

# Commentary

Abduljalil Sajid

I read Culliford's article (2002, this issue) with keen interest. I am pleased to comment on some of the aspects from the traditional view of my Islamic faith. Let me begin with the terminology. In Islam, the term spirituality is inseparable from the awareness of the One, of Allah (God), and a life lived according to His Will. This principle of Oneness (Al-tawheed – unity) must be taken into consideration in any study of Islamic spirituality. In the Qur'an, God has manifested that which is within the soul of man. He has 'breathed into man' His own spirit. The word that Muslims use for spirituality is *ruhaniyyah*. *Ruh*, which means spirit, is mentioned in the Qur'an; 'The Spirit is from the command of my Lord' (Chapter 17, verse 85).

In my understanding, it is appropriate to say that anyone who reflects God as the vital, determining norm or principle of their life could validly be called spiritual. By and large, every religion, including Islam, deals ultimately with the supreme issue of what may be called our link with the Spirit – the Supreme Being. Islam fosters this desire for a better and higher kind of life – in Qur'anic words, *kharun wa abqa*, better and eternal. This can be achieved by a conscious effort to make certain available choices. Making a right choice takes man's life on its upward path to God. God stands as the very basis of the Qur'an's entire doctrinal teaching: without God nothing can exist, let alone work or function properly. God constitutes the very integrity of everything that exists, particularly humankind, both individually and socially.

The Qur'an contains three key terms that relate to human conduct and Islamic spirituality, all of which mean to be safe, to be integral and sound. The first is *iman*, which means faith, but its root means to be at peace, to be safe, or not to be exposed to danger. This means that Islam bestows safety and peace. The second term, *Islam*, comes from a root that means to be safe, to be whole and integral and

not to disintegrate. The idea is that by accepting the law of Islam and surrendering to it, one avoids disintegration. The third fundamental concept is *taqwa*, which is usually translated as piety or conscious of God, but whose root means to protect from getting lost or wasted and to guard against peril. This applies to the notion that nature obeys God's laws in its entirety and thus preserves itself.

I agree with Culliford that 'many reports give less importance to beliefs and to faith'. However, for Muslims the Qur'an 'is a guide and gives healing to those who believe' (Chapter 41, verse 44). Their religion and the tradition of their faith therefore plays an important and very significant role in satisfying the physical as well as the spiritual needs of human beings. This is confirmed by the research on some patient's relevant factors. I also agree with Culliford that, unfortunately, religious, moral and ethical values have been declining in today's society. Families are falling apart, crime and the divorce rate are increasing sharply, and substance misuse and excessive sexual indulgence are common in adolescents and young adults. These factors lead to conflicts, resentment and the loss of self-respect, loneliness, depression, anxiety and a host of psychological symptoms.

The distinction between healing and cure of the mental state of a patient is important. I believe that psychotherapy is, in reality, a form of education that directs the patient to recognise his or her behaviour and to conform to prevailing standards. It helps in motivating the patient to adopt alternative ways of behaviour. In my opinion, the Islamic principles that are based on the Qur'an and Hadith are the best form of prevention and treatment of emotional disturbances. Muslims, physicians and mental health professionals should incorporate Islamic values and ethics into psychotherapy techniques. In our society, many psychiatrists and psychotherapists discourage the use of any religious

concept in treatment of those who are emotionally disordered, but religion may be helpful as it is a system of thought and actions by a group that give the individual a frame of orientation and an object of devotion.

The issues of honesty and trust of professionals are relevant because many patients suffering from emotional disorders have lost the ability to lead responsible lives. For them, therapeutic guidance is necessary in an environment of care, respect, dignity and understanding. The goal of therapy should be not happiness but acceptance of reality and strengthening of coping mechanisms. The outcome is positively influenced by a trustful relationship with a therapist and clarification of problems and conflict. Moral and ethical issues should not be avoided and problems should be clarified so that patients can judge for themselves the quality of their behaviour and their ideals.

Culliford makes an important point about spiritual needs and spiritual care. From the Islamic point of view, one approach to disease management is the use of *dua* – prayer from the Qur'an (Chapter 17, verse 82) and Hadith (sayings of the Holy Prophet (peace be upon him)). The Qur'an is the best medicine. *Dua* is medicine. Asking for protection from Allah, *isti'adhat*, is medicine. A strong faith, *iman*, and trust in Allah, *tawakkul*, play a role in the cure of diseases.

The spiritual approach to cure is mediated through physical processes. Psychosomatic processes affect the immune functions and other metabolic functions of the body. A believer who is spiritually calm will have positive psychosomatic experiences and not negative ones, because he or she will be psychologically healthy and at ease. Faith can change the very perception of disease symptoms. Pain is, for example, subjective. A believing person who trusts in Allah may feel less pain from an injury than a non-believer with the same injury.

Physical approaches to disease management include diet, natural agents (chemical, animal and plant products), manufactured chemical agents, surgery (*jiraha*) and physical treatment (e.g. heat). Physical approaches can reverse disease pathology, mitigate its effects or just stop further progression.

There should be no dichotomy between the spiritual and physical. Both approaches should be used for the same constitution. Each cures the disease using a different pathway. There is no contradiction but there is always synergy. It is a mistake to use one and reject the other.

---

## Reference

---

Culliford, L. (2002) Spiritual care and psychiatric treatment: an introduction. *Advances in Psychiatric Treatment*, **8**, 249–258.



**YOU CAN NOW BUY ONLINE**

Buy any Gaskell book at [www.rcpsych.ac.uk/publications](http://www.rcpsych.ac.uk/publications)