



Understanding Depression and Anxiety in the Modern Era: Psychological and Islamic Perspectives on Causes and Treatment

Amna Mayi¹, Muhammad Tahir²

1. M.Phil. Scholar, Riphah International University, Faisalabad
 2. Lecturer, Department of Islamic Studies, Riphah International University, Faisalabad.
- Email: muhammad.tahir@riphahfsd.edu.pk

Abstract

Depression and anxiety are two most prevalent mental diseases of the contemporary era. They are addressed here in terms of their psychological and physiological causation, their causation through social, religious, and behavioral causation, and efficacy of contemporary therapy and Islamic religious interventions. The research integrates available scholarly literature and Islamic religious scholarship, i.e., Islamic scriptural and customary ones, to conceptualize mental health in its totality. The methods employed are qualitative thematic analysis of religious literature and scripture. One of the conclusions, it is made clear by the research that although psychological and physiological states like neurotransmitter imbalance and trauma are the etiologies, spiritual deficits like drifting away from God and prayer are the root contributory factors. Islamic religious practices of daily prayer (salat), charity (zakat), and dependence on dua (supplication) may grossly overestimate symptoms. This research adds to a rich, enriched history of mental health integrating science and religion.

Keywords: Depression, Anxiety, Islamic Psychology, Mental Health, Spiritual Healing, Cognitive Therapy

Introduction

Depression and anxiety are the most common psychological disorders that affect millions of people all over the world regardless of age, gender, socio-economic status, and culture. Over 280 million people are under the shadow of depression, and over 300 million people are under anxiety disorders, according to the World Health Organization (WHO, 2023). These psychological conditions are experienced as chronic depression, worthlessness, sleepiness, and for the anxiety disorders, their excessive worrying and fear. Although they are usually treated through psychological therapy and medication, the growing global demand for mental illness requires a wider, cross-disciplinary approach that considers the religious and spiritual dimensions of human life. Greater focus on both Islamic heritage and Western psychological information regarding mental health has been set in recent decades by Muslim society. Islam does not define as something that can be divided into a body independent of soul and mind. Therefore, any lack of religious or moral duties such as neglecting prayer (Salah), giving charity (Zakat), or remembering Allah (Dhikr) is also claimed to impact the state of mind. Weakness in religious pillars will cause emotional alienation, hopelessness, and emptiness at the spiritual level and thus to mental health crises, as most researchers such as Malik Badri and Fethi Benslama believe (Masroom, 2022). This

research paper deals with the etiology and treatment of depression and anxiety both on psychological and Islamic levels. It provides answers to some of the key questions: What are the current psychological and medical etiologies of depression and anxiety? How are Islamic explanations treating these psychological disorders? What modalities of clinical and spiritual significance are effective for these disorders? Based on evidence from contemporary psychology and Islamic sources (Quran, Hadith, and classical writers), this research attempts to put the importance of an integrated approach to mental health into perspective. The argument of the paper is that while contemporary science provides pertinent information on the biological and psychological mechanisms characteristic of depression and anxiety, materialistic therapy fails to capture spiritual hollowness behind human suffering. Islamic ethics, if correctly read and followed, are not only moral directives but also therapy like daily prayers, calling upon God, paying alms, patience, and faith in God's providence that can re-stabilize mental tension and regain inner peace. The study is significant as it brings forth a culturally suitable and spiritually inclined model of managing mental health among Muslim patients and contributes to global discourse on integrative therapies for mental healthcare.

Literature Review

Depression and anxiety have transformed in the last century, as psychology, psychiatry, neuroscience, and cultural studies have progressed. The last half-century has witnessed increased focus being given to religious and spiritual systems, including Islamic systems, in religious and spiritual system studies. Psychological literature and Islamic literature on depression and anxiety are presented below to construct a synthesis, holistic model.

Psychological and Medical Insights

Depression has historically been defined as a mood disorder that comprises lasting sadness, loss of interest, tiredness, and impairment of cognitive function (American Psychiatric Association [APA], 2022). Anxiety is characterized by pathologic worry and fearfulness and by somatic complaints of tachycardia and hyperventilation. Automatic cognitions such as self-blame, hopelessness, and cognitive distortion are the process involved in generating and maintaining depression under Beck's Cognitive Theory of Depression (1979). Studies by Aaron Beck also contributed to Cognitive Behavioral Therapy (CBT) which has since been the most prevalent treatment for the two diseases. Neuroscience studies attribute such conditions as being a result of neurotransmitters serotonin, dopamine, and norepinephrine imbalance (Harvard & Werker, 2021). Genetic susceptibility, hormonal imbalance, and brain abnormalities in structure of areas such as those found in the amygdala and hippocampus are also hypothesized by biologic studies (Nemeroff, 2016). The biopsychosocial model explains because it emphasizes interaction among biological susceptibility, psychological stressors, and social determinants. Social determinants of mental health, including poverty, unemployment, trauma, and isolation, are also at the core of the causation of depression and anxiety. For instance, individuals living in conflict zones, or those who are the recipients of attacks on ethnic, religious, or migration grounds, bear an unequal burden (Silove et al., 2017). The model is best suited to Muslim communities victimized by Islamophobia, discrimination, and displacement, and thus more vulnerable to mental disorder (Rippy & Newman, 2006).

Islamic Concept of Mental Health

Islam refers to a deeply religious concept of human life. Quran is usually referring to the human soul (nafs), heart (qalb), and inner state of peace or agitation. Even though Quran and Hadith never mention modern-day words "depression" and "anxiety" even by mistake, they certainly talk about

soulsuffering in terms of huzn (grief), ghamm (grief), waswasa (doubting or wry thoughts), and khawf (fear). Yes, in Surah Al-Baqarah (2:286), Allah does mention emotional burden on the soul: "Allah does not burden a soul beyond that it can bear." Islamic minds over the centuries have grappled with mental health. Abu Zayd al-Balkhi, a 9th-century philosopher and author, authored *Masalih al-Abdan wa al-Anfus* (Sustenance for Body and Soul), which is widely believed to be among the first Islamic treatises of psychosomatic medicine. Al-Balkhi classified mental disease and divided it into emotional disease, mental disease, and stress disease. He advocated a unification of spiritual healing and body therapy decades before Western psychology formalized such a synthesis (Saeed et al., 2024). Malik Badri, the "father of Islamic psychology" himself, has endorsed Islamization of psychology in recent times. Badri is skeptical of the Western tradition of healing in his book *The Dilemma of Muslim Psychologists* (1979) because it is insensitive to the relationship of soul and Allah. Badri mentions dhikr (substitution of Allah), tawakkul (having trust in God), and prayer as large mechanisms of healing for anxious and depressed Muslims. Contemporary Islamic psychology authors describe that Islamic spirituality vacuum, religious duty neglect, and playfulness with Allah are significant psychological stressors. Awaad et al. (2019) once again establish the fact that Muslims who fail to keep regular religious habits, i.e., prayer (Salah), recitation of Quran, and charity (Zakat), are more likely to be prone to disharmony within themselves, depression, and meaninglessness. Furthermore, failure to observe worship actions may lead to guilt and self-criticism, which further lead to psychological distress.

Culturally Sensitive Therapy and Integrated Models

Past decades have attempted to combine Islamic and psychological models. Hedayat-Diba (2014) shows how successful culture-sensitive treatment is for Muslim clients. The approach entails religious coping strategies such as supplication (du'a), religious counseling, and social support through the mosque. Islamic-oriented treatment is more acceptable and more effective in Muslim communities. For example, a randomized control trial carried out by Ansari, S., & Iqbal, N. (2023) in Pakistan concluded that the inclusion of CBT with Islamic teachings was far superior to the treatment of anxiety disorders and depression in Muslim patients compared to therapy itself. Even the addition of Quranic revelations, hadith of the prophet, and metaphors of spirituality made the patients more trusting, cooperative, and emotionally tough. Islamic conceptualization of mental well-being, as have argued scholars such as Rothman and Coyle (2018), is borrowing from a triadic ontological theory of self nafs (self), qalb (heart), and ruh (spirit). Spiritual well-being healing is how wellbeing is thought in terms of repentance, thankfulness (shukar), patience (sabr), and remembrance of God (dhikr). The model addresses symptoms and spiritual alienation.

Methodology

This study uses the qualitative-descriptive study design in its examination of the etiology, causation, and treatment of depression and anxiety through Islamic and psychological strategies. It uses the research strategy of synthesis of analysis of theoretical framework, secondary data collection, synthesis of themes, and religious texts and literature interpretive analysis. It aims to conceptualize an integrative and culturally sensitive conceptualization of mental health that synthesizes empirical realities and spiritual beliefs. The study is designed as qualitative literature-based research that synthesizes knowledge across disciplines like clinical psychology, neuroscience, psychiatry, Islamic theology, and spiritual psychology. There are no clinical trials or field experiments to be performed but rather the critical analysis of existing knowledge and models and building an integrative model. The study attempts to respond to the following guide questions:

- What are the religious and psychological determinants of depressive and anxiety disorders in contemporary situations?
- How do Islamic teachings prescriptively determine the etiology and management of these illnesses?
- What are the limitations of clinical models in themselves, and to what degree can they be supplemented with cultural and religious models?

Results / Findings

The culmination of the qualitative review synthesis of this literature is thematically and highlights the multimodal nature of depression and anxiety, particularly in modern Muslim society. The emerging themes identify the determinants of mental health of a psychological, religious, social, and behavioral nature.

Psychological and Medical Factors

All the above-referred researches came to an agreement that disturbances in the neurochemicals, i.e., subnormal blood levels of serotonin, dopamine, and norepinephrine, were the strongest predictive factors for the emergence of depression and anxiety disorder. Abnormal blood sugar, stress, and compromised cerebral blood flow were also shown to exacerbate symptoms. American Psychiatric Association studies (2023) replicated that those with a family history of mental illness are at higher risk, and there is strong evidence to suggest a genetic factor.

Furthermore, anger, guilt, trauma, envy, sadness, and shame were constantly defined as affective precipitants for depression and anxiety. Trauma, particularly loss or abuse of children, has also been discovered to be an endangering cause of long-term vulnerability to mental disorder.

Spiritual Neglect and Divine Alienation

Islamic text findings announced that religious emptiness and divine alienation (Allah) would be responsible for despair, meaninglessness, and isolation. Calling upon religious duties like Salah (prayer), Zakat (almsgiving), and Du'a (supplication) were issues of psychological and emotional balance. Hadith and Quranic ayahs always stress that Allah's remembrance soothes the heart. A Hadith in Bukhari quotes: "Whoever does not ask from Allah, He becomes angry with him." Similarly, the Quran (Surah Ghafir 40:60) states: "Call upon Me, I will respond to you." Those who become upset because Allah is late in responding fall into despair and emotional chaos into.

Behavioral and Moral Causes

Criticism of Islamic psychology has found that immoral action and avoidance of moral responsibilities can lead to a sense of guilt, discomfort, and psychological agony. Materialism, escaping the afterlife, and disobedience to God are credited by most scholars with deteriorating psychological well-being. The work of Al-Balkhi and modern writers such as Dr. Malik Badri suggests that moral-spiritual abstinence is helpful to mental resilience (Badri, 1979).

Welfare Function of Prayer: Islamic Rituals

There is supportive empirical evidence for the therapeutically beneficial function of prayer, charity, and fasting for depression treatment. Five daily Salah daily observance provides a daily discipline, bodily training, religious anchorage, and presence, all them being successful coping strategies of secular psychology. Zakat and Sadaqah (charity) also have the effect of increasing the solidarity of humanity, strengthening social justice, and giving a direction, primarily in the assistance of fellow human beings. Supplication and remembrance (Dhikr) form hope and security and solidarity and act religious antidepressants.

Discussion

The conclusions of the research demonstrate a convergence of religion, psychological, behavior, and social accounts of explaining and inducing depression and anxiety, especially among Muslims. The second part of this section discusses findings, locates them within current work, discusses some of the surprising conclusions, and has comment regarding what they have implications for theory and practice.

Interpretation of Results

The conclusion supports the biopsychosocial model of mental illness insofar as neurochemical imbalance, emotional trauma, and social stressors cause depression and anxiety. But a crucial line of research is whether religiosity and religious practice are a significant determinant in the building of mental resilience. Spiritual amnesia of Du'a, Zakat, and prayer was associated with heightened loneliness, senselessness, and psychological distress. Religion practice, though utilizing Salah, Dhikr, Quran reading, and charity acted as a defense mechanism. This is consistent with previous evidence by Badri (1979) and Awaad et al. (2020), wherein Islamic spirituality had been found to be of potential psychotherapeutic benefit. The study also revealed that not only lack of religious activity but even the very nature of faulty conception of the plan and timing of God is causative for psychological distress. The natures are largely due to inability to answer the prayers of most of the masses instantly. This type of inability to wait creates rejection, injustice, and suspiciousness regarding religion, and thus depression and anxiety take over. Islamic theology, however, reminds believers that God's delays are typically full of mercy and wisdom a dimension not quite so thoroughly investigated in non-theistic mental health models.

Comparison with Previous Studies

Established mainstream psychological science i.e., APA (2022) has empirically substantiated mindfulness, cognitive behavior therapy (CBT), and social support as the treatment for depression and anxiety. Islamic parallel constructs are postulated from the literature as mindfulness in the execution of Salah, cognitive restructuring with Qur'anic reflection, and social support through Zakat and Ummah identification. In later studies on Islamic Cognitive Behavioral Therapy (ICBT) by authors such as Dr. Rania Awaad (2019) the results of the study are completely in line. They believe that religious coping, Tawakkul to Allah, and spiritual knowledge could be a distress and healing buffer of coping mostly in culturally religious communities (Awaad et al., 2019). This integrative model is also in line with the 9th-century scholar's report, Al-Balkhi, who promoted religious and bodily therapy of mental illness, in accordance with traditional Islamic scholars' inclination towards integrative care for mental illness (Saeed et al., 2024).

Explanation of Unanticipated Findings

The surprising finding was that the degree to which religious abandonment leads not only to deterioration of behavior but also to suffering of an emotional nature, i.e., spontaneity, addictions, and withdrawal.

Secular accounts might be capable of dissociating depression from moral situations, but the study at hand frames the likelihood of much of the psychological break-ins founded not so much on a clash of moral-spiritual type, rather from the sinful or defiant Muslims against God's will. In addition, acts like Zakat were also found to bring emotional comfort to the recipients as well as the donor. This contradicts charity as socially welfare only activity. Alternatively, it justifies the Qur'anic saying that giving in Allah's name purifies the soul (Surah Al-Tawbah 9:103).

Theoretical and Practical Implications

Theoretically, the study adds to expanding literature in support of synergistic psychology in religion based on faith that recognizes mental health to be spiritual and biological. The study argues

that the omission of religious variables in therapy, especially from extremely religious Muslim populations, is likely to result in suboptimal treatment outcomes. Indeed, the study requires Islamically-sensitive models of counseling, mosque based mental health interventions, and religio-congruent practice. Islamic mental health clinicians have to be trained to integrate patients' religious systems of beliefs into treatment and assessment. Muslim scholars and Imams should receive foundational psychological training to identify warning signals and refer patients to the appropriate level of care.

Conclusion

Depression and anxiety in the contemporary period are the leading psychological disorders, situated not only among biologic and environmental indicators but also spiritual abandonment and moral isolation. This study has discussed the multi-factorial etiology of the disorders and gained insight into both the psychological constructs trauma, neurochemical disturbance, and secondary stress upon social attachment and the Islamic spiritual model and its concern for the stakes involved in alienation from providential guidance and responsibility. Conclusion of this study is that mental illness cannot be explained and treated if one does not comprehend the spiritual reality of a human being, particularly for Muslims because religion is a part of one's life and purpose. When people lose these simple religious acts of prayer, zakat, fasting, and supplication, they not only lose their bond with the Creator but also lose significant psychological processes of emotional regulation, hope, gratitude, and belongingness. Furthermore, attributing the knowledge of God in tardy responses or untiled prayers also promotes misinformation, which gives rise to despair and incredulity, resulting in mental illness. The Quranic verse "Call upon Me, I will respond to you" (Surah Ghafir 40:60) is a promise of faith and emotion, which needs to be re-evaluated as part of Islamic therapy.

This study is representative of the imperative for interfaith, faith-based treatment modalities based on Islamic teachings and current psychological theory. Mental health clinicians working with Muslim clients need to be trained religion-sensitive and integrate religious belief into the therapeutic endeavor. Islamic scholars need to receive training in mental health disorder in order to establish the interface between religious counseling and mental health treatment. Briefly, depression and anxiety treatment among Muslims should be an integrated system in which remembrance of Allah, religious obligations, and righteousness become intermixed with therapeutic interventions. Whenever psychological interventions become intermixed with remembrance of Allah and recollection of religious obligations and righteousness, people would likely attain enduring peace, emotional resilience, and religiosity peacefulness, which is the very same as right healing here and there.

References

- American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.; DSM-5-TR).
- Ansari, S., & Iqbal, N. (2023). Contributions of Muslim medieval scholars to psychology. *Archive for the Psychology of Religion*, 45(3), 308-333.
- Awaad, R., Fisher, A. J., Ali, S., & Rasgon, N. (2019). Development and validation of the Muslims' perceptions and attitudes to mental health (M-PAMH) scale with a sample of American Muslim women. *Journal of Muslim Mental Health*, 13(2).
- Badri, M. (1979). The dilemma of Muslim psychologists.
- Beck, A. T., Rush, A. J., Shaw, B. F., & Emery, G. (1979). *Cognitive therapy of depression*.

- Guilford Press.
- Harvard, S., & Werker, G. R. (2021). Health economists on involving patients in modeling: potential benefits, harms, and variables of interest. *Pharmacoeconomics*, 39, 823-833.
- Hedayat-Diba, Z. (2014). Psychotherapy with Muslims.
- Masroom, M. N. (Ed.). (2022). *Freud's focus Badri's Basis and Religious Therapies: A keynote address by Professor Datuk Dr. Mohamed Hatta Shaharom*. School of Human Resource Development & Psychology.
- Nemeroff, C. B. (2016). Paradise lost: the neurobiological and clinical consequences of child abuse and neglect. *Neuron*, 89(5), 892-909.
- Quran. Surah Al-Baqarah (2:286)
- Quran. Surah Al-Tawbah (9:103)
- Quran. Surah Ghafir (40:60). "Call upon Me; I will respond to you."
- Quran. Surah Taha (20:14). "And establish prayer for My remembrance."
- Rippy, A. E., & Newman, E. (2006). Perceived religious discrimination and its relationship to anxiety and paranoia among Muslim Americans. *Journal of Muslim Mental Health*, 1(1), 5-20.
- Rothman, A., & Coyle, A. (2018). Toward a framework for Islamic psychology and psychotherapy: An Islamic model of the soul. *Journal of religion and health*, 57, 1731-1744.
- Saeed, S. I., Ahmed Sr, J. O., Kakamad, K., & Najmadden, Z. (2024). Abu Zayd Ahmed ibn Sahl Al-Balkhi (850-934): A Pioneer in the Field of Psychotherapy and Mental Health. *Cureus*, 16(8).
- Silove, D., Ventevogel, P., & Rees, S. (2017). The contemporary refugee crisis: an overview of mental health challenges. *World psychiatry*, 16(2), 130-139.