

Recovering Historical Muslim Scholarship on Depression: An Islamic Liberation Psychology Approach

Arash Shayegani*, Vicky Smith[†], Timothy Gomersall[‡] and Santokh Gill[§]

There has been a call for a decolonized approach to psychology, particularly for populations that have lost their voices due to colonization. Such an approach necessitates a shift in focus from the ahistoricism of Western psychology to a psychological perspective that acknowledges the historical contributions of these populations. This change can be facilitated through Martin-Baró's (1996) liberation psychology framework, which proposed three urgent tasks for psychology: recovering historical memory, de-ideologizing everyday experiences, and utilizing people's virtues. Using the liberation psychology framework and focusing on the first task, this paper aims to empower Muslims by recovering Islamic historical scholarship on concepts related to depression. It begins by introducing Martin-Baró's liberation psychology and its evolution beyond the Latin American context. Then, by examining Islamic scriptures, Islamic mental health articles, and original works of historical Muslim scholars, the discussion turns to how psychological sufferings such as sadness and sorrow were conceptualized during the time of the Prophet Muhammad. An overview of historical Muslim scholars' contributions to the understanding of depression during the golden age of Islam and their resemblance to contemporary approaches will then be presented. The theme of holistic healing, including the connection between mental health and physical health, is prevalent in Islamic scholarship on depression. Finally, this paper will discuss the implications of such knowledge in relation to Western psychology. The authors anticipate that such knowledge could enhance interventions in clinical settings and promote religiously and culturally sensitive strategies to meet the unique needs of Muslim individuals and communities.

Keywords

Liberation psychology • Depression • Muslims • Historical Islamic scholarship • mental health

*Department of Psychology, University of Huddersfield, Huddersfield, UK, Arash.Shayegani@hud.ac.uk

[†]Senior Lecturer in Counselling, University of Huddersfield, Huddersfield, UK, V.Smith@hud.ac.uk

[‡]Senior Lecturer in Health Psychology, University of Huddersfield, Huddersfield, UK, T.Gomersall@hud.ac.uk

[§]Senior Lecturer in Sociology, Department of Behavioural and Social Sciences, University of Huddersfield, Huddersfield, UK, S.S.Gill@hud.ac.uk

Correspondence concerning this article should be addressed to Arash Shayegani, PhD researcher, Department of Psychology, University of Huddersfield, Huddersfield, UK

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Introduction

Several researchers (Adams et al., 2015; Ali-Faisal, 2020; Martin-Baró, 1996) emphasize the need to decolonize psychological knowledge. It has been argued that much of established psychology has been constructed by and for Euro-American populations, often by psychologists who overlook global and historical contributions, particularly those from the Global South and colonized communities (Ali-Faisal, 2020). This short-sighted perspective, which predominantly focuses on privileged groups, has resulted in theories that primarily reflect white, Euro-American populations and are less applicable to others (Adams et al., 2015). Consequently, marginalized populations, such as Muslims, are often evaluated against the Western hegemonic ontology (Adams et al., 2015). This issue is significant due to the limited viewpoint of dominant psychological models; these models can also be actively harmful to non-white American populations (Fanon, 2023).

Decolonizing psychological knowledge necessitates a shift from individualistic approaches and the ahistoricism of Western psychology towards empowering marginalized populations and recognizing their historical contributions (Ali-Faisal, 2020; Montero & Sonn, 2009). To facilitate this change, Martin-Baró's (1996) liberation psychology framework can serve as a guide for decolonizing psychological knowledge.

Liberation Psychology

Liberation psychology is attributed to Martin Baró, a psychologist and Jesuit priest who lived and worked in El Salvador during a war that claimed thousands of Salvadorans' lives (Montero & Sonn, 2009). Martin-Baró witnessed the marginalization and oppression of the Latin American majority by the social systems and institutions controlled by ruling elites (Martin-Baró, 1996). He noted that the oppressive conditions in Latin America have led to a sense of fatalism among his people, fostering a hopeless perspective toward an unavoidable future (Martin-Baró, 1996). This fatalistic worldview prevented the Latin American majority from taking action to change their social conditions (Martin-Baró, 1996).

Given the oppressive conditions of Latin America and its contributions to the fatalistic views of the Latin American people, Martin-Baró came to believe that the psychological theories of his time (1970s–1980s) were inadequate in addressing the suffering of his people. Psychology focused solely on individual happiness, regardless of social context and history (Martin-Baró, 1996). Watkins and Shulman (2008) describe Martin-Baró's vision for psychology as:

A psychology that would acknowledge the psychological wounding caused by war, racism, poverty, and violence; a psychology that would support historical memory and critical reflection; a psychology that would aid the emergence of a subjectivity through which people could creatively make sense of and respond to the world. (p.25)

Martin-Baró (1996) criticised Western psychology's scientism, positivism, and ahistoricism, arguing that psychologists' adherence to these philosophies stems from their ambitions to promote psychology as a legitimate science. However, he warned that Western psychology's supposed "objective" approach to studying human beings and disregarding unmeasurable ideas such as the soul or spirit rendered psychology inaccurate and irrelevant (Martin-Baró, 1996). In what follows, the authors will argue that this critique of psychology is particularly critical in the context of Muslim mental health, where significant barriers to accessing and utilizing mental health services remain (Ibrahim & Whitley, 2021).

Martin-Baró believed psychology should explore views and experiences from the perspective of the marginalized or oppressed. For him, the question was: “Have we thought of looking at educational psychology from where the illiterate stands, or industrial psychology from the place of the unemployed, or clinical psychology from the standpoint of the marginalized?” (Martin-Baró, 1996, p. 28). However, he stressed that for such an approach, psychology must critically question itself and aim for transformation rather than conformity (Martin-Baró, 1996). It requires a new horizon where the needs of the marginalized majority are prioritized, a new epistemology based on the perspectives of the oppressed and marginalized, and a new praxis for social transformation (Martin-Baró, 1996).

In line with his vision, Martin-Baró (1996, p. 30) proposed three urgent tasks for psychology: recovering historical memory, de-ideologizing common sense and everyday experience, and utilizing the virtues of the people. In discussing the task of recovering historical memory, Martin-Baró (1996) argued that Latin Americans were preoccupied with their current struggles and lived in a permanent vacuum devoid of history and the future. Moreover, they were exposed to a dominant narrative that presented the prevailing reality as natural and ahistorical (Martin-Baró, 1996). This ahistorical condition made it impossible for the marginalized majority of Latin America to learn from their experiences, connect to their roots, and imagine alternative futures (Martin-Baró, 1996). Thus, recovering historical memory involves a selective retrieval of parts of history relevant to the present interests of the marginalized population, empowering them and serving as a means of liberation (Martin-Baró, 1996). De-ideologizing common sense and everyday experience involves challenging the naturalization of the dominant form of knowledge while validating the views and experiences of the marginalized population as essential aspects of reality (Martin-Baró, 1996). It allows the marginalized population to “formally articulate a consciousness of their own reality, and by doing so, verify the validity of acquired knowledge” (Martin-Baró, 1996, p. 31). Finally, the task of utilizing the virtues of the people acknowledges the marginalized population’s strengths and potential (Martin-Baró, 1996). It emphasizes the pursuit of ideals within the marginalized population rather than looking at other cultures or countries for objectives and ideals.

Liberation Psychology: Beyond Latin America

While Martin-Baró proposed three urgent tasks to empower the Latin American majority and equip them against oppression and fatalism, social psychologists worldwide have adopted these tasks in various contexts. According to Montero and Sonn (2009), Martin-Baró’s Liberation Psychology, originally intended for the marginalized majority in Latin America, has extended beyond this region, reaching countries such as Western Europe, the United States, Canada, Australia, New Zealand, and Japan. These developed nations, referred to as Core Capitalist Countries (CCC) by Montero and Sonn (2009) due to their globalized capitalist systems, have found Liberation Psychology relevant and have used it to criticize traditional psychology and to work with oppressed and marginalized groups (Montero & Sonn, 2009). However, while Martin-Baró’s liberation psychology aimed to address the oppression of excluded masses, or the “popular majorities,” liberation psychology has been used in developed countries as an approach to empower marginalized minorities and address oppression based on social categories such as gender, poverty, race, health, illness, and age (Montero & Sonn, 2009, p. 52). Thus, it is important to recognize that while liberation psychology began in the 1960s in the Latin American context, it continues to evolve and adapt based on the specific context (Montero & Sonn, 2009).

In 2019, Mohr published “Liberation Psychology from an Islamic Perspective.” In this article, Mohr stated, “liberation psychology is highly relevant for Muslim mental health” (p. 21).

Mohr argued that the criticisms of colonization and oppression inherent in liberation psychology establish it as an crucial psychological framework for Muslims. Moreover, Mohr emphasized that Martin-Baró's critiques of Western psychology's individualism, scientism, and ahistoricism concerning the Latin American majority are equally pertinent to contemporary Muslims.

In 2020, Ali-Faisal adopted Martin-Baró's liberation psychology and proposed an Islamic (anti-patriarchal) liberation psychology as a decolonized approach to psychology for Muslims. Similar to the three urgent psychological tasks of liberation psychology, Ali-Faisal (2020) proposed three essential tasks of Islamic anti-patriarchal liberation psychology: privileging Muslim voices; de-ideologization or challenging internalized colonized ways of thinking among Muslims; and retrieving Islamic histories of scholarship, restoring Muslims' sense of community, and recovering queer and feminine ways of being.

The Present Study

This paper focuses on the first task of liberation psychology and aims to recover an Islamic history of scholarship on concepts related to depression. However, it is important to note that terms such as *depression*, *mental illness*, and *mental health* are Western concepts often understood through the lenses of the Western biomedical paradigm (Summerfield, 2017). While this paper employs these terms to aid communication when discussing the Islamic scriptures' perspective on depression, terms such as sorrow, sadness, grief, or psychological suffering will be used to better reflect the Islamic perspective.

This recovery of historical scholarship does not seek to provide a comprehensive review of the Islamic perspective on what is referred to today as *depression* or *mental health*. Such a task is complicated by the influence of colonial voices in scientific psychology, which have obscured knowledge on this topic from the Islamic world (Rasool & Luqman, 2022). Nevertheless, by examining the historical materials that follow, this study aims to develop a radically different perspective on depression as an initial step toward more empowering healing practices for Muslims, and possibly for white, European, and American readers. The study begins by exploring how psychological suffering, such as sadness, was understood and addressed during the time of the Prophet Muhammad. Then, the authors provide an overview of scholarship and treatments for psychological suffering, sadness, sorrow, and grief during the Golden Age of Islam.

The Dawn of Islam: An Islamic Perspective on Suffering

Studies suggest that contemporary Muslims may have mixed beliefs about mental health issues such as depression, with some denying the existence of such conditions while others attribute the symptoms to weak faith (Alhomaizi et al., 2018; Barmania, 2017). Awaad et al. (2021a) argue that such beliefs are inconsistent with the Islamic scriptures (The Qur'an, 67:2) that inform Muslims that this world is a place of trials and challenges and to anticipate hardships, including psychological difficulties (such as fear). The Qur'an states, "We will certainly test you with a touch of fear and famine and loss of property, life, and crops. Give good news to those who patiently endure" (The Qur'an, 2:155).

Prophet Muhammad was reported to have experienced a profound sadness that lasted an entire year, which has been referred to as "the year of sadness" (Awaad et al., 2021a, p. 5). Muhammad's sadness was exacerbated due to the early rejection of his prophethood. For

example, the Qur'an states that "Perhaps, then, will you [O Prophet] sadden yourself to death over their rejection if they insist on disbelieving in this message" (The Qur'an, 18:6).

Prophet Muhammad, however, approached his sadness by acknowledging and accepting his experience. For example, it has been narrated that when He witnessed his son Ibrahim pass away, he expressed his acknowledgement of pain and acceptance of God's will in the following terms: "Indeed, the eyes shed tears, and the heart feels sorrow. Yet, we do not say except that which is pleasing to our Lord. Your departure, O Ibrahim, surely leaves us all saddened" (Sunnah, 6:34).

The above verses and narrations demonstrate that early Islamic scriptures conceptualized psychological suffering, sadness, and sorrow as expected human experiences or reactions to misfortunes or tragedy rather than illnesses. Nevertheless, it is worth noting that Prophet Muhammad was an advocate of holistic healing for relief from emotional distress, such as grief (Awaad et al., 2021a). He encouraged the utilization of religious remedies such as the remembrance of God (The Qur'an, 13:28), accepting suffering as the will of God (Sunnah, 3:39), and reciting specific prayers (Sunnah, 41:137), in addition to managing emotions (Sunnah, 41:137) and caring for the physical body (Sunnah, 14:149).

Although these verses offer an Islamic perspective on healing, it is interesting that they find counterparts in contemporary scientific discourses; for example, submitting to the will of God could be seen as a form of cognitive reframing (De Abreu Costa & Moreira-Almeida, 2022), while the importance of emotion management and care of the physical body is supported by an extensive body of literature (see Joormann & Stanton, 2016). Most noteworthy, however, is that Prophet Muhammad encouraged his companions to seek all forms of relief available to them. He stated, "seek cures, O servants of God, for God has placed a cure for every ailment that He has allowed, except for old age/death" (Sunnah, 28:3).

Thus, some (e.g., Awaad et al., 2021b) argue that Prophet Muhammad laid the foundation for the Golden Age of Islam and the Islamic tradition of holistic approaches to mental health.

The Golden Age of Islam

With the spread of Islam after Prophet Muhammad's death and Islam's expansion across different cultures, the holistic tradition of understanding and treating mental illness continued by scholars inspired by the teachings of Islam (Awaad et al., 2019). By the eighth century, Muslim scholars became increasingly interested in intellectual pursuits, and the city of Baghdad became known as the Islamic center for knowledge, where scholars (Muslim and non-Muslim) met to collectively produce knowledge related to mental health (Awaad et al., 2019).

Muslim scholars generally took one of two approaches to understanding the self, soul, and mind. One approach was to translate the existing knowledge of the time that belonged to other civilizations, such as Greek, Persian, and Indian, into Arabic and add Islamic perspectives (Awaad et al., 2021a). The second approach was to explore the religious sources (such as the Qur'an and Hadiths) almost exclusively for insights into how the mind works (Awaad et al., 2021a). A Muslim scholar who took the first approach was Al-Kindi, and a Muslim scholar who took the latter was Ibn Al-Qayyim.

Al-Kindi

Al-Kindi (d.873 CE), referred to as "the philosopher of the Arabs," was responsible for super-
vising Greek knowledge being translated into Arabic (Druart, 1993, p. 329). He worked at the

“House of Wisdom” in Baghdad and integrated Greek knowledge with Islamic teachings to formulate his theories of perception and managing sadness (Awaad et al., 2021a, p. 8). Despite the loss of Al-Kindi’s works over the centuries, some have survived in Latin translations, and some manuscripts have been rediscovered in Turkey (Klein-Franke, 2020). A popular manuscript rediscovered in Turkey is titled *Epistle on the Device for Dispelling Sorrows*, which is Al-Kindi’s formal response to a friend who had requested clarifications on managing sadness (Groff, 2004, p. 145). In this piece, Al-Kindi defines sorrow (al-Huzn) as “a pain of the soul” (Groff, 2004, p. 145) or a psychological pain that “occurs due to the loss of an object of love or the missing of things desired” (Jayyusi-Lehn, 2010, p. 122). Al-Kindi believed it impossible to attain all that we desire or to safeguard against all losses, making sadness an inevitable part of life. However, Al-Kindi offered the solution of satisfying our desires in the intellectual realm, which is not temporary nor subject to loss. He states:

It is not possible for anyone to attain all that he desires or to be safe from losing all things loved. [This is] because constancy and permanence are non-existent in the world of generation and corruption in which we live; rather, constancy and permanence exist by necessity only in the world of the intellect, the perception of which is possible for us. If we do not wish to lose things loved or miss things desired, we ought to perceive the intellectual world and derive our loved things, acquisitions, and desired things from it. If we do that, then we are safe from having someone usurp our acquisitions or having some hand take possessions of them from us or being deprived of what we love of them since these [intellectual] things are not touched by deformity or affected by death. (Jayyusi-Lehn, 2010, p. 122)

Furthermore, Al-Kindi emphasised that sorrow is not a fixed part of human nature, but rather a voluntarily acquired habit (Jayyusi-Lehn, 2010). Thus, he advised that we must develop cheerful habits until they become a part of who we are (Jayyusi-Lehn, 2010). Moreover, according to Jayyusi-Lehn (2010), Al-Kindi proposed that one of the “good devices” for countering sadness is to remember things that had saddened you or others in the past but are now forgotten and compare that to your current state to draw consolation, as described in the following passage:

One of the good devices for this is to remember the things that saddened us, which we have long forgotten, and the things that saddened others, whose sorrows and their solace from them we have witnessed, and to compare what saddened us with what saddened us in the past, and the things that sadden which we have witnessed, and the manner in which they ended with solace. (Jayyusi-Lehn, 2010, p. 126)

Some (such as Cucchi, 2022) argue that Al-Kindi’s view on sorrow and his cognitive strategies to counter sorrow echo cognitive behavioural therapy’s stoic philosophy that suggests “men are disturbed not by the things which happen, but by their opinion about the things” (Epictetus [125 CE], 1991, as cited in Cucchi, 2022, p. 10).

Ibn Qayyim

Ibn Qayyim (d.1350 CE) relied almost entirely on religious sources alongside reason (*aqil*), experimentation (*al-tajribah*), and observation (*al-mulahadah*) (Rasool & Luqman, 2022). Ibn Qayyim referred to psychological suffering as the disease of the heart (*qalb*) and stressed that

relief from suffering, whether related to the body or heart, can be found in God's revelation if one has the knowledge and understanding of the holy scripture (Ibn Qayyim, 1998). He states:

As for the cure of hearts, there is no better way to acquire it except through the Prophets because the well-being of the heart depends upon knowledge of God, His names, His attributes, His actions and His injunctions, and in following what pleases and refraining from what displeases Him. There is no absolute way to acquire life and the well-being of the heart except through his prophets. As for those who assume that the well-being of the heart can be retained without obeying them, then they have made a sheer mistake in assuming that. (Ibn Qayyim, 1998, p. 72)

For Ibn Qayyim, individuals cannot be considered healthy if the relationship between the soul, mind, and body is neglected (Rasool & Luqman, 2022). Hence, although his perspective on psychological suffering was grounded in piety, he was already taking radical steps in recognizing the integration of mind and body. For example, he argued that sorrow has an influence on the appetite (physical dimension). He believed that "just like the heart is ached by the suffering caused to the body, the body suffers more when the heart is tormented" (Ibn Qayyim, 1998, p. 216).

According to Rasool and Luqman (2022), Ibn Qayyim's explanation of the reciprocal relationship between the body and heart is a fundamental principle of the contemporary psychosomatic field of medicine. Despite this, Ibn Qayyim's contributions to the understanding of mind, body, and soul with their reciprocal relationship are rarely acknowledged in Western narratives (Rasool & Luqman, 2022). Nevertheless, among many other influential scholars of the Islamic Golden Era, Al-Balkhi, Al-Razi, and Ibn Sina are most known for their works on the experience of sadness (Mitha, 2020).

Al-Balkhi

Al-Balkhi (d.934 CE) was a prominent Islamic scholar and potentially the first Islamic scholar to differentiate between emotional disorders (such as anxiety and depression) and psychoses (Haque, 2004). Al-Balkhi's only known work, titled *Mas'alah al-Abdan wa al-Anfus*, which translates to *Sustenance of the Body and Soul* (Awaad & Ali, 2023, p. 90), is currently preserved at the Ayasofya library in Istanbul. It is considered one of the earliest self-help works intended as a holistic health guide for the layperson (Awaad & Ali, 2023, p. 89).

Although most physicians of Al-Balkhi's time either denied the existence of psychological illnesses or viewed them as extensions of physical illnesses, Al-Balkhi's work is unique in that it dedicates a separate chapter titled "Sustenance of the Soul" to illnesses of the soul, or what is referred to today in the West as mental health (Awaad & Ali, 2023, p. 90). Al-Balkhi uses the term *huzn* to refer to sadness and *al-Jaza* to refer to a severe form of sadness that we call depression today (Al-Balkhī, 2013). Al-Balkhi argued that sadness can be triggered when an individual experiences loss, such as losing a loved one. Such sadness (*huzn*) "strikes the soul" and, if not addressed, can lead to depression (*al-jaza*), characterized by the depletion of motivation and energy (Al-Balkhī, 2013, p. 49). Al-Balkhi believed that psychological suffering carries consequences far greater than physical illness, and that human beings are far more likely to experience them than physical ailments, despite individual differences in the intensity of such suffering:

These psychological symptoms affect man much more frequently than bodily symptoms. Indeed, some people may almost never suffer from any or most bodily

symptoms throughout or most of their lives. In contrast, psychological symptoms induce man to suffer from them most of the time. Indeed, no man is saved in all his conditions from feeling of distress, anger, sadness or similar psychological symptoms. However, people differ with respect to the intensity of their feelings in response to these symptoms. (Al-Balkhī, 2013, p. 28)

Thus, Al-Balkhi stressed the importance of understanding and addressing psychological symptoms, such as sadness and depression:

The symptoms of sadness and depression are of special significance in comparison to other psychological symptoms since they can cause very severe reactions to man when they take over his heart. This fact is clearly illustrated by the serious change that afflicts an individual suffering from acute sadness and depression. He appears in the most horrible form, uncontrollable deeds demonstrating his impatience and annoyance. In an earlier chapter, we stated that depression is an extreme form of grief and sadness. Depression in its acute form is like a blazing coal fire while sadness is analogous to coal that remains glowing after the fire has subsided. These symptoms have pronounced effects in exhausting the body, draining its activity and wearing out its wish for pleasurable desires. (Al-Balkhī, 2013, p. 49)

Al-Balkhi categorized depression into three types: everyday common sadness that all people experience at various times (*huzn*), depression with identifiable causes from outside the human body, and depression that originates within the human body (Al-Balkhī, 2013). Mitha (2020) notes that Al-Balkhi's categorization of depression is similar to the contemporary categorization of depression that proposes three similar types: "normal reaction to everyday life struggles, endogenous depression triggered by a specific instance as in line with the diathesis-stress model, and exogenous/reactive depression" (p. 767).

Moreover, while Al-Balkhi's second category of depression with external causes resonates with contemporary research that argues for a greater emphasis on social and contextual influences (Neitzke, 2016), his third category of depression that originates within the body is comparable to contemporary medical concepts of depression that highlight the role of endogenous (bodily) influences. For example, modern studies have identified a link between physical inflammatory conditions (such as diabetes, cancer, and infections), neurotransmitters (serotonin and norepinephrine), and symptoms of depression (see Sperner-Unterweger et al., 2014).

It is also noteworthy that Al-Balkhi emphasized different treatments for the latter two types of depression. For depression with identifiable causes from outside of the human body, he recommended spiritually integrated psychotherapy (*al-illaj al-nafsani*), which is a form of spiritual counseling that aims to raise the morale of the individual (Al-Balkhī, 2013). For depression originating from within the body, he recommended body-based treatments (*al-ilaj al-jismani*), such as purifying the blood, alongside encouraging talks (Al-Balkhī, 2013).

Al-Razi

Al-Razi, known as *Razbes* in the West (El-Rouayheb & Schmidtke, 2016), was a doctor who became famous as "the unsurpassed physician in Islam" (McGinnis & Reisman, 2007, p. 36). Al-Razi became a controversial figure because he claimed that revelation and prophecy were not required for his studies of medicine and philosophy. He argued that revelatory sources

are, at best, unnecessary as we are capable of reason and are, at worst, unacceptable as they can lead to bloodshed (McGinnis & Reisman, 2007). Al-Razi also challenged ancient figures, such as Hippocrates and Galen, if their claims were inconsistent with his medical observations (McGinnis & Reisman, 2007). Thus, Al-Razi was a non-conformist who did not accept claims on the sole basis of authority, regardless of who the authority was, and continuously developed his ideas based on his own medical observations (McGinnis & Reisman, 2007). Such an approach to producing knowledge resembles the contemporary scientific practice of challenging previous findings if they are unsupported by subsequent studies (such as Baumsteiger & Chenneville, 2015). Al-Razi's observations, along with his comments on the works of Galen and Hippocrates, were compiled in a book titled *Kitab al-Hawi*, which translates to "The Comprehensive Book," and was considered a medical authority in the West up to the 18th century (El-Rouayheb & Schmidtke, 2016, p. 63).

Despite most of Al-Razi's works being lost, two surviving works attributed to him are *The Philosophical Life*, in which he discusses his way of life, and *The Spiritual Medicine*, in which he discusses mental health and human ethics (McGinnis & Reisman, 2007). *The Spiritual Medicine*, also known as *The Spiritual Physick of Rhazes*, was published in 1950 and consists of 20 chapters that discuss the impact of various diseases on the soul and body. In Chapter 12, titled "Of Repelling Grief," Al-Razi conceptualized sadness as sorrow or grief due to one's attachment and love for temporary things, disrupting the equilibrium between the body and soul (Al-Razi, 1950). Al-Razi argued that since loss is a part of life, the most vulnerable to grief are those who have more things to lose or those who are more emotionally attached to things they will inevitably lose. Thus, to counter grief, one must either become emotionally independent of things subject to loss or prepare for the experience of loss:

Since the substance out of which sorrows are generated is simply and solely the loss of one's loved ones, and since it is impossible that loved ones should not be lost because men have their turns with them and by reason of the fact that they are subject to the succession of generation and corruption, it follows that the man most severely afflicted by grief must be he who has the greatest number of loved ones and whose love is the most ardent, while the man least affected by grief is he whose circumstances are the reverse. It would, therefore, seem that the intelligent man ought to cut away from himself the substance of his griefs by making himself independent of the things whose loss involves him in grief and that he should not be deceived and deluded by the sweetness they impart while they remain in being, but rather keep in mind and image the bitterness that must be tasted when they are lost. (Al-Razi, 1950, p. 69)

Moreover, Al-Razi believed that reassuring comments from doctors positively impact a patient's recovery as the mind and body have a reciprocal relationship. He emphasized that "the physician, even though he has his doubts, must always make the patient believe that he will recover, for the state of the body is linked to the state of the mind" (Al-Razi, 1955, as cited in Tibi, 2006, p. 206).

It is noteworthy that Al-Razi's statement on the influence of doctors' roles and patients' attitudes on recovery resonates with contemporary studies investigating the concept of the placebo effect. For example, Leibowitz et al. (2019) investigated the mechanisms underlying the efficacy of placebos in patients' allergic reactions. They found that patients' positive expectations, alongside the supportive role of a doctor, significantly reduced allergic reactions. Besides emphasizing the role of doctors and patients' attitudes on successful recovery from illnesses, Al-Razi was an

advocate of non-drug treatments, particularly when multiple drugs are considered. He argued that “if the physician is able to treat with nutrients, not medication, then he has succeeded. If, however, he must use medication, then it should be simple remedies and not compound ones” (Al-Razi, 1955, as cited in Tibi, 2006, p. 206).

Ibn Sina

Ibn Sina, known as *Avicenna* in the West (Amr & Tbakhi, 2007), was a Persian philosopher and a physician famous for his teachings on mind-body dualism, sensations, and perceptions (Farooqi, 2006). Ibn Sina’s medical observations led him to believe that a physically ill person can be restored to total health through willpower alone, and a healthy person can become physically sick due to psychological states, such as obsessions (Farooqi, 2006). Thus, Ibn Sina recommended practices such as meditation, psychological conditioning, dialogue, contemplation, and visualizations in his treatments (Farooqi, 2006).

Despite the uncertainty around the exact number of books attributed to Ibn Sina, his masterpiece, *The Canon of Medicine*, was an important source of knowledge in European universities between the 13th and 17th centuries (Shoja et al., 2009) and is described as “undoubtedly one of the biggest accomplishments in world history” (Pajević et al., 2021, p. 2). Besides *The Canon of Medicine*, which discusses topics related to the human body and soul, Ibn Sina’s discussions of psychological problems, particularly depression, can be found scattered in his other books, including *The Book of Healing*, *The Book of Salvation*, and *The Book of Directives and Remarks* (Pajević et al., 2021). Although the term “depression” does not occur in Ibn Sina’s works, the word “melancholia” does appear (Pajević et al., 2021).

The word “melancholia” literally means “black bile,” as it was a common belief at the time that mental health problems were the result of black bile accumulation in the brain (Nolen-Hoeksema, 1990, as cited in Khodaei et al., 2017). Nevertheless, Ibn Sina’s description of melancholia matches many symptoms of Major Depressive Disorder in the DSM-5, such as changes in appetite, weight loss, restlessness, fatigue, and suicidal thoughts (Pajević et al., 2021).

To counter melancholia, Ibn Sina recommended that “the melancholic patient should always be busy whatever it is and meet with whom he respects and likes and also should be entertained by music and singers and nothing is more harmful to him than loneliness and seclusion” (Ibn Sina, 1999, as cited in Kaadan & Zaiat, 2014, p. 6).

Furthermore, in his treatise, *The Book of the Cure*, Ibn Sina argued that if mental illness diminishes reason, then philosophy can provide enlightenment and relief for mental illness (Pormann & Savage-Smith, 2007, as cited in Mitha, 2020).

Discussion

While Islamic scriptures acknowledged psychological suffering (such as sadness, grief, and sorrow) as part of the human condition, historical Muslim scholars emphasized the importance of identifying root causes (such as loss of loved ones) and responding appropriately. This contrasts with the latest Western diagnostic tool used in clinical settings, the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5), which focuses on identifying symptoms rather than potential root causes (Tolentino & Schmidt, 2018). The DSM-5 defines clinical depression as a major depressive disorder that can be identified when primary symptoms (low mood or lack of interest) with at least five or more secondary symptoms (appetite changes, sleep disturbances, fatigue, feelings of worthlessness, and guilt) are present for at least two weeks

(Tolentino & Schmidt, 2018). What the recovered memory of Islamic scholarship offers to contemporary mental health practice, in contrast, is a refocusing upon the contextual, socially situated elements of mental illness.

Historical Muslim scholars distinguished mental health from physical health. However, they stressed that the mind and body, though separate, are connected. For example, depressive states (such as sorrow) influence bodily functions (such as appetite and sleep). Although the DSM-5 acknowledges that depression can manifest in somatic symptoms, such as sleep disturbances, appetite and weight changes, and fatigue (Tolentino & Schmidt, 2018), these symptoms are treated as part of an underlying, discrete mental illness. In contrast, the Islamic scholars' perspective aligns more closely with recent developments in mental health research, which view mental and physical health as being involved in a dynamic interplay with multiple causal pathways at work (Firth et al., 2019).

Given the connection between the mind and body, historical Muslim scholars recommended adaptive coping strategies for depression, such as meditation, visualization, dialogue, intellectual pursuits, music therapy, entertainment, and socialization, while discouraging maladaptive coping behaviors, such as rumination and isolation. This approach is in contrast with the one-size-fits-all Western medical treatment of depression rooted in the universalized diagnosis of depression in the DSM (Khan et al., 2018, p. 239), which leans heavily on biological and reductionist concepts (Crossley, 2000). It is noteworthy that the Islamic scholars' emphasis on social, embodied, and spiritual remedies for sadness is mirrored in recent turns toward social prescribing (Cooper et al., 2022) and mindfulness-based therapy (Gu et al., 2015), as well as recovery models which emphasize the importance of meaning, hope, and connectedness (Leamy et al., 2011). One could argue that the early Islamic scholarship on mental distress was radically ahead of its time and that biomedical reductionism looks distinctly dated.

Furthermore, researchers (Rothman et al., 2020; Utz, 2011) have emphasized the necessity of collaborative healthcare in which practitioners adopt a therapeutic model that aligns with their patients' beliefs. Interventions or treatments often fail when the practitioner's model does not correspond with the patient's beliefs (Wade & Halligan, 2017). Indeed, Rothman et al. (2020) noted that many Muslims disregard psychotherapeutic services due to perceptions that psychotherapists lack religious sensitivity. Given the need for psychotherapeutic approaches that integrate Muslims' religious beliefs and values into practice, contemporary Muslim scholars have generally proposed one of two approaches. Some research (Rothman et al., 2020) has proposed a therapeutic approach fundamentally based on Islamic teachings, generally referred to as Islamic psychotherapy. Others (Al-Karam, 2018; Keshavarzi et al., 2021) propose integrating secular Western psychology with Islam by introducing core Islamic teachings into contemporary Western psychotherapeutic practices.

Nevertheless, while the impressive contributions of the Golden Age of Islam, including the scientific and psychological contributions of historical Muslim scholars, remain understudied and underutilized, they demonstrate a holistic, scientific, and culturally adaptive approach to mental health practices (Awaad et al., 2019). Furthermore, Muslim scholars' works suggest they viewed health as a general state of well-being rather than the absence of illness (Awaad et al., 2019). Such a perspective is in line with the definition offered by the World Health Organisation (WHO), which defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease" (World Health Organization, 1948, p. 100). However, it is important to note that while some Muslim scholars' works resemble contemporary approaches, applying modern-day concepts to such classical works carries the risk of "presentism," which refers to the notion of interpreting historical events through the lens of present-day standards (Awaad & Ali, 2015, as cited in Mitha, 2020, p. 768).

Despite the progress and development of the Islamic world, Islamic sciences began to decline in the 14th century (Haque, 2004). According to Haque (2004), the rise of the Muslim traditionalist movement led to this decline. The Muslim traditionalist movement insisted that the best knowledge existed at the time of Prophet Muhammad and his companions, labeling the production of new knowledge as “innovation,” a religiously forbidden concept (Haque, 2004, p.360). It is believed this traditionalist approach ended *ijtihad* (free interpretation) and led to the freezing of new knowledge (Haque, 2004). Nevertheless, contemporary Islamic scholars have clarified that innovation in religion and not in the field of sciences is forbidden (Haque, 2004).

Other researchers (Ali-Faisal, 2020; Rassool & Luqman, 2022) attribute the decline of Islamic sciences to the Western colonization of Muslim lands. It is believed that colonization led to Muslims internalizing Western ideals and, consequently, losing faith in their own ideals and civilization (Ahmed, 2002).

Given the decline of Islamic sciences and civilization, contemporary studies (such as Amri & Bemak, 2012) suggest that Muslims today underutilize mental health services. It has been argued that Muslims generally appear apprehensive toward modern psychology, whether as a discipline or a clinical setting (Amri & Bemak, 2012; Keshavarzi & Haque, 2013). Many Muslims reject psychotropic drugs due to fears of side effects, long-term dependence, or being used as prey for money-making (Amri & Bemak, 2012). Therapy has also been rejected by many Muslims due to fears that non-Muslim therapists may brainwash them out of their beliefs or that Muslim therapists may judge or gossip about them (Alhomaizi et al., 2018). Such findings suggest that many Muslims may remain underdiagnosed and suffer in silence. According to Awaad et al. (2021a), the most notable reason for the mistrust of Muslims toward modern-day psychology is the marginalization of religion. Many Muslims express the belief that the occupation of Muslim lands and minds by colonial and secular forces is to blame for the decline of religion-based practices (Amri & Bemak, 2012, as cited in Awaad et al., 2021a). Thus, many Muslims view modern psychology as a secular movement that has not only disregarded the contributions of Islamic civilization but is also opposed to religious teachings (Amri & Bemak, 2012).

Ali-Faisal (2020) argued that despite the attempts of Euro-American psychology to engage Muslims in psychological measures and methods, such approaches do not sufficiently meet their needs. Thus, to engage Muslims and restore their confidence, psychological approaches must provide a sense of security to Muslim identities (Ali-Faisal, 2020). This would involve the decolonization of psychology and work from an Islamic Liberation framework that prioritizes Muslim voices, challenges their internalized assumptions, and incorporates Muslim historical scholarship (Ali-Faisal, 2020). Employing decolonial research methods (such as qualitative research methods and participatory approaches) that acknowledge the diversity of voices within the Muslim population enables researchers to fulfill all three tasks of Islamic Liberation psychology (Ali-Faisal, 2020), which is the prioritization of Muslim voices, uncovering traditional ways of knowing or identities that may be liberating for many Muslims, and presenting opportunities to recover historical memory (Ali-Faisal, 2020). The knowledge produced from such research can challenge assumptions about ways of thinking that are deemed natural and thus raise critical consciousness (Adams et al., 2015).

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