



RELIGIOSITY AND MENTAL HEALTH: THE MISSING LINK

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ABSTRACT:

With the increasing volume of mental health illness in Pakistan, there is always a need to develop effective methods for the amelioration of those mental illnesses. The modern science and technology have resulted in the development of sophisticated techniques and methods in the form of both psychotropic medicines, and psychotherapy to aid the mentally ill recover from mental illness. But the Western developed methods and techniques do not fully encompass the social aspects inherent in mentally ill people in Muslim societies. The need for the introduction and integration of Muslim form of psychotherapy is utmost and can not be ignored. The Muslim form of psychotherapy is built upon the Islamic teachings and principles and employs techniques such as meditation, reading, and performing religious duties. The goal of such Islamic techniques is to restore the equilibrium and make the mentally ill person to regain meanings in life by exploring knowledge and redefining one's relationship with Allah. Allah is the supreme authority and chief therapist in Islamic model. The psychotherapist facilitates the mentally ill person find the lost meaning and to follow the right path towards utilizing one's full potential.

KEY WORDS: Mental Illness, Mental Health, Muslim Psychotherapy, Psychotherapist, Religiosity

INTRODUCTION:

In today's world of 21st century when the science of human behavior, psychology and psychiatry have been advancing at a faster pace, where the medical technology has given rise to sophisticated medical procedures for diagnosis and classification of disorders and to more effective psychotropic drugs to combat the most distressing disorders like antidepressants and neuroleptics, the issue of missing link of religiosity remains a big one and unresolved too. It is of utmost importance. All of today's leading etiological explanations and psychotherapeutic treatment plans come from the Western psychology and psychiatry. Western psychology and psychiatry have their own traditions, and value systems. Built on those secular values and modern non religious norms, they have evolved their own system of understanding and treatment of mental disorders.

If viewed in Islamic context from the viewpoint of a mental health practitioner who owes much to Islamic values, the Western writings present only one side of the picture. There is a missing link. If working from Islamic viewpoint, the religious teachings and beliefs constitute the core components of a system of understanding and treatment of mental disorders. In Western traditions, even the religious beliefs and practices are understood as giving rise to various psychological maladjustments and disorders; e.g., Freud considered religion as a form of neurosis and thought of religion as a kind of an illusion.¹ The practice of saying of prayers regularly by a Muslim may be looked upon as a sign of obsessive

¹ Sigmund Freud. The future of an illusion. *The Hogarth Press* (1927).

compulsive disorder by a Western therapist. Albert Ellis, whose system of therapy known as Rational Emotive Behavior Therapy (REBT) is considered one of the most sophisticated and empirically proven for the effective treatment of mental disorders regards religion as a form of absolutistic and irrational thinking. Ellis regarded religious beliefs rigid, inflexible, and described religious people as having rigid and inflexible attitudes and beliefs about world's realities. Ellis considered religious beliefs as giving rise various kinds of mental disorders and psychological maladjustments. According to Ellis, the elegant therapeutic solution to emotional problems is to be quite unreligious and had no degree of dogmatic faith unfounded or unfoundable in fact.²

These are just a few theorists who regard religion as a form of aberration. How can a man or woman who believes in Islamic principles get benefit by the facilitation of these therapists? How can these systems work best for Muslim men and women? These and similar other systems of mental health lack this basic element of change for Muslim community. For Muslim people, these systems simply can not work. Islam is not only a religion, not only a code of rituals and pilgrimages but it is a code of conduct for whole of a Muslim's life. It covers all parts, and components of a Muslim's functioning. It is Weltanschauung (complete code of conduct for whole life) of Muslim people if speaking in Freudian

² Albert Ellis. *Psychotherapy and atheistic values: A response to A. E. Bergin's Psychotherapy and Religious Values*. Journal of Consulting and Clinical Psychology, 48 (1980): 635-639.

language.³ Islam and Islamic beliefs are Muslim's Weltanschauung. Muslims derive the solution of every problem from the basic teachings of Allah and Prophet Muhammad (PBUH).

A psychotherapist working from the Muslim viewpoint explain the alienation of today's man as resulting from the inauthentic relationship with Allah. Man is instructed to have an authentic and meaningful relationship with Allah. The purpose of man's life is to find meanings in life. The man is born for searching knowledge and truth. Mental disorders occur only when the man shuns from this responsibility and looks to others for guidance and solution of his problems. No one is better equipped than Allah to provide a better solution to man's problems. A psychotherapist is thus regarded as an agent of Allah. A psychotherapist facilitates the process of forming an authentic relationship with Allah almighty and to gain an insight into his lost values. A Muslim psychotherapist considers people as essentially of good nature and therapists of their own. The Muslim therapist facilitates them to search for incongruences in their lives. There are seven basic elements of a man's psychic apparatus according to Islamic system. These have been described as seven facets of Imaan (the internal form of worship (Ibadah) by Sarwar (1998)⁴:

1. Oneness of Allah
2. Allah's Angels
3. Allah's Books (Scriptures)
4. Allah's Messengers (Prophets)

³ Sigmund Freud. The new introductory lectures on psychoanalysis. *Penguin* (1933).

⁴ Ghulam Sarwar. *Islam: Beliefs and teachings* (5th ed.). London: Muslim Education Trust (1998).

5. The Day of Judgment (the hour of reckoning)
6. Destiny or Fate (Al-Qadr)
7. Life after Death

There are some external behaviors which also are core elements of a Muslim's personality (the external form of Ibadah):

1. Shahadah (a deep understanding and verbal acceptance of oneness of Allah and His last Prophet (PBUH) as the final Messenger)
2. Salah (five compulsory daily prayers)
3. Zakah (giving charity to the poor and needy)
4. Fasting (abstaining from eating, drinking, and sex during the month of Ramadan)
5. Hajj (pilgrimage to Mecca, if means provide)

Muslims generally regard health and illness occurring by Will of Allah. Allah is all Powerful, All Knower as the Holy Quran says (64:11)⁵:

"No calamity befalls but with the leave of Allah (i.e., what has befallen him was already for him by Allah from the Qadar, Divine preordainment) and Allah is the All Knower of everything".

Muslims believe that faith protects mankind from illness and disorders. He who bows himself/herself to the Will of Allah suffers no illness or disorder. The fact that Islam plays a major part in shaping the Muslims' understanding, experience, and expression of mental disorders is well documented.^{6,7} A Muslim psychotherapist conceptualize mental disorder

⁵ The Noble Quran. *Al Quran ul Hakeem*. <https://quran.com> (2021).

⁶ Zafar Afaq Ansari Quranic Concepts of human psyche. *Pakistan: Islamic Research Institute Press* (1992).

as occurring according to the Will of Allah who is understood to be a higher power that can not be perceived by the senses. Allah is the architect of destiny of man and the advancement of individual is dependent upon Him. All life events are under His control and can be changed only by Him alone. This belief is fortified in the Holy Quran (64:11) as narrated above the mental disorders originate due to a conflict between various components of a man's personality. The man continuously strives to maintain equilibrium between various components of his personality. When he fails, he suffers from mental disorders. Islam and Islamic beliefs, values, and principles try to restore that lost equilibrium by making the man to believe in Allah and surrender his Will to the Will of Allah. The belief about illness determines the belief about treatment or vice versa. The idea is to establish a connection with Allah and by doing so, develop a cognitive map of the situation. This is expected to lower the motivation for sin and provide relief from distress which could lead to better health. The Holy Quran says:

“He, who does evil or wrongs himself but then seeks forgiveness of Allah, will find Allah Forgiving, Compassionate: (4: 10).⁸

“If Allah is your Helper, none can overcome you and if He does not help you, who is there to help you? The reliant rely only on Allah” (3: 160).⁹

“Surely in the remembrance of Allah do hearts find rest” (13: 28).¹⁰

⁷ Malik Badri. Contemplation: An Islamic psychospiritual study. *The International Institute of Islamic Thought. Cambridge University Press (2000).*

⁸ The Noble Quran, 4:10

⁹ The Noble Quran, 3:160

¹⁰ The Noble Quran, 13:28

Religiosity and Mental Health: The Missing Link

Some of the Western models of psychiatry focus on the disturbance of some chemicals in the brain as the cause of disturbances in the psychological sphere. They ignore all the other possibilities of causation of these problems. The problem with this Western non religious secular approach is that it denies the significance of any other understanding of mental disorders such as those of Muslims. How much sense is there in it to prescribe psychotropic drugs to individuals as a means to restore the chemical balance in the brain whereas the individual sees the origin of this problem lie in some spiritual aspect? Can a psychotherapist achieve success if he/she repeatedly ignores the importance of religious aspects in the etiology and treatment of mental disorders in Muslim community?

Stress, despair, and depression when approached from a scientific and spiritual point of view can be effectively controlled by the prescriptions found in The Holy Quran (13: 28):

“Those who believe and whose hearts find satisfaction in the remembrance of Allah; for without doubt in the remembrance of Allah do hearts find satisfaction”.

As mental disorders can be thought of as occurring according to what has been written for oneself, religious interventions, and therapeutic techniques are frequently been resorted to by Muslim psychotherapists. These may include Fasting, Repentance, and Regular Recitation of the Quran.

Salat is considered as a means of relaxation according to Muslim psychotherapist. In Salat, a person focuses and concentrates upon Allah, Who is conceptualized as not a physical object but a light with All qualities of being Rehman and Rahim. Allah is unlimited and will remain

for good. Allah is the Master of the Day of Judgement, when the fate of everybody is to be decided.¹¹

LITERATURE REVIEW:

The frontal areas of the brain are those that control abstract thought (belief in God), creativity, conscience, and personality. Therefore, grounding oneself by putting the forehead portion of the brain on the ground during the Salat. Prostration has medical benefits too. The acting of putting the forehead, nose, hands, knees, and toes all in contact with the ground at the same time during Prostration results in calming feelings originating from the dissipation of the electromagnetic energy.¹²

Studies fail to address the question of why psychotherapists and physicians may be less religious and why they appear to resist discussing religion in the clinic.¹³ Mental health social workers argue that religion or spirituality can act as a part of the holistic healing process, the center of balance that gives calmness and peace so vital to recovery.

A Muslim psychotherapist looks upon mental unrest as the manifestation of an incongruent heart – an unstable soul that is lost and so has become distant from its Creator, Allah. So, it can be concluded quite safely that

¹¹ Frankie Samah. The Quran and mental health. *The Psychologist*, 31 (2018): 5-6. <https://thepsychologist.bps.org.uk/volume-31/june-2018/quran-and-mental-health>

¹² Walaa M Sabry and Adarsh Vohra. Role of Islam in the management of Psychiatric disorders. *Indian journal of psychiatry*, 55(Suppl 2) 2013: S205–S214. <https://doi.org/10.4103/0019-5545.105534>

¹³ J. T. Chibnall and C. A. Brooks. Religion in the clinic: the role of physician beliefs. *Southern medical journal*, 94(4) 2001: 374–379.

Religiosity and Mental Health: The Missing Link

religious beliefs and practices and a sound mental health can go side by side, hand in hand. There is no such thing as barring the religious beliefs play their part in psychotherapeutic interventions. It is the need of the hour to develop a science of mental health that can be applied to the understanding and treatment of mental disorders in Muslim community. Mental disorders should be redefined with a new classification and diagnostic system, new etiological explanations, and treatment plans. There is a need to incorporate Islamic principles in today's secular psychotherapeutic systems. In this context, Prof. Dr. Azhar Ali Rizvi's efforts need appreciation for his unravelling and untiring efforts and firm belief in the application of Muslim form of psychotherapy in Pakistan. Dr Rizvi has opened a new door, and had started a new era of research for mental health professionals from Islamic perspective in Pakistan. He introduced a new system which can give both client and therapist their lost meanings in life.

The idea that Islamic teachings and practices may be integrated with modern psychological methods is relatively new in Pakistan and has received quite a lot of criticism. The integration of Islamic teachings for the treatment of mental disorders dates back to dark ages in Europe when the psychological illness was considered after effect of possession by a demon. On the other hand, the Islamic Sufi saints long ago taught about the power of Islamic principles in living a happy and positive life. Islamic teachings unlike dark ages superstitions do not underscore the existence of physical causes, rather, it believes in the Oneness of Allah and mental health problems develop when the human beings run away from this system. It was not until the end of 19th century that Western mental health professionals understood and developed effective ways for the treatment of mental disorders. Contrary to Western principles, Islamic principles do

teach to find meanings by developing a personal relationship with Allah and by doing good with Allah's people. In psychotherapy, the religious beliefs were revived during 1950s-1960s when Carl Rogers posited that human beings have inherent goodness, and they are born by the wish of God (Allah) with a duty to find meanings for their lives and to contribute towards improving their lives. The viewpoint of Carl Rogers coincided with the Islamic viewpoint of mental illness, and of doing psychotherapy.¹⁴

The religious practices can be developed into guidelines for the protection of mental health of people as Islam provides the complete code of conduct for living a whole and meaningful life. From Islamic perspective, an individual can not get mental illness, if he/she spends whole of his/her life in accordance with Islamic principles. The possession with worldliness drifts away the people from their true and good potential towards evil deeds and results in the experience of mental illness. It is, therefore, aimed at making people spend their lives in accordance with the guidelines given by Sunnah of Prophet Muhammad (PBUH). The practice of religious practices can specifically be combined with modern techniques and methods for the amelioration of mental health symptoms.¹⁵

¹⁴ Hwaa Irfan. Religion in mental health: The soul under pressure (2019).
<https://aboutislam.net/muslim-issues/science-muslim-issues/religion-mental-health-soul-pressure/>

¹⁵ Amber Haque. Religion and Mental Health: The Case of American Muslims. *Journal of Religion and Health*, 43(1) 2004: 45-58.
<http://www.jstor.org/stable/27511722>

It has been found that there exists a religiosity/spirituality gap in the current mental health practices and guidelines.¹⁶ The today's mental health clinicians are reliant only on empirical studies to find solutions to man's mental health issues, but empirical studies do not provide evidence for many workable religious techniques. For religious techniques to work, their practice, and integration with modern techniques is important rather merely relying upon the Western empirical researches. It is more of a training gap in the training of mental health professionals especially of Muslim practitioners. Similarly, the mental health practitioners need to be aware of the biases in their training and they need to build a belief system favorable for doing therapy in the context of religious principles.

Alternatively, religious practices act as a powerful way of coping, thereby, giving mentally ill people an opportunity to get benefit by performing their religious practices. The religious practices carry the benefit of offering less burden in the form of mental illness symptoms. Yet, the mentally ill people can not always comprehend the religious practices in a fair manner because of their illness. So, the training of mental health practitioner becomes more relevant in this situation given the complexity of mental illnesses. Early mental health professionals viewed religion as pathological but more recently, this view has been challenged by a number of researches. The recent researches have shown a positive association between religiosity and mental health outcomes. Therefore, the need for integrating religion based approaches with modern approaches is much

¹⁶ Alexander Moreira-Almeida, Francisco Lotufo Neto, and Harold G. Koenig. Religiousness and mental health: A review. *Revista Brasileira de Psiquiatria*. 28 (3) 2006: 242-250.

more pronounced now. This is especially true in the context of Muslim communities.

The religion and religious practices can be a best source for the continuation of sound mental health. The believers can tolerate the stresses and strains of life better as religion provides a buffer against the uncertainties of life. The religious practices contribute to healthy living and positive mental health in many ways. These include healthy behaviors and life style, social support, belief system, cognitive restructuring, and overall religious and spiritual practices. To begin with, religion prescribes a healthy lifestyle by imposing certain restrictions on eating, drinking, and having sexual activity. The religious prescriptions of eating and drinking moderately, going for sexual activity within the boundary of marriage lay the foundation for a healthy personality and positive mental health growth. Moreira-Almeida et al (2006)¹⁷ reported the improvement in type A behaviors by adopting the spiritual practices. Religion and religious practices also provide and strengthen the social network and sense of coherence. Social support, on the other hand, provides many health benefits like resorting to fellows and peers in times of stress and strain. Religious beliefs help people enhance acceptance, and to endure with perseverance the hard times and sufferings of everyday life. Religion can bring a sense of forgiveness in individuals practicing it which is directly related with health benefits and improved quality of life. Religious practices act as a kind of coping mechanism making people to cope with stressors in an easy way. The experience of religious practices helps people prevent mental illness and to reduce the impact of mental illness.

¹⁷ Moreira-Almeida, Neto, and Koenig, 242-250.

The people without religious affiliation have a difficult time when they are ill and face high degree of uncertainty and despair.

In this context, the most commonly used religious practice is meditation which is now referred to as mindfulness in psychology. The most commonly studied religious practice is meditation or mindfulness in present psychology. Interestingly, the practice of mindfulness has been described by many religions including Islam and Islamic teachings.¹⁸ It was developed after Sufi tradition of Tassawaf in 9 AD.¹⁹ Sufis have their own system of referring to the body and faculties of body, thereby, they understand and treat mental illness differently as compared to Western model. Some of the senses and body organs are known as Nafs, Qalb, Sirr, Ruh, Khafi, and Akhfa. The focus of Sufis is to teach people to practice good deeds and to avoid bad deeds which then leads to committing of sins and provokes Allah's wrath. The focus of Sufis is to remain happy and satisfied with what Allah has granted and to live their lives in the present. These interpretations have directly been derived from The Holy Quran (89:27/28)²⁰:

"To the righteous it will be said], "O reassured soul, return to your Lord, well-pleased and pleasing to Him".

¹⁸ L. F. M. Knight. Mindfulness: history, technologies, research, applications. Pepperdine University. Graduate School of Education and Psychology (2007). <https://allansousa.files.wordpress.com/2009/11/mindfulnessarticleluis.pdf>

¹⁹ Armstrong (2002). Muslim mindfulness: 9th c. CE. <http://learnshedlive.com/a-brief-history-of-mindfulness/>

²⁰ The Noble Quran, 89:27-28

The Sufis practice many devotional practices as well. These practices help people overcome their bad impulses (id impulses in Freudian language) and to strengthen the good impulses (conscience). Commonly used practices include remembrance, meditation, and paying pilgrimage. The mental health professionals need education and training to integrate Islamic practices into their treatment approaches.

It has been reported that religious devotional practices can produce changes in human personality, reduce feelings of anxiety and anger, diminish self-blame, stabilize emotional ups and downs, and improve self exploration. The studies have also reported improvement in certain mental disorders including panic attacks, generalized anxiety disorder, depression, insomnia, drug abuse, and chronic pain syndrome. Interestingly, these outcomes have been validated by follow-up studies as well. Other religious practices such as offering regular prayer, confession of one's sins to Allah, and asking Allah for forgiveness of those sins also bring effective results. For example, the Muslim clients readjust their doses during the month of Ramadan, yet, they report the similar levels of benefits from the use of psychotropic medicines. This is the example of adjustment and internalization with one's religious practices in such a way that does not interfere with the modern treatment plan as well.

DISCUSSION:

These and other examples do tell us about the interrelationship between religiosity and psychotherapy or modern treatment. This example also highlights the correlational nature of both treatment protocols. The only issue is of proper training of the mental health professionals in the Islamic traditions so that Islamic practices may be integrated with the modern requirements.

On the other hand, some clients present with symptoms of religion based delusions in a psychotic illness. The mental health professional trained in Western models would interpret it as religion contributing towards development of mental illness symptoms but it can be viewed as differently too. It may be due to the ignored religious aspects in one's personality. The clinicians need to develop a balanced and bias free approach towards the existence of religious experiences in people's lives. In mentally ill people, religious expressions become distorted which then become a source of biasness towards religion or religious expression. The nature of mental illness, sometimes, make it difficult to take medicines as prescribed or benefit from the psychotherapy. In this scenario, the role of therapist becomes more important if working from an Islamic perspective. The elements of religious approach to psychotherapy often include awareness of one's relationship with Allah, acceptance of one's duties towards Allah, belief in repentance, duty towards other fellow human beings, tolerance and acceptance of other people. It is to be noted that religious approaches if combined with modern psychotherapy need to be tailored to individual client seeking therapy. Not all clients get benefit with the administration of religion based form of psychotherapy.²¹

Thus, it's relevant for mental health professional to assess carefully about the choice of offering religion based approach to the client seeking therapy. This is especially true of clients coming from different religious background than Islam. Besides, it is also to be assessed that the nature of symptoms of the client do not hinder with following the religious form of psychotherapy. However, taking a brief spiritual or religious history of

²¹ Haque, 45-58.

every client is a good idea during the assessment process. It helps the clinician in introducing religious psychotherapy into the course of the therapy and helps clear the roles of both clinician and the client.

Four basic criteria should be kept in mind while taking a spiritual history of the client^{22,23}:

1. Is religion carry a special place in the life of the client? Can religion a source of satisfaction or stress in client's life?
2. Does the client performs religious practices regularly?
3. Is the religious things clear in client's mind? Does the client has any confusion or question regarding religion?
4. How might the clients beliefs would integrate with modern techniques to bring about change in client's problem?

The degree of religious devoutness is measured by private religious behaviors such as spent in offering prayers and subjective religiousness such as reading religion based texts. These practices give indication of the importance of religion in one's life. However, these practices do not always reflect the degree of one's religiosity. For instance, the some mentally ill people pray more or are sick and refuse to offer prayer. The involvement in religious practices only when one's sick should not be correlated with religiosity. The relationship between mental health and religiosity is not simple. Poor mental health decreases the chances of being religious. Another important aspect of religiosity is religious commitment

²² Armstrong, 2002

²³ Knight, 2007

which has two components, intrinsic religious orientation and extrinsic religious orientation.²⁴

The people with extrinsic religious orientation often use religion as a source to satisfy their external needs such as security, sociability, and status. On the other hand, intrinsic religious orientation finds religious motivation very strongly held by them. For them, the other needs become less important in life. They make their whole life consistent with their religious beliefs, and behaviors. It is the intrinsic religious orientation that is associated with more healthy and positive mental health outcomes. On the other hand, the people with extrinsic religious orientation become the source of giving religion a bad name through their deeds. Thus, the intrinsically religious increases the chances of living a better mental health life.²⁵

To be inclusive, it may safely be asserted that elements of psychotherapy are often present in all religious practices. In Pakistani society, for example, the religion occupies an all important place in the lives of the people regardless of their education, profession, and ethnic background. People of Pakistan derive special meanings from the religious practices and experiences. Religion can not be taken away from the personal lives of Pakistani people. Religious beliefs and practices have influenced meditation, customs, values, norms, and overall living of the people in Pakistan. The religious scripture of Muslims clearly describe the reasons of getting psychologically ill and treatment in case of being ill mentally.

²⁴ A. K. Agarwal. Religion and mental health. Editorial. *Indian Journal of Psychiatry*, 31 (1989): 185–6.

²⁵ Haque, 45-58.

Any adult especially Muslim psychotherapists could derive special pieces to integrate with their modern techniques so that clients' may be treated as a whole. The recitation of The Holy Quran, and reading and understanding Quranic translation and interpretation is a source of enlightenment, wisdom, and contentment which frees oneself from the worldly issues including illnesses of the mind.

Religious approaches have often been used to treat social problems. It is now need of the hour to integrate these approaches with modern day psychotherapy so that clients may derive special benefit from the administration of therapy. Traditionally, the religious person or Moulana would perform the role of a counselor or psychologist. Now, with the advancement of knowledge, the psychotherapists may be trained and encouraged to not only integrate religious approaches with their worldly approaches rather they should be encouraged to teach others and conduct research in the application of Muslim form of psychotherapy. The outcome through religious psychotherapy is often promising and long lasting in Muslim communities.

RECOMMENDATIONS:

There is need to introduce compulsory teaching and training in the area of Muslim psychotherapy for all psychology and psychiatry graduates. Considering Pakistan a Muslim majority country, the application of religious approaches should be part of every field including mental health. The religious approach to psychotherapy can easily be fit into biopsychosocial model of psychotherapy where the social aspect is covered by the religious approaches. Given that our religion and living in Pakistan, the mental health professionals should feel honored by offering help and correct interpretation to the masses so that their duty to fellow beings can be fulfilled.

CONCLUSION:

Religion is all inclusive phenomenon as it covers all facets of human existence. Islam is the complete code of conduct which provides explanation and solution to every human problem and ailment. The combination of one's genetic makeup with religious norms, beliefs, and behaviors provides the biopsychosocial wholeness for spending one's whole life in accordance with Islamic principles. The positive impact of religious approaches on the mental health outcomes of an individual makes the application of Islamic approaches essential and appropriate. It is not an easy task to understand the mechanism by which religious approaches bring positive effects on mental health. So, the research for exploring the relationship between religion and mental health is often advised and encouraged. By offering help to those in need and producing indigenous research, one fulfills one's responsibility to explore knowledge and help others. Thus, the whole process becomes a source of contentment, satisfaction, and a source of eternal pleasure.



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