International Journal of Islamic Theology and Civilization
E-ISSN: 3009-1551
Vol 2, Issue 1 (2024)

THE WORLDVIEW ON MENTAL HEALTH: ARE ISLAM AND THE WEST PARALLEL OR OPPOSITE?

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Article Info

Article history:

Received: 22 Nov 2023
Revised: 4 Dis 2023
Accepted: 5 Jan 2024
Published: 1 Feb 2024

Keywords:

Al Ghazali, Mental health, western, spirituality, worldview, psychology, psychotherapy

ABSTRACT

This paper is an attempt to provide foundational information about the Islamic perspective and Western views of mental health. This study aims to address this gap by comparing and contrasting the principles of Islamic scripturally-based psychology with those of Western mainstream psychology, with a focus on psychotherapy and mental health. With a focus on humanistic, psychotherapy and Freudian psychology, this article will compare and contrast Islamic psychology with these schools of thought. Within the bounds of this study, the topic of human nature will be touched upon in passing to provide light on mental health-related problems. It is believed that if mental health is properly understood and managed, it could assist individuals in living fulfilling lives, where they achieve inner and outer harmony. Researchers will use textual analysis to sift through pertinent material for this qualitative study. Further research is also suggested as a guide for researchers in the future.

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INTRODUCTION

Presently, the global population of Muslims stands at over 1.6 billion individuals. In Northern Africa, such as Algeria, Egypt, Libya, Sudan, and Tunisia, the Muslim population makes up between 73% and 99% of the

total population. In Western Africa, including Gambia, Mali, Ivory Coast, Ghana, Mauritania, and Liberia, the Muslim population ranges from 3% to 100%. In Eastern Africa, including Burundi, Zimbabwe, Zambia, Kenya, Rwanda, Somalia, and Tanzania, the Muslim population ranges from 1% to 100%. In Middle Africa, including Congo, Chad, and Cameroon, the Muslim population ranges from 2% to 50%. In South Africa, the Muslim population is only about 2% (Muslim Population Worldwide, 2005). The counseling engagement of millions of individuals worldwide has been shaped by the influence of Islamic religious-cultural norms, beliefs, and practices (Farooqi, 2006). Islam is a highly homogeneous religion, with approximately 90% of its followers belonging to the Sunni branch (Henley, 2017). Therefore, Islamic principles regarding entrepreneurship are universally applicable to the majority of Muslims (Ayob & Saiyed, 2020).

A study by the Pew Research Center in 2015 (Wormald, 2015) indicated that Muslims may experience a 73% increase in population from 2010 to 2050, surpassing Christians as the world's largest religion. While the majority of Muslims live in Asia, the Middle East, and North Africa, there is a sizable and increasing Muslim population in several Western countries, including France (8.8%), Sweden (8.1%), Germany (6.1%), and the UK (6.3%), according to Pew Research Center (2017b). Pew Research Center (2015) estimates that Muslims will make up 2.1% of the US population by 2050, despite making up just 0.9% of the total. This makes Muslim population growth the fastest among major religions (Bai, 2023).

Following the tragic events of 9/11 and 7/7, there has been an increasing demand to comprehend the Islamic viewpoint on mental health and to learn more about the adherents of this religion. thought of as "enigmatic and exotic." One possible outcome of studying Islam's views on mental health and psychotherapy is an increase in psychologists' interfaith sensitivity and cross-cultural understanding. Another result could be a lessening of tensions between Muslim and non-Muslim societies. Lastly, the world could feel safer and more peaceful again (Aiyob et al, 2020). The 2001 assaults on the World Trade Center in New York City and other European cities like London resulted in tremendous uproar in every corner of the globe. Fear of further assaults was fueled by the widespread feelings of helplessness, anger, and disorientation. Terrorist acts inflamed Westerners' already present anti-Muslim sentiment (Barkdull et al., 2011; Ven, 2012). The generalization of Muslim guilt for the atrocities and subsequent exclusion from community mourning procedures in several Western nations (Mythen, Walklate, & Khan, 2009; Ven, 2012). Many individuals were not only blamed but also faced a dramatic spike in racist and discriminatory attitudes and actions because of their perceived Muslim identity (Abu-Ras & Abu-Bader, 2008). There has been a seventeen-fold increase in hate crimes in the United States targeting Muslims or individuals identified as Arabs since 9/11, according to official reports (Singh, 2002).

Findings from the study conducted by Allen and Nielsen (2002) suggest that being a victim of Being seen as Muslim was causing prejudice or harassment. Most strongly linked to these kinds of instances were having an Arab look or wearing certain clothing, such as a headscarf. Although the vast majority of Arabs residing in the US identify as Christians, a large number of Arab Americans are commonly mistaken for Muslims. referenced in Abu Ras and Abu-Rader (2008). In addition, Abu-Ras and Suarez (2009) found that most American Muslims who participated in their study reported Symptoms of post-traumatic stress disorder (PTSD) including heightened arousal, rage, insomnia, weariness, and difficulties with focus and decision-making. On the other hand, this study found no evidence that exposure to hate crimes or discrimination increased the likelihood of PTSD symptoms, according to previous research. Only a decline in Americans' sense of national security following 9/11 seems to be significantly associated with post-traumatic stress disorder symptoms. A possible explanation put out by the researchers is that diverse Muslim communities, including religious groups and immigrants, may experience the effects of discrimination in different ways. Not only that but there were some notable gender disparities in the symptoms and prevalent anxieties expressed. Women reported being more afraid of being in public places and less willing to leave the house, while men were more likely to voice emotions of sleepiness and weariness and fear of increased government harassment (Abu-Ras & Suarez, 2009).

It cannot be denied that society's prejudice against Muslims exists. This prejudicial attitude contributes to the rest of the mental stress problem affecting the mental health of the general public. In the context of this article, the researcher only wants to focus on the aspect of the difference between Western and Islamic societies regarding mental health problems. there are Islamic and Western views parallel or vice versa.

Islamic perspective on mental health

Islamic philosophy argues that human beings are fundamentally different from Western materialism culture and philosophy in that they are social, goal-oriented, creative, responsible, and holistic. Understanding a person's overall patterns of behavior, aspirations, emotions, intellect, thoughts, spiritual principles, human conflict, and mental suffering as a whole lifestyle is important from an Islamic viewpoint on mental health. Similar to the Humanistic-Existential theory, the Islamic notion of self and metaphysics are held by the majority of Muslims. We were made on the best of designs (*ahsanul-taqvim*), according to Muslims, but we also have the choice to perform good or evil. That is why people have the choice to either sink to their lowest possible level or rise above it by taking care of themselves and those around them. One can discern right from wrong, according to Islamic philosophy, by living one's life in line with the precepts laid out in the Quran and Hadith. An ordinary person, according to Islam, is not a reclusive hermit but rather an engaged citizen who, within a spiritual or moral framework, satisfies their biological, psychological, and social needs without causing harm to others or contradicting Islamic ideology (Ajmal, 1988; Rizvi, 1983; 1994). According to Farooqi (1983), Iqbal (1984), Moghaddam & Marsella (2004), and Rizvi (1994), Islamic perspectives emphasize collectivism, spirituality, religion, stability, morality, sharing, and caring for the development of well-adjusted individuals and healthy societies, in contrast to Western values of individualism, materialism, change, and competition (Farooqi, 2014).

Mental Health According to Islamic Psychology

While Islamic psychology defines mental health as the absence of psychopathology, it also places a strong emphasis on the various beneficial factors that contribute to and support mental wellness. It follows that, For Hasan Langgulung (1934–2008), a state of mental health in Islam is one in which one's mind is at peace and content as a result of living according to Islamic moral principles. Further, he thinks that the Islamic focus on morality and the avoidance of degrading habits and behaviors in life helps to explain why adhering to good morals leads to good mental health and bad habits and behavior leads to bad mental health (Langgulung Hassan, 1991). Because Islam promotes and fosters a good relationship between an individual and Allah Almighty, as well as with oneself, nature, and society at large, Hasan believes that Islamic morality serves as the solid foundation upon which the Islamic concept of mental health is based. Because many of man's psychological issues such as stress, anxiety, conflict, jealousy, wrath, etc. When any one or all of these relationships fail, it is believed that a person who can form and sustain the aforementioned healthy relationships will also cherish positive mental health (Razak et al, 2019).

"Tazkiyat al-nafs" is the popular term for the spiritual cleansing that man is required to undergo to attain good mental health, according to Islamic psychology. Spiritual practices like dhikr (meditation and memory of Allah), tilāwah (reading of the Qur'an), tawbah (repentance), and others provide physical cures for many spiritual ailments that people experience throughout spiritual purification, rather than medications and surgery. Many texts on mental health were written by early Muslim scholars. Specifically, the renowned Sufi scholar and thinker al-Ghazali (1058–1111) wrote with considerable fervor about human nature and the spiritual path. The epic work titled "Revival of the Religious Sciences" (Ihyāʾ ʿUlūm al-Dīn) chronicles his writings on the human soul's journey. In Ihya, al-Ghazali delves into various aspects of human existence, including but not limited to knowledge, worship, physical and spiritual purity, relationships between humans and God, relationships between humans themselves, and many more. Meditation and religious observances are two ways that al-Ghazali explains in this book how to cleanse one's spirit of baser, more animalistic desires. To achieve the spiritual enlightenment that brings joy in this life and eternal felicity in the next, al-Ghazali also laid forth the methods by which one can improve himself and become a better person. Al-Ghazali elaborates on the characteristics of the human spirit and its psychospiritual evolution toward perfection in his discussion of man's spiritual aspect. A person's positive mental health and spiritual training to avoid the spiritual ailments that persist in the human soul are among his thoughts on the personality development of man towards *Insan Kamil* or *Insan Salih* (righteous man) among others (Langgulung, 1981).

In particular, al-Ghazali elaborates on the *Amrad al-Qulub* (spiritual heart illnesses) in Kitab *Riyada al-Nafs* (spiritual training of the Ihya). The great Imam spends some time in this chapter discussing the various spiritual diseases that might affect a person's soul. As a mystic, al-Ghazali brought attention to the spiritual illnesses that people endure and offered solutions to numerous psychological and spiritual issues (Razak et al, 1991. According to al-Ghazali, the human spirit is the 'monarch of the body,' with the rest of the body serving as bees that will do what it says. Every aspect of a man's mental attitude and disposition will be beneficial and positive when his soul is well-guided by the Divine Will, replete with good spiritual traits, and immersed in real knowledge. Developing a healthy personality and mental state is interdependent on a person's spirituality, according to Islamic psychology, which is grounded on the Sunnah and the teachings of Islam. Some terms in the Qur'an describe the spiritual side of man, including *Ruh* (spirit), *Qalb* (heart), *'Aql* (intellect), and *Nafs* (self). An individual's personality type and mental health are determined by the ongoing interplay and conflict of these four aspects of the human mind. Harmony among the four psychological forces is a must in Islamic psychology. A study of Islam's spiritual component has shown that the Qalb is the most important of the four entities. There are 124 occurrences of the word *al-Qalb* in the Quran. It would be a grave error to equate the "heart" (al-Qalb) stated in the Qur'an with the concrete anatomical structure found in someone's chest. Muslims believe that the *Qalb* is the delicate spiritual light housed in the human heart's cone form. Interaction between the physical body and the spiritual *Qalb* occurs at the physical heart (Ahmad Absar, 1992).

Due to the aforementioned condition, man is demoted from his esteemed position as the finest creation to that of an animal. The spiritual blindness of the *Qalb* influences man's sense organs, emotions, affections, intellect, and personality, leading to man's degradation. The devastating assault of the *Nafs Ammarah* upon a man's *Qalb* is described in great detail in the Qur'an. The following hadith openly mentions the Qalb's central role in molding a man into a strong, moral, socially, and emotionally good person, as well as an intellectually and spiritually strong man. It suggests that a person's full potential and goodness can only blossom when their *Qalb* is in a good spiritual state. In this context, it is also important to note the Arabic definition of the word "qalb," as well as its characteristics and connections to the *Nafs* and *Ruh*. The Arabic noun *qalb* means "to turn around" or "to revolve," and it comes from the verb qalaba. Due to its transient, unsteady, and ever-changing nature, it is likely to lean toward either the Ruh or the *Nafs*. The *Qalb*'s decline into weakness and eventual assimilation into the lowest level of the *Nafs* occurs when the *Nafs Ammarah* takes center stage in the human mind. Now that the *Qalb's* heavenly light has dimmed, it can no longer think for itself. Contrarily, the Qalb will turn towards the Ruh once the *Nafs Mutmainnah* takes over the human mind. The *Qalb* experiences a state of bliss and illumination at this point (Razak et al, 2019).

Islamic psychology contrasts with Western psychological traditions in that it addresses the issue of mental health and offers practical strategies for achieving and sustaining positive mental health. One of the numerous reasons for human mental disease, according to Islamic psychology, is the emotion of despair and frustration that develops as a result of the inherent human traits of envy and jealousy. Humans are susceptible to anxiety and depression as a result of these undesirable emotions. One of the many ways in which the Qur'an helps men overcome spiritual illness is by encouraging them to stop feeling envious and bitter when they see other people who have it better than they do. They would do well to consider others less fortunate and facing more challenges in life. When they do this, they will be able to accept what God has provided for them with joy.

Beyond all of that, the Qur'an has the power to calm man's wrath, which can throw his mind off kilter, by teaching him to be patient. If one can control their wrath and find fulfillment in forgiving others and giving to those in need, Allah guarantees that He will adore them. "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" is a sacred verse in the Qur'an that, when read from an Islamic psychological viewpoint, provides a clear and sufficient explanation of mental health. Stress, anxiety, frustration, mental conflict, and all other mental disorders are alleviated when one remembers Allah. With the spiritual and psychological fortitude, he gains, he can weather any storm, no matter how heavy, and triumph over adversity. Keeping one's mental health in check is fundamental to Islam, which teaches its adherents to persevere in the face of adversity. Disaster, tragedy, difficulty, and calamity are some of the forms that man must contend with in his challenging circumstances. As a result, the Islamic view of mental health equips man with the virtues of patience, endurance, and perseverance, which are essential for overcoming adversity. To stay on the straight and narrow and not be swayed by Satan or other demonic influences, man needs these inward traits that make up his

psychological and latent spiritual abilities. Lastly, a state of mental health according to Islamic principles brings about inner harmony and tranquility, which in turn makes one content with life's events and submissive to Allah, the Highest.

Western view on mental health

In this study, the researcher will focus on Freudian Psychoanalysis and humanistic psychology in debating mental health. The researcher does not agree with other theories that may be associated with mental health to represent the West in explaining mental health. As described above, the researcher focuses on Al Ghazali's theory in explaining mental health methods from an Islamic perspective.

An individual's mental health, according to Freudian psychoanalysis, is defined as the degree to which their id, ego, and superego are in harmony with one another and with the external reality. To keep the human mind in a steady and balanced state, the ego seeks to bring the id, superego, and the outside world into harmony by identifying and selecting opportunities to fulfill the id's libidinal needs without going against the rules set by the superego (Stevenson, 1987; Corey, 1986). In brief, according to Freud, psychotherapy is the therapist's attempt to inquire into and make changes to the client's id to bring it into harmony with the client's actual reality. While hypnotized, engaging in free association with the client, or deciphering dreams, the therapist gains access to the client's unconscious.

The capacity to form the habits and inclinations that aid in adaptation, social interaction, and getting along with others, as well as how one handles situations involving decision-making, are all explained by the behaviorist view of mental health. A person's routines ought to be in line with what is considered normal in their local community. When this is the case, it is considered that one's mental health is excellent. In contrast, a person's mental health deteriorates and their emotions become disrupted when they establish or acquire behaviors that are not acceptable in society. Therefore, a person's social and environmental factors determine their well-being and mental health (Langgulung, 1981).

Mental Health According to Humanistic Psychology

According to humanistic psychology, a mentally healthy person can reach his or her full potential. Maslow thinks that self-acceptance is a hallmark of emotionally and mentally healthy individuals. They are more forthcoming about acknowledging their shortcomings, but they do little to rectify the situation. They also report feeling more liberated to express themselves and less constrained by societal expectations. What this means is that their character, rather than societal expectations and standards, governs their behavior. Maslow goes on to say that those who value their mental health the most have few friends but those who do have profound and fulfilling friendships. Also, in his view, those who are creative in the sense that he defines it are mentally healthy. Finally, those who are mentally sound are said to have a good chance of reaching their life's peak. According to Maslow, the pinnacle of human experience is when one can let go of their worries and connect with others and the natural world (Burger, 1986).

Therapy that centers on the client is the foundation of humanistic psychology's psychotherapy. Although client-centered therapy is primarily intended to help clients overcome their current and future issues, its progenitor Carl Rogers stressed that it is also intended to aid clients in their growth process. In addition, humanistic psychology psychotherapy encourages patients to find who they truly are. The end goal of treatment is for the patient to regain their independence and become an integral part of society. To elaborate, Rogers said that the ideal outcome of psychotherapy is for the patient to become highly self-actualized, which includes being able to trust oneself, having an internal source of evaluation, and being eager to keep improving. In humanistic psychology, the therapist establishes a strong rapport with their clients on an individual basis. This rapport gives clients the confidence to try new things and uncover aspects of their lives that were previously hidden or misunderstood (Corey, 1986).

Beyond all of that, a psychotherapist's ability to listen with empathy and sympathy to the client's innermost thoughts and feelings is crucial to the success of the therapeutic process. The therapist also refrains from taking charge and telling the client what to do during therapy. Therefore, the client decides on the goals in psychotherapy, which might include any desired change in behavior (from poor to good, etc.). In a humanistic psychotherapy setting, the focus is on helping the client deal with their current issues while also developing skills to deal with future challenges. This method is completely at odds with the psychoanalytic approach to psychotherapy, which lays heavy emphasis on the client's immediate and distant past experiences, all the way back to their formative years. Humanistic psychologists also avoid using psychoanalytic techniques in psychotherapy, such as hypnotism, dream interpretation, etc., to decipher the client's mental health issues. Instead, they use verbal communication to gain the information they need from the client, which helps them immensely. Therefore, they think therapists must have excellent listening abilities. According to them, a therapist can get to the bottom of any mental health issue by just listening carefully to the client (Razak, 1997).

The Contradiction

Various intriguing thoughts and notions are presented by the Islamic viewpoint on counseling and psychotherapy, in contrast to the Western viewpoint. Islamic psychology, which includes psychotherapy and counseling, has Islam as its foundation. Therefore, Islamic beliefs serve as the foundation for psychotherapy and counseling. Given that Islamic principles are the bedrock of Islamic psychotherapy, the Islamic Ummah cannot tolerate the "value-free" psychotherapy that has been popular in the West. The goal of Islamic counseling and psychotherapy is to aid the downtrodden, and these practices are "value-laden" in character. Consequently, mental health professionals should constantly point their clients to Islam's permissive and good teachings.

Malik Badri, who views therapy and counseling as a means of spreading Islamic teachings, advised Muslim psychotherapists and counselors to be mindful that:

> “All human actions of a Muslim are carefully categorized by jurists into Fard, good deeds and obligatory religious duties, Mustahabat, good deeds which are not obligatory, Halal, actions which are neither forbidden nor necessarily rewarding, Makruh, deeds that are frowned upon, and Haram, tabooed and evil actions”

Given these ideas, it is clear that Muslim counselors and psychotherapists do not adhere to the "no evil and no good" model commonly used in Western psychology. However, they ought to seize every opportunity to engage in *al-amr bil ma'ruf wa alnahyu 'an al-munkar*, which translates to "to induce people to what is good and prevent them from all that is bad and evil." Such an endeavor on the part of the therapist is consistent with the teachings found in the Qur'an.

The prohibition and elimination of evils was also highlighted in the hadith of Prophet Muhammad PBUH:

> “He who amongst you see something abominable should modify it with the help of his hand; and if he has not strength enough to do it, then he should do it with his tongue; and if he has not strength enough to do it, (even) then he should (abhor it) from his heart, and that is the least of faith”. Narrated by al-Nawawī

According to the aforementioned hadith, Muslim psychotherapists and counselors are positioned second, as those who utilize their expertise and politeness to provide clients with sound guidance. Because of this, their consumers are sure to be touched by the wonderful deeds and words they speak. As a result of this influence, clients may develop new habits of mind that lead them to reject unethical or harmful ways of thinking, behaving, etc. Islamic psychotherapy and counseling differ from other traditions in that they are not reserved for a select few. Particularly, anybody who is knowledgeable and religiously minded can provide counseling, including parents, teachers, pastors, and anybody else with a kind heart. According to the holy Qur'an, one has to "induce others to righteousness and prevent them from evil and shameful deeds," which includes counseling as an effort to assist people who are struggling.

In addition to the points already made, there is a significant contrast between the Islamic and Western views on psychotherapy and counseling in that the latter holds that clients can find solutions to their psychological issues by studying the lives of prominent Islamic figures. Psychotherapists might work with clients to find inspiration in the lives of the prophet Muhammad (pbuh), other prophets, the al-Sahabah, Shaykh, or spiritual leaders (Badri, 1995). In addition to these influential figures, the therapist should set a good example for his clients by overcoming negative traits in his character, outlook, and actions. In particular, Malik Badri stresses the importance of Prophet Muhammad (pbuh) as an example for customers and all people in the following sentence:

> The ideal personality of the Prophet Muhammad SAW and his spiritually rich life as a Messenger of God, as a parent, as an army general, as a politician, as a teacher and counselor, and as a husband is a living example for the Holy Revelation he received. It concretizes all aspects of his blessed life in sickness and health, in suffering and pleasure in Divine contemplation or humor. All this is sentimentally and cognitively engraved in the hearts and souls of Muslims, and as patients or counseled, this rich psychic and spiritual reservoir can easily be tapped to treat, motivate, redeem, or change negative habits.
> *al-Isra 17: 82, Yunus 10: 57*

Beyond all this, the Qur'an, as a book of divine direction for humanity, assures sinners that Allah will forgive them. It offers inspiration and guidance for people to change their behavior from bad to good and encourages readers to reflect on Allah's great creations. Those who do well will enjoy paradise in the next life, whereas the wicked will face retribution, as the Qur'an repeatedly warns. Individuals seeking mental health treatment may find great relief and transformation through these and many more dynamic lessons found in the Qur'an.

CONCLUSION

The 'now and now' of materialistic and secular worldviews constitute the foundation of all Western beliefs on human nature, mental health, and psychotherapy that have been examined in this research. Consequently, these Western conceptions investigated man and his nature scientifically and made no allusions to religious beliefs. This Western stance, which seeks to elevate scientific knowledge at the expense of religious beliefs, has its origins in the Renaissance of the fourteenth century. Maintaining a wall of separation between religion and science has been fundamental to the Renaissance movement from its inception to the modern day. Thus, it views things in a binary fashion, with the mind and body being considered as separate entities, the state (politics) and religion as separate from one another, this world as distinct from the next, and so on. As a reaction to the persecution they endured throughout the Dark Ages in Europe, Western society adopted this secular and binary way of life. Each of the Western psychological paradigms examined here made a unique contribution to the field.

This study has also brought to light, in a contrastive way, some of the views on man, mental health, and psychotherapy that are held by Muslim psychologists and Islamic psychology. Islamic psychology's unique and distinctive view of human nature differs from Western psychology in that it offers comprehensive data on man. A careful examination of its concept on man demonstrates that it offers a holistic and complete picture of man by detailing his pre-birth origins, his life on Earth, and, finally, the prospects of his fate after physical death. Not only does Islamic psychology provide answers for mental health treatment, but it also offers solutions for mental illness prevention. "Prevention is better than cure," as the adage goes, and Islamic thought offers some helpful advice on how to face life's challenges and stave off mental illness.

we also hope that this bit of information can benefit other researchers in debating the concept of mental health in the future. The discussion may be extended to a more in-depth discussion, perhaps in the context of the theory and application behind this mental health issue. Issues such as mental health among young people nowadays can also be raised as a topic of discussion because this issue is growing and happening a lot. Perhaps the consequences of the influence of electronic media and socializing can be discussed in depth in future studies.

REFERENCES

Ayob, A. H., & Saiyed, A. A. (2020). Islam, institutions and entrepreneurship: evidence from Muslim populations across nations. *International Journal of Islamic and Middle Eastern finance and management*, 13(4), 635-653.

Abu-Ras, W., & Abu-Bader, S. H. (2009). Risk factors for depression and posttraumatic stress disorder (PTSD): The case of Arab and Muslim Americans post-9/11. *Journal of Immigrant & Refugee Studies, 7*(4), 393-418.

Abu-Ras, W., & Abu-Bader, S. H. (2008). The Impact of the September 11, 2001, attacks on the well-being of Arab Americans in New York City. Journal of Muslim Mental Health, 3, 217–239

Adibah, L. A., Hafizah, Z. (2021). The creativity practice of Islamic education teachers in 21st-century learning. *ASEAN Comparative Education Research Journal on Islam and Civilization.* 4(1), 40-54. https://spaj.ukm.my/acerj/index.php/acer-j/article/view/67

Agnoli, S., Runco, M.A., Kirsch, C., & Corazza, G.E. (2018). The role of motivation in the prediction of creative achievement inside and outside of the school environment. *Journal of Thinking Skills & Creativity*, 28, 167–176. https://doi.org/10.1016/j.tsc.2018.05.005

Ahmad, Absar. (1992). Qur'anic concepts of the human psyche. In: Ansari, Zafar Afaq (ed.), Quranic Concepts Of Human Psyche (pp. 15-37). Islamabad: *International Institute of Islamic Thought* (Pakistan), p.32

Ajmal, M. (1988). *Muslim contribution to psychotherapy.* Islamabad: National Institute of Psychology

Azman, A. R., Salim, S. S., Nadia, N., Faiz, A. S., & Sukari, A. (2021). Pandemic of COVID-19: Challenges of teaching and learning (PdP) of Islamic Education in special education for students with disabilities (OKU) learning problems in Malaysia. *Journal of Quran Sunnah Education and Special Needs, 5,* 127-138. https://doi.org/10.33102/jqss.vol5no1.104

Allen, C., & Nielsen, J. S. (2002). *Summary report on Islamophobia in the EU after 11 September 2001*. Vienna, Austria: European Monitoring Centre on Racism and Xenophobia.

Badri, Malik Babikir. (1995). *Success with Islamic Counseling and Psychotherapy*. Paper presented at the 4th National Seminar on Islamic Counseling. Islamic Centre of Malaysia, Kuala Lumpur, 26th August.

Bai, H. (2023). Perceived Muslim population growth triggers divergent perceptions and reactions from Republicans and Democrats. *Group Processes & Intergroup Relations*, *26*(3), 579-606.

Barkdull, C., Khaja, K., Queiro-Tajalli, I., Swart, A., Cunningham, D., & Dennis, S. (2011). Experiences of Muslims in four Western countries post—9/11. *Affilia*, *26*(2), 139-153.

Burger, J.M. (1986). Personality: Theory and Research. Belmont: Wadsworth Publishing Company, pp.272-273

Corey, G. (1986). *Theory and Practice Of Counseling And Psychotherapy* (3rd. ed.). California: Brooks/Cole Publishing Company, p.29.

Fatimah, S. (2024, January 9). Artificial Intelligence in STEM Education: A Bibliometric Analysis. Fatimah | International Journal of Multicultural and Multireligious Understanding. https://doi.org/10.18415/ijmmu.v11i1.5273

Farooqi, Y. N. (2006). Understanding Islamic perspective of mental health and psychotherapy. *Journal of Psychology in Africa*, *16*(1), 101-111.

Moghaddam, F. M., & Marsella, A. J. (Eds.). (2004). *Understanding Terrorism.* Washington, DC; American Psychological Association.

Langgulung, Hasan. (1991). Kreativitas dan pendidikan: Analisis psikologi dan falsafah. Jakarta: Penerbit Pustaka al-Husna, pp.203-204.

Narrated by al-Nawawī. (1405/1984). *Sahih muslim bi-sharah al-nawawi*. 3rd edition. Beirut: Dar Ihya' al-Turath al-ʿArabi, vol. 3, pp.22-25

Iqbal, S. (1984). *Islamic Rationalism in the subcontinent.* Lahore: Islamic Book Service.

Razak, M. A. A., Razak, A. L. A., & Zaroum, A. M. A. (2019). Mental Health and Psychotherapy: A Comparison between Western and Islamic Scripturally Based Psychologies. *Al-Burhān: Journal of Qurʾān and Sunnah Studies*, *3*(2), 15-33.

Rizvi, A. A. (1994). *Muslim traditions in psychotherapy and Muslim trends.* Lahore: Institute of Islamic Culture.

Rizvi, A. A. (1983). The *Muslim concept of mental health.* Lahore: Institute of Islamic Culture

Singh, A. (2002). We are not the enemy: Hate crimes against Arabs, Muslims, and those perceived to be Arab or Muslim after 9/11th. *Human Rights Watch Report*, 14, 6, (G). New York, NY.

Stevenson, L. (1987). Seven Theories Of Human Nature. New York: Oxford University Press, p.77.

Ven, C. M. (2012). Experiences, coping styles and mental health of Muslims following 9/11. *Social cosmos*, *3*(1), 76-82.

Wormald, B. (2015). *The future of world religions: Population growth projections*, 2010-2050.