ أَنْ نَبْرَ أَهَا ۚ إِنَّ ذَٰلِكَ عَلَى اللَّهِ يَسِيرٌ No calamity occurs in the earth or in your selves but it is in a Book before We make it happen. Surely this is very easy for Allah. 148

قُلْ لَا أَمْلِكُ لِنَفْسِي ضَرَّا وَلَا نَفْعًا إِلَّا مَا شَاءَ اللَّهُ ۖ لِكُلِّ أُمَّةٍ أَجَلُ ۚ إِذَا جَاءَ أَجَلُهُمْ فَلَا يَسْتَأْخِرُونَ سَاعَةً ۖ وَلَا يَسْتَقْدِمُونَ Say: 'I am no master of any loss or profit for my own self except what Allah may will. A term is (appointed) for every Umma (Community). When their (appointed) term comes, they can neither stay behind nor advance by a single moment. '149

Assuredly Satan is your enemy, so you too keep treating him as an enemy (being his adversary). He calls his party only to make them join the inmates of Hell. 150

Surely this (informer) is Satan alone who threatens (you) through his friends. Therefore, do not fear them and fear Me alone if you are the believers. <sup>151</sup>

And that He is the One Who makes one laugh (granting delight) and makes one weep (granting grief). 152

And if Allah afflicts you with some distress, then there is none who can remove it but He. And if He intends any good for you, then there is none who can repel His Bounty. He bestows His Bounty upon whomsoever of His servants He pleases. And He is Most Forgiving, Ever-Merciful. [153] (Al-Quran, 10:107)

# Strategies to prevent and cure mental disorders

Quran has taught the followers how to get rid of mental abnormalities. Self-purification is desired to get rid of psychological problems<sup>154</sup>. Self-transcendence is the ultimate objective of life<sup>155</sup>. To prevent mental disorders, one must follow the path of self-transcendence. One has to believe in Allah and His prophet<sup>156</sup>, have confidence in Allah<sup>157</sup>, be fearless from anyone except Allah<sup>158</sup>, love Allah more than everybody and everything<sup>159</sup>, remember Allah all the times<sup>160</sup>, seek Allah's pleasure<sup>161</sup> in every action<sup>162</sup>, be grateful to Allah<sup>163</sup>, avoid following people and society blindly<sup>164</sup>, follow Quran<sup>165</sup>, avoid being emotionally attached with this life<sup>166</sup>, spend wealth on the needy<sup>167</sup>, be trustworthy for others<sup>168</sup>, forgive others<sup>169</sup>, and believe in destiny that each of the happenings comes from Allah<sup>170</sup>. To cure mental disorders, one should seek help from Allah alone<sup>171</sup> as Allah modifies and purifies the psyche<sup>172</sup>. Guidance is from Allah<sup>173</sup>. Allah gives laughter and tears<sup>174</sup>. Only Allah can remove the pain and heal<sup>175</sup>. These beliefs regarding the cure of psychological problems are significantly reflected through Quran.

Some examples are as under:

Have you not seen the people who show themselves off as pure? Nay, Allah is the One Who purifies whom He pleases and they will not be wronged even equal to a thread. (Al-Quran, 4:49)

(They are the ones) who, when afflicted with some distress, say: 'Indeed, we too are Allah's (belongings) and to Him are we to return.' 177

And do not lose heart nor feel grieved; and it is you who will be victorious, provided you maintain (perfect) faith.<sup>178</sup>

Surely those who say: 'Allah is our Lord,' then hold fast (to it) have nothing to fear, nor shall they grieve. <sup>179</sup> (Al-Quran, 46:13)

#### Discussion

The current paper is intended to educate the psychotherapists and psychological counselors on the authentic Quranic perspective on mental health. It is assumed that the findings of the current study, as presented in alliance with the terms used in modern Psychology, would build the capacity of the relevant therapists in practicing psychotherapy with Muslim clients in a more informed and educated way. The researcher reviewed Ouran from the viewpoint of Clinical Psychology and retrieved authentic references that facilitated in projecting the Ouranic perspective on mental health and psychotherapy. The findings revealed that mind, as we understand today, has been stated as 'psyche' (nafs) in Ouran. It has been mentioned at several places in Quran and has been referred to mind, inner or personal self, outer or social self, and ideal self. The real or divine self has not been mentioned under the label of psyche. It has been regarded another separate entity that is present within a person and connects the person with Allah. The sources of thoughts, according to Quran, include human emotions, society, devil, angel, supernational forces, and Allah himself. Thoughts are dependent on Allah and Allah is completely aware of each thought of a human. Allah has the power to modify the thoughts of consciousness and sub-consciousness silently; without brining into the notice of the person; so that the person should stay strict to the program already set for him. Allah is well connected with the person and the mind and may communicate with the person. The prime function of psyche, according to Quran, is to provide intelligence to the person, so that he could distinguish between right and wrong. The ability of intelligence involves several cognitive functions which Quran has discussed in a detail. The intelligence also directs a person toward the life hereafter. A human being cannot be regarded entirely free in his will as the will is dependent on several aspects that are beyond the control of a human being. This weakness of a human being is for the purpose of testifying him and he is responsible for his actions within the limits assigned to him. Human beings are primarily wrongdoers, ungrateful, hopeless, vainglorious, opportunists, impatient, and venal. However, they have chances for repentance and success if they develop certain virtuous traits within them. All the psychological problems are predetermined. Devil has a significant role in developing mental distress. Self-purification, selftranscendence, believing and following Allah, and seeking help from Allah can prevent and heal a person from mental disorders.

Having valid knowledge about the religious and cultural beliefs of the clients is a prime condition for the success of psychotherapy and counseling (Egbochuku, 2010; Jordan et al., 2014). The constructive use of religious beliefs to improve mental health of clients is not a sin in Clinical Psychology. Understanding the cultural backgrounds of clients is a Western psychotherapeutic requirement (Sperry, 2009). Establishing warmth, trust, genuineness, and empathy with the clients (Corey, 2013; Flaskas, 2004; Prochaska & Norcross, 1994; Rogers, 1957, 1958) are also seen mandatory by Western therapists. The rational-emotive-behavior therapy, the client-centered therapy, and positive therapy would not have any technical problems to discuss religious beliefs with the clients and to utilize these beliefs in the greater interest of the clients. The Quranic beliefs can be considered as agents of change or moderators in the recovery from mental disorders. The psychotherapists and psychological counselors should be aware that, for Muslims, the elements of psychopathology have been already kept in human psyche by Allah for the purpose of testifying people. Muslims must regard their psychological problems as the wish of Allah for testifying them [We will most certainly test you somewhat by means of fear and hunger and certain loss of wealth, deficiency in mind, and loss in fruits; and, (O prophet,)

give glad tidings to those who observe patience; (they are the ones) who, when afflicted with some distress, say: 'indeed, we too are Allah's (belongings) and to Him are we to return.'; it is they upon whom are bestowed successive blessings and mercy from their Lord, and it is they who are the guided ones]<sup>180</sup>. The therapists should guide their Muslim clients to refer to Quran alone in making their beliefs, instead of mixing the cultural beliefs with the religious ones. Following Quran alone can prevent from worry and grief [we said: 'leave it (the Paradise and settle in the earth) all of you, then if there comes to you Guidance from Me, whoever will follow My Guidance, neither shall any fear (obsess) them nor shall they grieve]<sup>181</sup>. A strong belief in God is required to overcome psychological problems [and do not lose heart nor feel grieved; and it is you who will be victorious, provided you maintain (perfect) faith]<sup>182</sup>. Submitting the self to God is helpful in getting rid of psychological problems [yes, of course, he who submits his face to Allah (i.e. consigns himself to Allah) and becomes a man of excellence in piety, he will find his reward with his Lord; such people will neither fear anything nor grieve]<sup>183</sup>. A Muslim should develop a strong companionship with Allah to avoid and overcome distress [beware! verily, the friends of Allah will not have any fear, nor will they grieve]<sup>184</sup>. The discussion of these primary beliefs could be followed by utilizing relevant Western psychotherapeutic techniques to find feasible clientfocused solutions. Rationalizing psychological problems and resolving them with logic and wisdom is never prohibited in Islam [and no psyche has the capability to believe (on its own) without Allah's leave, He (Allah) places the impurity of disbelief on those who do not put their reason to work (to grasp the truth)]<sup>185</sup>. The therapists should motivate the clients to believe in Allah and do feasible efforts for their betterment [and that man will get only that for which he will have strived]<sup>186</sup>. The findings of the current study, on the other hand, would also enable the therapists to counter religious fatalism and the faulty religious beliefs on mental health. They should utilize authentic Quranic perspective and propositions in combination with established Western psychotherapeutic methods. This combination would sooth the psychotherapeutic process and would ease the psychotherapists.

#### Conclusion

The stigma surrounding mental health services and the underutilization of psychotherapy stem largely from deeply ingrained societal beliefs about psychopathology and psychotherapy. Cultural and religious values play a pivotal role in shaping these beliefs, often leading to skepticism regarding the applicability of Western psychotherapeutic approaches in non-Western cultures. Addressing the mental health needs of individuals whose worldview is heavily influenced by religious beliefs necessitates a nuanced understanding of the interplay between spirituality and psychotherapy.

The present study highlights the importance of integrating religious and spiritual dimensions into psychotherapeutic practices, particularly when working with Muslim clients. By drawing upon relevant references from the Quran, therapists can incorporate fundamental beliefs about mental health to facilitate a more effective therapeutic process. Recognizing religious beliefs not as barriers but as potential catalysts for change, therapists can create a therapeutic environment that respects and integrates the values of their Muslim clients.

Based on the extensive review and analysis of Quranic perspectives on mental health within the context of modern psychology, this study provides valuable insights for psychotherapists and psychological counselors working with Muslim clients. By investigating the Quran, the primary text guiding Muslim beliefs and practices, the research has elucidated fundamental principles regarding the human psyche, cognition, and behavior.

The Quranic perspective views the psyche (nafs) as a multifaceted entity, encompassing the mind, inner self, social self, and ideal self. It acknowledges the influence of various factors on human thoughts, including emotions, societal influences, supernatural forces, and the divine connection with Allah. Furthermore, Quranic teachings underscore the role of intelligence in guiding individuals towards moral discernment and accountability.

Importantly, the study highlights the understanding of human will within the Quranic framework, emphasizing the interplay between human agency and divine decree. While individuals are endowed with free will, their actions are subject to external influences and divine guidance. These understanding challenges deterministic views of human behavior and encourages a balanced approach to addressing psychological distress.

The findings also shed light on the significance of religious beliefs in promoting mental well-being and resilience among Muslims. Quranic injunctions emphasize the importance of faith, self-purification, and seeking guidance from Allah in navigating life's challenges. By integrating Quranic principles into psychotherapeutic practice, therapists can foster a holistic approach to healing that addresses spiritual, emotional, and psychological dimensions.

Moreover, the study underscores the importance of cultural competence and sensitivity in psychotherapeutic interventions. Therapists are encouraged to engage with clients' religious and cultural beliefs, utilizing Quranic references as a resource for promoting resilience and coping strategies. By fostering trust, empathy, and collaboration, therapists can create a therapeutic alliance that honors the client's worldview and promotes healing.

In conclusion, this study serves as a bridge between Islamic teachings and modern psychological practices, offering a comprehensive framework for psychotherapeutic interventions with Muslim clients. By synthesizing Quranic wisdom with evidence-based approaches, therapists can effectively address mental health challenges while respecting the religious and cultural identity of their clients. Moving forward, continued dialogue and collaboration between religious scholars and mental health professionals are essential for advancing culturally sensitive and inclusive mental health care.

#### **Notes:**

• Numbers in the text correspond to endnotes citing Quranic verses. An endnote reference may not pertain to a particular Quranic verse. It may have several verses cited under the same endnote number. Readers are encouraged to use the endnote references with caution when exploring further, as all the verses linked in this page are not included in the text.

• This paper employs the 'Irfan-ul-Quran Translation' (https://www.irfan-ul-quran.com) with minor adjustments to better convey psychological ideas. These changes are established by prior research (Husain, 2022a). Modifications to the translated passages are provided in italics for clarity.

#### References

Abdel-Khalek, A. M. (2002). Age and sex differences for anxiety in relation to family size, birth order, and religiosity among Kuwaiti adolescents. *Psychological Reports*, *90*(3), 1031–1036. https://doi.org/10.2466/pr0.2002.90.3.1031

Abdel-Khalek, A. M. (2006). Happiness, health, and religiosity: Significant relations. *Mental Health, Religion and Culture*, 9(1), 85–97. https://doi.org/10.1080/13694670500040625

Abdel-Khalek, A. M. (2007). Religiosity, happiness, health, and psychopathology in a probability sample of Muslim adolescents. *Mental Health, Religion and Culture*, 10(6), 571–583. https://doi.org/10.1080/13674670601034547

Abdel-Khalek, A. M. (2008). Religiosity, health, and well-being among Kuwaiti personnel. *Psychological Reports*, 102(1), 181–184. https://doi.org/10.2466/PR0.102.1.181-184

- Abdel-Khalek, A. M. (2009). Religiosity, subjective well-being, and depression in Saudi children and adolescents. *Mental Health, Religion & Culture*, *12*(8), 803–815. https://doi.org/10.1080/13674670903006755
- Abdel-Khalek, A. M. (2010). Religiosity, subjective well-being, and neuroticism. *Mental Health, Religion and Culture*, 13(1), 67–79. https://doi.org/10.1080/13674670903154167
- Abdel-Khalek, A. M., & Lester, D. (2007). Religiosity, health, and psychopathology in two cultures: Kuwait and USA. *Mental Health, Religion and Culture*, 10(5), 537–550. https://doi.org/10.1080/13674670601166505
- Abdel-Khalek, A. M., & Lester, D. (2009). A significant association between religiosity and happiness in a sample of Kuwaiti students. *Psychological Reports*, *105*(2), 381–382. https://doi.org/10.2466/PR0.105.2.381-382
- Abdel-Khalek, A. M., & Naceur, F. (2007). Religiosity and its association with positive and negative emotions among college students from Algeria. *Mental Health, Religion and Culture*, 10(2), 159–170. https://doi.org/10.1080/13694670500497197
- Abou-Saleh, M. T., Ghubash, R., & Daradkeh, T. K. (2001). Al ain community psychiatric survey. I. Prevalence and socio-demographic correlates. *Social Psychiatry and Psychiatric Epidemiology*, 36(1), 20–28. https://doi.org/10.1007/s001270050286
- Abu-Ras, W., Gheith, A., & Cournos, F. (2008). The imam's role in mental health promotion: A study at 22 Mosques in New York City's Muslim community. *Journal of Muslim Mental Health*, 3(2), 155–176. https://doi.org/10.1080/15564900802487576
- Al-Darmaki, F. R. (2003). Attitudes towards seeking professional psychological help: What really counts for United Arab Emirates University students? *Social Behavior and Personality*, *31*(5), 497–508. https://doi.org/10.2224/sbp.2003.31.5.497
- Al-Krenawi, A. (2005). Mental health practice in Arab countries. *Current Opinion in Psychiatry*, 18(5), 560–564. https://doi.org/10.1097/01.yco.0000179498.46182.8b
- Al-Krenawi, A., & Graham, J. R. (1997). Spirit possession and exorcism in the treatment of a bedouin psychiatric patient. *Clinical Social Work Journal*, 25(2), 211–222. https://doi.org/10.1023/A:1025714626136
- Al-Krenawi, A., & Graham, J. R. (2000). Culturally sensitive social work practice with Arab clients in mental health settings. *Health and Social Work*, 25(1), 9–22. https://doi.org/10.1093/hsw/25.1.9
- Al-Krenawi, A., & Graham, J. R. (2011). Mental health help-seeking among Arab university students in Israel, differentiated by religion. *Mental Health, Religion and Culture*, *14*(2), 157–167. https://doi.org/10.1080/13674670903454229
- Al-Mateen, C. S., & Afzal, A. (2004). The Muslim child, adolescent, and family. *Child and Adolescent Psychiatric Clinics of North America*, 13(1), 183–200. https://doi.org/10.1016/S1056-4993(03)00071-3
- Al-Mubarakpuri, S. R. (1995). Ar-Raheeq Al-Makhtum (The Sealed Nectar). Maktaba Dar-us-Salam

- Publishers.
- Ali, O. M., Milstein, G., & Marzuk, P. M. (2005). The Imam's role in meeting the counseling needs of Muslim communities in the United States. *Psychiatric Services*, *56*(2), 202–205. https://doi.org/10.1176/appi.ps.56.2.202
- Almutairi, A. F. (2015). Mental illness in Saudi Arabia: An overview. *Psychology Research and Behavior Management*, *8*, 47–49. https://doi.org/10.2147/PRBM.S79268
- Alonso, J., Buron, A., Bruffaerts, R., He, Y., Posada-Villa, J., Lepine, J. P., Angermeyer, M. C., Levinson, D., De Girolamo, G., Tachimori, H., Mneimneh, Z. N., Medina-Mora, M. E., Ormel, J., Scott, K. M., Gureje, O., Haro, J. M., Gluzman, S., Lee, S., Vilagut, G., ... Von Korff, M. (2008). Association of perceived stigma and mood and anxiety disorders: Results from the World Mental Health Surveys. *Acta Psychiatrica Scandinavica*, *118*(4), 305–314. https://doi.org/10.1111/j.1600-0447.2008.01241.x
- Aloud, N., & Rathur, A. (2009). Factors affecting attitudes toward seeking and using formal mental health and psychological services among Arab Muslim populations. *Journal of Muslim Mental Health*, 4(2), 79–103. https://doi.org/10.1080/15564900802487675
- Amaro, H., Magno-Gatmaytan, C., Meléndez, M., Cortés, D. E., Arevalo, S., & Margolin, A. (2010). Addiction treatment intervention: An uncontrolled prospective pilot study of spiritual self-schema therapy with Latina women. *Substance Abuse*, *31*(2), 117–125. https://doi.org/10.1080/08897071003641602
- Angermeyer, M. C., Matschinger, H., & Riedel-Heller, S. G. (1999). Whom to ask for help in case of a mental disorder? Preferences of the lay public. *Social Psychiatry and Psychiatric Epidemiology*, 34(4), 202–210. https://doi.org/10.1007/s001270050134
- Argyle, M. (2005). Psychology and religion: An introduction. In *Psychology and Religion: An Introduction*. Routledge. https://doi.org/10.4324/9780203980453
- Ball, J., Armistead, L., & Austin, B. J. (2003). The relationship between religiosity and adjustment among African-American, female, urban adolescents. *Journal of Adolescence*, 26(4), 431–446. https://doi.org/10.1016/S0140-1971(03)00037-X
- Banerjee, G., & Roy, S. (1998). Determinants of help-seeking behaviour of families of schizophrenic patients attending a teaching hospital in India: An indigenous explanatory model. *International Journal of Social Psychiatry*, 44(3), 199–214. https://doi.org/10.1177/002076409804400306
- Bebbington, P. E., Meltzer, H., Brugha, T. S., Farrell, M., Jenkins, R., Ceresa, C., & Lewis, G. (2000). Unequal access and unmet need: Neurotic disorders and the use of primary care services. *Psychological Medicine*, *30*(6), 1359–1367. https://doi.org/10.1017/S0033291799002950
- Beiser, M., Simich, L., & Pandalangat, N. (2003). Community in Distress: Mental Health Needs and Help-seekingin the Tamil Community in Toronto. *International Migration*, *41*(5), 233–245. https://doi.org/10.1111/j.0020-7985.2003.00268.x
- Bergin, A. E., & Jensen, J. P. (1990). Religiosity of psychotherapists: A national survey. *Psychotherapy*, 27(1), 3–7. https://doi.org/10.1037/0033-3204.27.1.3

- Bernal, G., & Scharrón-Del-Río, M. R. (2001). Are empirically supported treatments valid for ethnic minorities? Toward an alternative approach for treatment research \_net. *Cultural Diversity and Ethnic Minority Psychology*, 7(4), 328–342. https://doi.org/10.1037/1099-9809.7.4.328
- Blair, E. H., Seo, D. C., Torabi, M. R., & Kaldahl, M. A. (2004). Safety beliefs and safe behavior among Midwestern college students. *Journal of Safety Research*, *35*(2), 131–140. https://doi.org/10.1016/j.isr.2003.11.003
- Boroujeni, A. A. J., Roohani, A., & Hasanimanesh, A. (2015). The Impact of Extroversion and Introversion Personality Types on EFL Learners' Writing Ability. *Theory and Practice in Language Studies*, 5(1), 212. https://doi.org/10.17507/tpls.0501.29
- Chatters, L. M. (2000). Religion and health: Public health research and practice. *Annual Review of Public Health*, 21(1), 335–367. https://doi.org/10.1146/annurev.publhealth.21.1.335
- Chen, S. X., & Mak, W. W. S. (2008). Seeking Professional Help: Etiology Beliefs About Mental Illness Across Cultures. *Journal of Counseling Psychology*, *55*(4), 442–450. https://doi.org/10.1037/a0012898
- Chong, S. A., Mythily, Lum, A., Chan, Y. H., & McGorry, P. (2005). Determinants of duration of untreated psychosis and the pathway to care in Singapore. *International Journal of Social Psychiatry*, *51*(1), 55–62. https://doi.org/10.1177/0020764005053278
- Chowdhury, A. N., Chakraborty, A. K., & Weiss, M. G. (2001). Community mental health and concepts of mental illness in the Sundarban Delta of West Bengal, India. *Anthropology and Medicine*, 8(1), 109–129. https://doi.org/10.1080/13648470120063924
- Cinnirella, M., & Loewenthal, K. M. (1999). Religious and ethnic group influences on beliefs about mental illness: A qualitative interview study. *British Journal of Medical Psychology*, 72(4), 505–524. https://doi.org/10.1348/000711299160202
- Corey, G. (2013). *Theory and practice of counseling and psychotherapy*. Cengage learning. https://books.google.com.pk/books?id=2YcJAAAAQBAJ
- Cornish, M. A., & Wade, N. G. (2010). Spirituality and Religion in Group Counseling: A Literature Review With Practice Guidelines. *Professional Psychology: Research and Practice*, 41(5), 398–404. https://doi.org/10.1037/a0020179
- Curlin, F. A., Lawrence, R. E., Odell, S., Chin, M. H., Lantos, J. D., Koenig, H. G., & Meador, K. G. (2007). Religion, spirituality, and medicine: Psychiatrists' and other physicians' differing observations, interpretations, and clinical approaches. *American Journal of Psychiatry*, *164*(12), 1825–1831. https://doi.org/10.1176/appi.ajp.2007.06122088
- Curlin, F. A., Odell, S. V, Lawrence, R. E., Chin, M. H., Lantos, J. D., Meador, K. G., & Koenig, H. G. (2007). The relationship between psychiatry and religion among U.S. physicians. *Psychiatric Services*, 58(9), 1193–1198. https://doi.org/10.1176/ps.2007.58.9.1193
- Dana, R. H. (2002). Mental health services for African Americans: A cultural/racial perspective. *Cultural Diversity and Ethnic Minority Psychology*, 8(1), 3–18. https://doi.org/10.1037/1099-9809.8.1.3

- Douki, S., Ben Zineb, S., Nacef, F., & Halbreich, U. (2007). Women's mental health in the Muslim world: Cultural, religious, and social issues. *Journal of Affective Disorders*, 102(1–3), 177–189. https://doi.org/10.1016/j.jad.2006.09.027
- Dwairy, M. (2006). Counseling and Psychotherapy with Arabs and Muslims. Teachers College Press.
- Eagly, A. H., & Chaiken, S. (1998). Attitude structure and function. In & G. L. D. T. Gilbert, S. T. Fiske (Ed.), *The handbook of social psychology* (pp. 269–322). McGraw-Hill.
- Egbochuku, E. (2010). Counselling Communication Skills: Its Place In The Training Programme Of A Counselling Psychologist. *Edo Journal of Counselling*, *1*(1). https://doi.org/10.4314/ejc.v1i1.52380
- Fabrega, H. (1995). Cultural challenges to the psychiatric enterprise. *Comprehensive Psychiatry*, *36*(5), 377–383. https://doi.org/10.1016/S0010-440X(95)90119-1
- Fakhr el-Islam, M. (2008). Arab Culture and Mental Health Care. *Transcultural Psychiatry*, 45(4), 671–682. https://doi.org/10.1177/1363461508100788
- Farooqi, Y. N. (2006). Understanding Islamic Perspective of Mental Health and Psychotherapy. *Journal of Psychology in Africa*, 16(1), 101–111. https://doi.org/10.1080/14330237.2006.10820109
- Ferriss, A. (2002). Religion and the Quality of Life. *Journal of Happiness Studies*, *3*(3), 199–215. https://doi.org/10.1023/A:1020684404438
- Flaskas, C. (2004). Thinking about the Therapeutic Relationship: Emerging Themes in Family Therapy. *Australian and New Zealand Journal of Family Therapy*, 25(1). https://doi.org/10.1002/j.1467-8438.2004.tb00574.x
- George, L. K., Ellison, C. G., & Larson, D. B. (2002). Explaining the relationships between religious involvement and health. *Psychological Inquiry*, *13*(3), 190–200. https://doi.org/10.1207/S15327965PLI1303\_04
- Ghanem, M., Gadallah, M., Meky, F. A., Mourad, S., & El-Kholy, G. (2009). National survey of prevalence of mental disorders in Egypt: Preliminary survey. *Eastern Mediterranean Health Journal*, *15*(1), 65–75. https://doi.org/10.26719/2009.15.1.65
- Greenberg, M. D., Morral, A. R., & Jain, A. K. (2005). Drink-driving and DUI recidivists' attitudes and beliefs: A longitudinal analysis. *Journal of Studies on Alcohol*, 66(5), 640–647. https://doi.org/10.15288/jsa.2005.66.640
- Greene, K. V, & Yoon, B. J. (2004). Religiosity, economics and life satisfaction. *Review of Social Economy*, 62(2), 245–261. https://doi.org/10.1080/00346760410001684460
- Hackney, C. H., & Sanders, G. S. (2003). Religiosity and Mental Health: A Meta-Analysis of Recent Studies. *Journal for the Scientific Study of Religion*, 42(1), 43–55. https://doi.org/10.1111/1468-5906.t01-1-00160
- Halliburton, M. (2003). The importance of a pleasant process of treatment: Lessons on healing from

- south India. *Culture, Medicine and Psychiatry*, 27(2), 161–186. https://doi.org/10.1023/A:1024222008118
- Hamdan, A. (2009). Mental health needs of Arab women. *Health Care for Women International*, 30(7), 593–611. https://doi.org/10.1080/07399330902928808
- Haque, A. (2004). Religion and mental health: The case of American Muslims. *Journal of Religion and Health*, 43(1), 45–58. https://doi.org/10.1023/B:JORH.0000009755.25256.71
- Harris, S. J. (2002). Religiosity and psychological well-being among older adults: A meta-analysis. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 63(6-B), 3008.
- Herrick, C. A., & Brown, H. N. (1998). Underutilization of mental health services by Asian-Americans residing in the United States. *Issues in Mental Health Nursing*, *19*(3), 225–240. https://doi.org/10.1080/016128498249042
- Hill, P. C., & Pargament, K. I. (2003). Advances in the Conceptualization and Measurement of Religion and Spirituality: Implications for Physical and Mental Health Research. *American Psychologist*, 58(1), 64–74. https://doi.org/10.1037/0003-066X.58.1.64
- Huang, S. L., & Spurgeon, A. (2006). The mental health of Chinese immigrants in Birmingham, UK. *Ethnicity and Health*, 11(4), 365–387. https://doi.org/10.1080/13557850600824161
- Huguelet, P., Mohr, S., Betrisey, C., Borras, L., Gillieron, C., Marie, A. M., Rieben, I., Perroud, N., & Brandt, P. Y. (2011). A randomized trial of spiritual assessment of outpatients with schizophrenia: Patients' and clinicians' experience. *Psychiatric Services*, 62(1), 79–86. https://doi.org/10.1176/ps.62.1.pss6201\_0079
- Husain, W. (2018). Prevalent Tendencies for Mental Disorders in Pakistan. *Clínica y Salud*, 29(1), 34–38. https://doi.org/10.5093/clysa2018a6
- Husain, W. (2020). Barriers in Seeking Psychological Help: Public Perception in Pakistan. *Community Mental Health Journal*, *56*(1), 75–78. https://doi.org/10.1007/s10597-019-00464-y
- Husain, W. (2022a). It's time to translate the Quranic words, Nafs & Qalb as referring to Mind & Intelligence. *ISLAMIYYAT-The International Journal of Islamic Studies*, 44(2), 77–95. https://doi.org/10.17576/islamiyyat-2022-4402-06
- Husain, W. (2022b). Components of psychosocial health. *Health Education*, *122*(4), 387–401. https://doi.org/10.1108/HE-05-2021-0084
- Husain, W., & Faize, F. A. (2020). Public awareness of psychological problems in Pakistan. *Mental Health Review Journal*, 25(1), 35–45. https://doi.org/10.1108/MHRJ-09-2019-0033
- Husain, W., Gulzar, A., & Tofail, S. (2016). How Pakistanis Cope with Stress? *Pakistan Perspectives*, 21(2), 189–206.
- Husain, W., Ijaz, F., Husain, M. A., Zulfiqar, M., & Khalique, J. (2024). Simplifying the understanding and measurement of mental disorders thru a comprehensive framework of psychosocial health. *OBM Integrative and Complementary Medicine*, *9*(1), 011.

- http://dx.doi.org/10.21926/obm.icm.2401011
- Ivanov, L. L. (2002). Health care utilization patterns of Russian-speaking immigrant women across age groups. *Journal of Immigrant Health*, 4(1), 17–27. https://doi.org/10.1023/A:1013055110631
- Jacob, K. S., Bhugra, D., Lloyd, K. R., & Mann, A. H. (1998). Common mental disorders, explanatory models and consultation behaviour among Indian women living in the UK. *Journal of the Royal Society of Medicine*, *91*(2), 66–71. https://doi.org/10.1177/014107689809100204
- Jimenez, T., Bultmann, M. N., & Arndt, J. (2020). Religion and health: building existential bridges. In *The Science of Religion, Spirituality, and Existentialism*. INC. https://doi.org/10.1016/b978-0-12-817204-9.00032-9
- Joel, D., Sathyaseelan, M., Jayakaran, R., Vijayakumar, C., Muthurathnam, S., & Jacob, K. S. (2003). Explanatory models of psychosis among community health workers in South India. *Acta Psychiatrica Scandinavica*, 108(1), 66–69. https://doi.org/10.1034/j.1600-0447.2003.01327.x
- Jordan, R. A., Kiweewa, J. M., Clingerman, T., John, S., & College, F. (2014). Counselor as client: Emerging answers and new questions. *The Practitioner Scholar: Journal of Counseling in Professional Psychology*, 3(2007).
- Jorm, A. F., Korten, A. E., Jacomb, P. A., Christensen, H., Rodgers, B., & Pollitt, P. (1997). "Mental health literacy": A survey of the public's ability to recognise mental disorders and their beliefs about the effectiveness of treatment. *Medical Journal of Australia*, *166*(4), 182–186. https://doi.org/10.5694/j.1326-5377.1997.tb140071.x
- Kadri, N., Manoudi, F., Berrada, S., & Moussaoui, D. (2004). Stigma impact on Moroccan families of patients with schizophrenia. *Canadian Journal of Psychiatry*, 49(9), 625–629. https://doi.org/10.1177/070674370404900909
- Kessler, R. C., Berglund, P., Demler, O., Jin, R., Koretz, D., Merikangas, K. R., Rush, A. J., Walters, E. E., & Wang, P. S. (2003). The Epidemiology of Major Depressive Disorder: Results from the National Comorbidity Survey Replication (NCS-R). *Journal of the American Medical Association*, 289(23), 3095–3105. https://doi.org/10.1001/jama.289.23.3095
- Kessler, R. C., Demler, O., Frank, R. G., Olfson, M., Pincus, H. A., Walters, E. E., Wang, P., Wells, K. B., & Zaslavsky, A. M. (2005). Prevalence and Treatment of Mental Disorders, 1990 to 2003. New England Journal of Medicine, 352(24), 2515–2523. https://doi.org/10.1056/nejmsa043266
- Khalifa, N., & Hardie, T. (2005). Possession and Jinn. *Journal of the Royal Society of Medicine*, 98(8), 351–353. https://doi.org/10.1177/014107680509800805
- Kirmayer, L. J., & Looper, K. J. (2006). Abnormal illness behaviour: Physiological, psychological and social dimensions of coping with distress. *Current Opinion in Psychiatry*, *19*(1), 54–60. https://doi.org/10.1097/01.yco.0000194810.76096.f2
- Kleinman, A. (2004). Culture and Depression. *New England Journal of Medicine*, *351*(10), 951–953. https://doi.org/10.1056/nejmp048078
- Kleinman, A., Eisenberg, L., & Good, B. (1978). Culture, illness, and care. Clinical lessons from

- anthropologic and cross-cultural research. *Annals of Internal Medicine*, 88(2), 251–258. https://doi.org/10.7326/0003-4819-88-2-251
- Koenig, H. G. (2009). Research on religion, spirituality, and mental health: A review. *Canadian Journal of Psychiatry*, *54*(5), 283–291. https://doi.org/10.1177/070674370905400502
- Koenig, H. G. (2012). Religion, Spirituality, and Health: The Research and Clinical Implications. *ISRN Psychiatry*, 2012, 1–33. https://doi.org/10.5402/2012/278730
- Kohn, R., Saxena, S., Levav, I., & Saraceno, B. (2004). The treatment gap in mental health care. Bulletin of the World Health Organization, 82(11), 858–866. https://doi.org//S0042-96862004001100011
- Koszycki, D., Raab, K., Aldosary, F., & Bradwejn, J. (2010). A multifaith spiritually based intervention for generalized anxiety disorder: a pilot randomized trial. *Journal of Clinical Psychology*, n/a----n/a. https://doi.org/10.1002/jclp.20663
- Kulhara, P., Avasthi, A., & Sharma, A. (2000). Magico-religious beliefs in schizophrenia: A study from North India. *Psychopathology*, *33*(2), 62–68. https://doi.org/10.1159/000029122
- Larson, D. B., & Larson, S. S. (2003). Spirituality's potential relevance to physical and emotional health: A brief review of quantitative research. *Journal of Psychology and Theology*, *31*(1), 37–51. https://doi.org/10.1177/009164710303100104
- Leung, P., Cheung, M., & Tsui, V. (2012). Help-seeking behaviors among Chinese Americans with depressive symptoms. *Social Work (United States)*, *57*(1), 61–71. https://doi.org/10.1093/sw/swr009
- Lewis, C. A., Maltby, J., & Day, L. (2005). Religious orientation, religious coping and happiness among UK adults. *Personality and Individual Differences*, *38*(5), 1193–1202. https://doi.org/10.1016/j.paid.2004.08.002
- Lin, K. M., & Cheung, F. (1999). Mental health issues for Asian Americans. *Psychiatric Services*, 50(6), 774–780. https://doi.org/10.1176/ps.50.6.774
- Loewenthal, K. M., Cinnirella, M., Evdoka, G., & Murphy, P. (2001). Faith conquers all? Beliefs about the role of religious factors in coping with depression among different cultural-religious groups in the UK. *British Journal of Medical Psychology*, 74(3), 293–303. https://doi.org/10.1348/000711201160993
- Lucchetti, G., Lucchetti, A. L. G., Badan-Neto, A. M., Peres, P. T., Peres, M. F. P., Moreira-Almeida, A., Gomes, C., & Koenig, H. G. (2011). Religiousness affects mental health, pain and quality of life in older people in an outpatient rehabilitation setting. *Journal of Rehabilitation Medicine*, 43(4), 316–322. https://doi.org/10.2340/16501977-0784
- Mackenzie, C. S., Gekoski, W. L., & Knox, V. J. (2006). Age, gender, and the underutilization of mental health services: The influence of help-seeking attitudes. *Aging and Mental Health*, *10*(6), 574–582. https://doi.org/10.1080/13607860600641200
- Marsella, A. J. (1980). Depressive experience and disorder across cultures. Handbook of Cross-

- Cultural Psychology (Volume V), 5, 237–289.
- Maselko, J., & Kubzansky, L. D. (2006). Gender differences in religious practices, spiritual experiences and health: Results from the US General Social Survey. *Social Science and Medicine*, 62(11), 2848–2860. https://doi.org/10.1016/j.socscimed.2005.11.008
- Mau, W. -C, & Jepsen, D. A. (1990). Help-Seeking Perceptions and Behaviors: A Comparison of Chinese and American Graduate Students. *Journal of Multicultural Counseling and Development*, 18(2), 94–104. https://doi.org/10.1002/j.2161-1912.1990.tb00439.x
- Messent, P. (1992). Working with Bangladeshi families in the East End of London. *Journal of Family Therapy*, *14*(3), 287–304. https://doi.org/10.1046/j..1992.00461.x
- Miller, R. B., Yorgason, J. B., Sandberg, J. G., & White, M. B. (2003). Problems that couples bring to therapy: A view across the family life cycle. *American Journal of Family Therapy*, *31*(5), 395–407. https://doi.org/10.1080/01926180390223950
- Mohr, S., Borras, L., Betrisey, C., Pierre-Yves, B., Gilliéron, C., & Huguelet, P. (2010). Delusions with religious content in patients with psychosis: How they interact with spiritual coping. *Psychiatry*, 73(2), 158–172. https://doi.org/10.1521/psyc.2010.73.2.158
- Moreira-Almeida, A., Neto, F. L., & Koenig, H. G. (2006). Religiousness and mental health: A review. *Revista Brasileira de Psiquiatria*, 28(3), 242–250. https://doi.org/10.1590/s1516-44462006005000006
- Murad, I., & Gordon, H. (2002). Psychiatry and the Palestinian population. *Psychiatric Bulletin*, 26(1), 28–30. https://doi.org/10.1192/pb.26.1.28
- Nabolsi, M. M., & Carson, A. M. (2011). Spirituality, illness and personal responsibility: The experience of Jordanian Muslim men with coronary artery disease. *Scandinavian Journal of Caring Sciences*, 25(4), 716–724. https://doi.org/10.1111/j.1471-6712.2011.00882.x
- Ng, T. P., Jin, A. Z., Ho, R., Chua, H. C., Fones, C. S. L., & Lim, L. (2008). Health beliefs and help seeking for depressive and anxiety disorders among urban Singaporean adults. *Psychiatric Services*, *59*(1), 105–108. https://doi.org/10.1176/ps.2008.59.1.105
- Okasha, A. (2001). Egyptian contribution to the concept of mental health. *Eastern Mediterranean Health Journal*, 7(3), 377–380.
- Okasha, A. (2005). Mental health in Egypt. *Israel Journal of Psychiatry and Related Sciences*, 42(2), 116–125.
- Okello, E. S. (2006). Cultural explanatory models of depression in Uganda. In *Karolinska University Press*. Institutionen för klinisk neurovetenskap/Department of Clinical Neuroscience. https://openarchive.ki.se/xmlui/bitstream/handle/10616/37796/thesis.pdf?sequence=1
- Pachter, L. M. (1994). Culture and Clinical Care: Folk Illness Beliefs and Behaviors and Their Implications for Health Care Delivery. *JAMA: The Journal of the American Medical Association*, 271(9), 690–694. https://doi.org/10.1001/jama.1994.03510330068036

- Padela, A. I., Killawi, A., Forman, J., Demonner, S., & Heisler, M. (2012). American muslim perceptions of healing: Key agents in healing, and their roles. *Qualitative Health Research*, 22(6), 846–858. https://doi.org/10.1177/1049732312438969
- Padmavati, R., Thara, R., & Corin, E. (2005). A qualitative study of religious practices by chronic mentally ill and their caregivers in South India. *International Journal of Social Psychiatry*, *51*(2), 139–149. https://doi.org/10.1177/0020764005056761
- Pargament, K. I., & Brant, C. R. (1998). Religion and coping. In *Handbook of Religion and Mental Health* (pp. 111–128). Elsevier. https://doi.org/10.1016/b978-012417645-4/50075-4
- Pargament, K. I., Koenig, H. G., & Perez, L. M. (2000). The many methods of religious coping: Development and initial validation of the RCOPE. *Journal of Clinical Psychology*, *56*(4), 519–543. https://doi.org/10.1002/(SICI)1097-4679(200004)56:4<519::AID-JCLP6>3.0.CO;2-1
- Phillips, M. R., Li, Y., Stroup, T. S., Xin, L., Yongyun, L. I., Scott Stroup, T., & Xin, L. (2000). Causes of schizophrenia reported by patients' family members in China. *British Journal of Psychiatry*, 177(1), 20–25. https://doi.org/10.1192/bjp.177.1.20
- Phinney, J. S. (1992). The Multigroup Ethnic Identity Measure: A New Scale for Use with Diverse Groups. *Journal of Adolescent Research*, 7(2), 156–176. https://doi.org/10.1177/074355489272003
- Pickard, J. G., & Tang, F. (2009). Older adults seeking mental health counseling in a NORC. *Research on Aging*, *31*(6), 638–660. https://doi.org/10.1177/0164027509343539
- Pridmore, S., & Pasha, M. I. (2004). Psychiatry and Islam. *Australasian Psychiatry*, *12*(4), 380–385. https://doi.org/10.1080/j.1440-1665.2004.02131.x
- Prochaska, J. O., & Norcross, J. C. (1994). Systems of psychotherapy: A transtheoretical analysis, 3rd ed. *Systems of Psychotherapy: A Transtheoretical Analysis, 3rd Ed.*
- Qian, M., Smith, C. W., Chen, Z., & Xia, G. (2001). Psychotherapy in China: A Review of Its History and Contemporary Directions. *International Journal of Mental Health*, *30*(4), 49–68. https://doi.org/10.1080/00207411.2001.11449532
- Raguram, R., Venkateswaran, A., Ramakrishna, J., & Weiss, M. G. (2002). Traditional community resources for mental health: A report of temple healing from India. *British Medical Journal*, *325*(7354), 38–40. https://doi.org/10.1136/bmj.325.7354.38
- Rassool, G. H. (2000). The crescent and Islam: Healing, nursing and the spiritual dimension. Some considerations towards an understanding of the Islamic perspectives on caring. *Journal of Advanced Nursing*, *32*(6), 1476–1484. https://doi.org/10.1046/j.1365-2648.2000.01614.x
- Rew, L., & Wong, Y. J. (2006). A systematic review of associations among religiosity/spirituality and adolescent health attitudes and behaviors. *Journal of Adolescent Health*, *38*(4), 433–442. https://doi.org/10.1016/j.jadohealth.2005.02.004
- Ridley, C. (2012). Overcoming Unintentional Racism in Counseling and Therapy: A Practitioner's Guide to Intentional Intervention. In *Overcoming Unintentional Racism in Counseling and*

- *Therapy: A Practitioner's Guide to Intentional Intervention* (Vol. 5). Sage publications. https://doi.org/10.4135/9781452204468
- Ridley, C. R., Mollen, D., & Kelly, S. M. (2011). Beyond Microskills: Toward a Model of Counseling Competence. *The Counseling Psychologist*, *39*(6), 825–864. https://doi.org/10.1177/0011000010378440
- Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, 21(2). https://doi.org/10.1037/h0045357
- Rogers, C. R. (1958). The characteristics of a helping relationship. *The Personnel and Guidance Journal*, *37*(1). https://doi.org/10.1002/j.2164-4918.1958.tb01147.x
- Sabry, W. M., & Vohra, A. (2013). Role of Islam in the management of Psychiatric disorders. *Indian Journal of Psychiatry*, *55*, 205. https://doi.org/10.4103/0019-5545.105534
- Saravanan, B., Jacob, K. S., Johnson, S., Prince, M., Bhugra, D., & David, A. S. (2007). Belief models in first episode schizophrenia in South India. *Social Psychiatry and Psychiatric Epidemiology*, 42(6), 446–451. https://doi.org/10.1007/s00127-007-0186-z
- Saved, M. A. (2003). Psychotherapy of Arab patients in the West: Uniqueness, empathy, and "otherness." *American Journal of Psychotherapy*, *57*(4), 445–459. https://doi.org/10.1176/appi.psychotherapy.2003.57.4.445
- Schnittker, J. (2001). When is faith enough? The effects of religious involvement on depression. *Journal for the Scientific Study of Religion*, 40(3), 393–411. https://doi.org/10.1111/0021-8294.00065
- Shah, S. M., Ayash, C., Pharaon, N. A., & Gany, F. M. (2008). Arab American immigrants in New York: Health Care and cancer knowledge, attitudes, and beliefs. *Journal of Immigrant and Minority Health*, 10(5), 429–436. https://doi.org/10.1007/s10903-007-9106-2
- Snowden, L. R., & Cheung, F. K. (1990). Use of inpatient mental health services by members of ethnic minority groups. *American Psychologist*, 45(3), 347–355. https://doi.org/10.1037/0003-066X.45.3.347
- Soydemir, G. A., Bastida, E., & Gonzalez, G. (2004). The impact of religiosity on self-assessments of health and happiness: Evidence from the US Southwest. *Applied Economics*, *36*(7), 665–672. https://doi.org/10.1080/0003684042000222052
- Spencer, M. S., & Chen, J. (2004). Effect of Discrimination on Mental Health Service Utilization among Chinese Americans. *American Journal of Public Health*, *94*(5), 809–814. https://doi.org/10.2105/AJPH.94.5.809
- Sperry, L. (2009). Highly Effective Therapy: Developing Essential Clinical Competencies in Counseling and Psychotherapy. In *Highly Effective Therapy: Developing Essential Clinical Competencies in Counseling and Psychotherapy*. https://doi.org/10.4324/9780203869963
- Srinivasan, T. N., & Thara, R. (2001). Beliefs about causation of schizophrenia: Do Indian families believe in supernatural causes? *Social Psychiatry and Psychiatric Epidemiology*, *36*(3), 134–140.

- https://doi.org/10.1007/s001270050302
- Sue, D. D. W., & Sue, D. D. W. (2012). Counseling the culturally diverse: Theory and practice. *Adolescence*, 5th, 200–201. http://amberton.mylifeblue.com/media/Syllabi/Winter
- Sue, D. W., & Sue, D. (2012). Counseling the culturally diverse: Theory and practice. *Adolescence*, 5th, 200–201. http://amberton.mylifeblue.com/media/Syllabi/Winter 2015/Graduate/CSL6832\_E1.pdf
- Swinyard, W., Kau, A.-K., & Phua, H.-Y. (2001). Happiness, Materialism, and Religious Experience in the US AND Singapore. *Journal of Happiness Studies*, 2(1), 13–32. https://doi.org/10.1023/A:1011596515474
- Syed, K. T. (2008). Misconceptions about human rights and women's rights in Islam. *Interchange*, 39(2), 245–257. https://doi.org/10.1007/s10780-008-9062-3
- Tullett, A. M., Prentice, M. S., Teper, R., Nash, K. A., Inzlicht, M., & McGregor, I. (2012). Neural and motivational mechanics of meaning and threat. In *The psychology of meaning*. American Psychological Association. https://doi.org/10.1037/14040-020
- Uba, L. (1994). *Asian Americans: Personality Patterns, Identity, and Mental Health.* Guilford Publications.
- Vanaleesin S, Suttharangsee W, H. U. (2007). Cultural aspects of care for Muslim schizophrenic patients:an ethnonursing study. *Journal Songkla Med J*, 25.(5), 5.
- Walters, K., Buszewicz, M., Weich, S., & King, M. (2008). Help-seeking preferences for psychological distress in primary care: Effect of current mental state. *British Journal of General Practice*, 58(555), 694–698. https://doi.org/10.3399/bjgp08X342174
- WHO. (2001). The world health report 2001 Mental health: new understanding, new hope. *Bulletin of the World Health Organization*, 79(11), 1085. https://doi.org/10.1590/S0042-96862001001100014
- Wittchen, H. U., & Jacobi, F. (2005). Size and burden of mental disorders in Europe A critical review and appraisal of 27 studies. *European Neuropsychopharmacology*, *15*(4), 357–376. https://doi.org/10.1016/j.euroneuro.2005.04.012
- Yeh, C. J. (2002). Taiwanese students' gender, age, interdependent and independent self-construal, and collective self-esteem as predictors of professional psychological help-seeking attitudes. *Cultural Diversity and Ethnic Minority Psychology*, 8(1), 19–29. https://doi.org/10.1037/1099-9809.8.1.19
- Yeh, C., & Wang, Y. W. (2000). Asian American coping attitudes, sources, and practices: Implications for indigenous counseling strategies. *Journal of College Student Development*, 41(1), 94–103.
- Ying, Y. W., & Miller, L. S. (1992). Help-seeking behavior and attitude of Chinese Americans regarding psychological problems. *American Journal of Community Psychology*, 20(4), 549–556. https://doi.org/10.1007/BF00937758

- Youssef, J., & Deane, F. P. (2006). Factors influencing mental-health help-seeking in Arabic-speaking communities in Sydney, Australia. *Mental Health, Religion and Culture*, 9(1), 43–66. https://doi.org/10.1080/13674670512331335686
- Ypinazar, V. A., & Margolis, S. A. (2006). Delivering culturally sensitive care: The perceptions of older Arabian Gulf Arabs concerning religion, health, and disease. *Qualitative Health Research*, 16(6), 773–787. https://doi.org/10.1177/1049732306288469
- Zafar, S. N., Syed, R., Tehseen, S., Gowani, S. A., Waqar, S., & Zubai, A. (2008). Perceptions about the cause of schizophrenia and the subsequent help seeking behavior in a Pakistani population results of a cross-sectional survey. *BMC Psychiatry*, 8, 56.

References from the Ouran:

<sup>1 2:185</sup> 

<sup>&</sup>lt;sup>2</sup> 2:155,233,235,265,284,285,286; 3:69,154,165,186; 4:49,63,65,79,128; 5:30,52,116; 6:70,93,152,158; 7:42,205; 9:118; 10:100; 11:31; 12:18,77,83; 14:22; 18:6,28; 20:67,96; 21:64; 23:62; 25:21; 26:3; 27:14; 30:8,28; 31:34; 32:17; 33:37; 34:50; 35:8,18; 39:56; 41:53; 47:38; 48:10; 50:16; 51:21; 53:32; 57:14,22; 58:8; 64:16; 65:7; 75:2; 79:40; 81:14; 82:5; 86:4; 89:27; 91:7

<sup>&</sup>lt;sup>3</sup> 91:7,8,9,10

<sup>&</sup>lt;sup>4</sup> 35:8

<sup>5 10:100</sup> 

<sup>6 23:62</sup> 

<sup>&</sup>lt;sup>7</sup> 5:116

<sup>&</sup>lt;sup>8</sup> 40:15; 15:29; 16:2; 17:85; 32:9; 38:72; 58:22

<sup>&</sup>lt;sup>9</sup> 1:102; 2:9,87,109,187,228,234; 3:154,178; 4:107; 5:70; 7:172; 9:120; 10:15,23; 12:23,26,30,32,51,53,68; 41:31; 43:71; 53:23; 79:40

<sup>&</sup>lt;sup>10</sup> 3:61,93; 4:84,135; 5:25,105; 6:24,123; 7:188,192,197; 8:53; 10:49; 12:54; 13:11,16; 21:43; 24:12,61; 25:3; 33:6; 49:11; 59:9; 65:7

 $<sup>^{11}\ 2:44,48,54,57,90,102,110,123,130,207,223,231,272,281,281,286;\ 3:25,30,117,135,161;\ 4:64,97,110,111,113;\ 5:80,105;\ 6:12,20,26,104,130,164;\ 7:9,23,37,53,160,177;\ 9:17,35,36,55,70,85;\ 10:30,44,54,108;\ 11:21,101,105;\ 13:33,42;\ 14:45,51;\ 16:28,33,89,111,118;\ 17:7,14,15;\ 18:35;\ 20:15;\ 21:47;\ 23:103;\ 24:6;\ 27:14,40,44,92;\ 28:16;\ 29:6,40;\ 30:9,44;\ 31:12;\ 32:13;\ 34:19;\ 35:32;\ 36:54;\ 37:113;\ 39:15,41,42,53,70;\ 40:10,17;\ 41:46;\ 42:45;\ 45:15,22;\ 50:21;\ 59:18,19;\ 65:1;\ 66:6;\ 73:20;\ 74:38;\ 75:14;\ 82:5,19</sup>$ 

<sup>&</sup>lt;sup>12</sup> 32:9

<sup>&</sup>lt;sup>13</sup> 15:29

<sup>&</sup>lt;sup>14</sup> 43:71

<sup>&</sup>lt;sup>15</sup> 79:40

<sup>16 12:26</sup> 

<sup>&</sup>lt;sup>17</sup> 24:61

<sup>&</sup>lt;sup>18</sup> 12:54

<sup>&</sup>lt;sup>19</sup> 4:84

<sup>&</sup>lt;sup>20</sup> 6:26

<sup>&</sup>lt;sup>21</sup> 32:13 <sup>22</sup> 10:44

<sup>&</sup>lt;sup>23</sup> 50:16

<sup>&</sup>lt;sup>24</sup> 114:4,5,6

<sup>&</sup>lt;sup>25</sup> 7:20: 20:120

<sup>&</sup>lt;sup>26</sup> 41:30,31

<sup>&</sup>lt;sup>27</sup> 114:4,5,6

<sup>&</sup>lt;sup>28</sup> 42:51

<sup>&</sup>lt;sup>29</sup> 50:16

<sup>&</sup>lt;sup>30</sup> 114:4,5,6

<sup>&</sup>lt;sup>31</sup> 8:63: 3:103

<sup>&</sup>lt;sup>32</sup> 2:204

<sup>&</sup>lt;sup>33</sup> 9:60; 7:100

```
<sup>34</sup> 5:41; 6:106,200; 10:74,88; 13:28
<sup>35</sup> 8:2; 22:32,35; 23:60
<sup>36</sup> 2:118,260; 3:126; 5:113; 8:10,11; 13:28; 18:14; 28:10
<sup>37</sup> 3:159
<sup>38</sup> 6:25; 7:179; 9:87,127; 17:46; 18:57
<sup>39</sup> 3:196: 8:49: 33:12
<sup>40</sup> 6:108; 7:101; 16:22; 18:28,57; 23:63
<sup>41</sup> 9:45
<sup>42</sup> 2:93
<sup>43</sup> 3:7,8; 9:117,125
<sup>44</sup> 6:110; 9:110; 24:50; 33:10
<sup>45</sup> 5:52
<sup>46</sup> 5:13; 21:3
<sup>47</sup> 2:74; 6:43; 22:53
<sup>48</sup> 3:151; 8:12
<sup>49</sup> 15:12
<sup>50</sup> 3:154,167; 4:63; 8:24,70; 9:8,64,77; 26:89; 33:5
<sup>51</sup> 9:15
<sup>52</sup> 2:118,143; 9:93; 30:59
<sup>53</sup> 2:7: 6:46
<sup>54</sup> 2:88; 4:155
55 2:225
56 22:46
57 3:156
<sup>58</sup> 2:97
<sup>59</sup> 2:143; 3:144; 7:125; 22:11
60 22:54
61 2:283
<sup>62</sup> 26:28
63 10:100
<sup>64</sup> 6:32; 28:60; 36:62
<sup>65</sup> 3:65; 7:169; 12:109; 22:46; 29:35,43
66 25:44
<sup>67</sup> 5:103
<sup>68</sup> 40:67
<sup>69</sup> 67:10
<sup>70</sup> 2:75
<sup>71</sup> 2:170
<sup>72</sup> 2:73,76,164,242; 3:118; 13:4; 16:12,67; 23:80; 29:63; 30:24; 36:68; 37:138; 45:5; 57:17
<sup>73</sup> 2:171; 8:22; 10:16,42
<sup>74</sup> 2:44; 21:10
<sup>75</sup> 5:58
<sup>76</sup> 11:51; 21:67; 30:28; 39:43; 59:14
<sup>77</sup> 24:61; 49:4
<sup>78</sup> 6:151
<sup>79</sup> 12:2; 43:3
80 6:110,113; 11:120; 14:37,43; 16:78; 17:36; 23:78; 25:32; 28:10; 32:9; 46:26; 53:11; 67:23; 104:7
81 21:67
82 7:179
83 22:46
84 22:54
<sup>85</sup> 2:186; 8:24; 57:4; 58:7
<sup>86</sup> 40:15; 42:51
87 76:30
<sup>88</sup> 5:7; 5:99; 11:5; 14:38; 20:7; 21:110; 58:7; 64:4; 67:13
89 8:24
90 8:24
<sup>91</sup> 58:7
```

```
92 42:51
93 24:35
<sup>94</sup> 76:30; 81:29
<sup>95</sup> 3:182; 6:104; 17:15; 18:29; 52:16; 52:21; 76:3
<sup>96</sup> 4:28: 33:72
<sup>97</sup> 6:102; 13:16; 39:62; 40:62
98 18:23.24
<sup>99</sup> 76:3
<sup>100</sup> 18:7; 47:31
<sup>101</sup> 29:3
<sup>102</sup> 21:35
<sup>103</sup> 6:59; 10:61; 17:96; 41:53; 58:7
<sup>104</sup> 17:19; 18:104; 21:94; 53:39,40,41; 88:9
<sup>105</sup> 41:30,31
106 76:30
<sup>107</sup> 4:28
<sup>108</sup> 39:62
<sup>109</sup> 53:39
110 11:9; 14:34; 17:83; 22:66; 39:49; 41:51; 42:48; 70:19; 90:4; 96:6,7; 100:6,7,8; 103:2,3
<sup>111</sup> 39:53; 42:25
<sup>112</sup> 25: 63-76
<sup>113</sup> 14:34
<sup>114</sup> 70:19
115 90:4
116 100:6
<sup>117</sup> 57:22
<sup>118</sup> 64:11
119 81:29
<sup>120</sup> 18:23,24
<sup>121</sup> 10:49; 57:22; 64:11
<sup>122</sup> 22:53
<sup>123</sup> 25:29; 59:16
<sup>124</sup> 17:27
<sup>125</sup> 4:38; 43:36; 50:27
<sup>126</sup> 7:27
<sup>127</sup> 2:102; 8:48
<sup>128</sup> 7:20
<sup>129</sup> 14:22
<sup>130</sup> 2:14; 2:257; 114:6
<sup>131</sup> 2:168; 2:208; 4:76; 4:83; 6:112; 6:142; 7:22; 12:5; 17:62; 20:117; 35:6; 36:60; 43:62
<sup>132</sup> 6:43; 16:63; 27:24; 29:38; 31:33; 35:5
<sup>133</sup> 2:268; 114:4
<sup>134</sup> 3:155; 28:15
<sup>135</sup> 3:175
<sup>136</sup> 4:60; 6:68; 12:42; 18:63
137 38:41
<sup>138</sup> 2:268
<sup>139</sup> 5:91: 12:100: 17:53
<sup>140</sup> 4:119
<sup>141</sup> 4:120; 47:25
<sup>142</sup> 58:19
<sup>143</sup> 19:83
<sup>144</sup> 8:11; 24:21
<sup>145</sup> 7:201
<sup>146</sup> 7:200; 16:98; 23:97; 41:36
<sup>147</sup> 19:68
<sup>148</sup> 57:22
149 10:49
```

#### HUSAIN

```
<sup>150</sup> 35:6
<sup>151</sup> 3:175
<sup>152</sup> 53:43
<sup>153</sup> 10:107
<sup>154</sup> 91:7-10
<sup>155</sup> 87:14
<sup>156</sup> 49:15
<sup>157</sup> 42:10
<sup>158</sup> 3:173
<sup>159</sup> 2:165
<sup>160</sup> 3:191; 8:45; 13:28; 7:205; 24:37
<sup>161</sup> 3:174; 4:114
<sup>162</sup> 3:162; 13:22; 18:28; 30:38
<sup>163</sup> 27:40
<sup>164</sup> 5:104; 31:21
<sup>165</sup> 2:121; 4:105; 7:170; 29:51
<sup>166</sup> 6:32; 63:9
<sup>167</sup> 2:262; 2:265; 3:92; 3:134; 13:22; 63:10; 64:16
<sup>168</sup> 3:75; 4:58; 23:8
<sup>169</sup> 2:263; 41:34
<sup>170</sup> 3:154; 9:51; 57:22,23
<sup>171</sup> 1:5
<sup>172</sup> 4:49
<sup>173</sup> 35:8
<sup>174</sup> 53:43
<sup>175</sup> 10:107; 26:80
<sup>176</sup> 4:49
<sup>177</sup> 2:156
<sup>178</sup> 3:139
179 46:13
<sup>180</sup> 2:155-157
<sup>181</sup> 2:38
<sup>182</sup> 3:139
<sup>183</sup> 2:112
<sup>184</sup> 10:62
<sup>185</sup> 10:100
<sup>186</sup> 53:39
```