ISLAMIC APPROACH TO THE PSYCHOTRAUMA: ANIMATION, GROWTH AND TRANSFORMATION

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SUMMARY

The paper gives an approximate significance of religion in the mental health of believers. Islamic views of the soul are presented, as a basic principle of human life. The correct, beneficial effects in the attitudes and behavior of individuals towards their souls are also shown. It is also shown what can negatively affect the soul, which creates a basis for the disruption of mental well-being, which causes a mental disorder or mental illness. The paper focused on Islam, as a complete worldview based on the theory of the Revelation of the Qur’an and the practices of God’s Messenger, Muhammad, peace be upon him (p.b.u.h.) through which the Revelation was given to all mankind. The basic Islamic theoretical and practical principles and their beneficial protective and healing effect on the mental, psychosocial and psychosomatic well-being of the individual and the community are enumerated and briefly explained when the daily routine of Islamic living is properly applied. The paper presents the basic Islamic principles that help people who suffer sudden, short-term or long-term troubles and catastrophes, because of which psychological trauma and its acute and chronic consequences are formed, which makes the treatment of traumatized faster, and more efficient.

Key words: mental health - Islam - psychotrauma - growth - transformation

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INTRODUCTION

Through the long years of human history, learned persons of all times and places have pondered the answers to the eternal human questions: Who am I? What is the purpose of life? What is Truth? What is Beauty? What is Love? What is Goodness? Is there life after death? How can I find peace? Who or what is God? Since such questions have not been the focus of Western psychology, the answers to them have not been addressed (Wilcox 1995). Mental health does not only mean the absence of mental disorders, but the achievement of higher standards of available existing potentials (Hasanović et al. 2005, Pajević et al. 2005a,b). The essential determination of a human being is that he/she is a spiritual being who seeks meaning and purpose in life. The historical heritage of today’s humans is organized religious and pious traditions that make it easier to be in search. In human existence and experience, personal faith, religious denomination and spiritual beliefs represent an important dimension. Although science and theology are, in certain periods, separate and distinct disciplines, both are applications of human rationality. Science and theology together aim to understand and appreciate the complexities of human life (Wilson & Moran 1997). Until the 20th century, there was no data on a significant conflict between mental health professionals and clergy (Miller 1992, Miller & Thoresen 2003). In the first decade of the twentieth century, psychology, with its beginnings, took an ignorant stance toward the human spiritual dimension, striving to “establish itself as an empirical science, rather than a speculative discipline” (Shafranski & Gorsuch 1984). This was followed by separations between psychological and spiritual or theological views of human life and experience, which produced a significant antagonistic conflict between these two areas of vital mental well-being (Miller 1992, Koenig 2009). Only recently has empirical psychology broadened its horizons, with the cognitive dimension of human personality gaining a focal role. This moment made it possible to “improve the probability of the union of the physical and the mental, that is, the objective and the subjective” (Sperry 1988). This broadened the perspective and significantly increased the possibility for some integration of empirical psychology and religion (Miller 1992). Given that the inner world of the individual is recognized and acknowledged by psychology and theology, we can rightly expect the intensification of cooperation between experts in both fields, when it comes to the treatment of the whole personality. Only one integrated and holistic treatment plan for mental disorders and diseases can benefit those who suffer today and in the future. The therapist’s ability to understand and treat the whole personality depends on how integrated the model he uses is in his approach (Jakovljević 2010). The more integrated the model, the greater the possibility of therapeutic success.

Believers who practice religious daily routines out of pure conviction are provided with the following achievements:

• Creating the impression that one's destiny is determined by his behavior provides a reassurance against tragedy.
• Religion offers the belief that a person is protected by true eternal power, offering a person the opportunity to act in adherence to God (Allah).
Some beliefs against death are secured by the promise of eternal life, after this transitory one.

It provides individuals with freedom from guilt, offering mechanisms for repentance.

It offers a transcendental escape from the harsh realities of daily life.

In human life, all of the above are factors that represent the core of anxiety (Al Radi 1995).

Pajević, Hasanović & Delić (2007) in their research found that a higher index of religious moral beliefs in adolescents enables better control of impulses, providing better mental health stability. It enables neurotic conflicts typical for adolescence to be more easily overcome. It also causes healthier reactions to external stimuli. A higher index of religious moral beliefs of young people provides a healthier and more efficient mechanism of anger control and aggression control. It enables transformation of that psychical energy into neutral energy which supports the growth and development of personality, which is expressed through socially acceptable behaviour. This way, it helps growth, development and socialization of the personality, leading to improvement in mental health.


Historically, there has been one source which has traditionally and consistently transcended societal rules for more than 1400 years. Its view of the human and of psychology is far broader and brighter than the usual Western "psychological" view point. It is not just a hopeful idea; it has been able to systematically produce the desired results: an outcome of motivated, competent, content, creative, productive, fully-functioning human beings who are at peace with themselves and with Existence. This result is beyond the capability of present day Western psychology. Called "irfan" in Persian, it is little known in the Western world. What little is known has been called "Sufism" (Wilcox 1995).

Human experience in, health and disease, always has a spiritual dimension. Spirituality is accepted as one of the defining determinants of health and it no more remains a sole preserve of religion and mysticism. In recent years, spirituality has been an area of research in neurosciences and both in the understanding of psychiatric morbidity and extending therapeutic interventions it seems to be full of promises. Sufism/Tasawuf has been a prominent spiritual tradition in Islam deriving influences from major world religions, such as, Christianity and Hinduism and contributing substantially toward spiritual well-being of a large number of people within and outside Muslim world. Though Sufism started in early days of Islam and had many prominent Sufis, it is in the medieval period it achieved great heights, culminating in many Sufi orders and their major proponents. The Sufism aims communion with God through spiritual realization; soul being the agency of this communion, and propounding the God to be not only the cause of all existence but the only real existence. It may provide a vital link to understand the source of religious experience and its impact on mental health (Abd al-Qadir 2013, Nizamie et al. 2013).

Sufism is the way to healing the sickness of the soul, the alienation from one's true being and from God that afflicts modern persons. That healing lies in connection with the Source of Life. Sufism offers what modern psychology and psychotherapy do not and cannot offer, for they do not have it to offer - the way to fundamental change, to transformation, to harmony, unity, tranquility and survival. Sufism is not an explanation. It is finding and traveling The Way to meaning, the way to connection with the Source of Light (Wilcox 1995, Abd al-Qadir 2013).

Despite the extensive globalization and an attractive idea of human cosmopolitanism the world is still divided into rival nations and religions, with confronting ethics and many war conflicts across the globe producing and perpetuating huge mental health problems. Radicalism, malignant nationalism, pathological religiosity and violent extremism and terrorism are important issues from the public and global mental health perspective. Public and global mental health research can inform preventive strategies and interventions against malignant nationalism, pathological religiosity and violent extremism. Healthy spirituality, sound religiosity and normal nationalism may contribute significantly to public and global mental health and promotion of empathic civilization. The aim of this paper is to address, to stress and support mutual understanding and creative cooperation between religions and nations in promotion of public and global mental health, research, patient care and education (Jakovljević et al. 2019).

**ISLAMIC APPROACH TO TREATMENT**

From a psychological point of view, perhaps the most striking feature of religion is its universality. It must be concluded from universality that religion performs adaptive functions by satisfying one or more human needs (Al Radi 1995, Jakovljević et al. 2019).

In addition, religion can satisfy the human need for social organization, as long as religious ties use and play a successful role in the organization of communities, and elaborate legal moralities (Pajević et al. 1999). This contrasts with current secondary political organizations, which are usually effectively based but must be strongly strengthened through legal provisions. Therefore, the role of religion is completely
valid and significant for both the individual and the group, as well as for the psychological and social level (Jakovljević et al. 2019).

Muslims all over the world believe that Islam is the religion of the Holy Book of the Qur’an, revealed as an instruction to all mankind through God’s chosen Muhammad p.b.u.h. (Peace be upon him). The divine origin of the Qur’an endowed it with ultimate authority. It is considered to be the ultimate arbiter of all true regulations of various aspects of life (Al Jawziyya 1995).

However, Islam describes itself as Deen: a comprehensive description that transcends boundaries beyond religion. So Islam is not just a religion. It is also a political system and a method of social organization. It is a methodology for solving human spiritual, practical, and intellectual problems. That is why Islam is a culture and a civilization, and a view of the world, a total living dynamic system. This system maintains a unified structure through a matrix of eternal values and concepts that give Islam its original character. Since Islam is a total system, these values and concepts permeate every aspect of human life and endeavor. There is nothing untouched by these values; whether political structures, or social organizations, economic concerns of educational curricula, the appearance of the environment, technological research, or the needs and requirements of management of physical and mental health needs (Hussain 1991, Mešić 2003).

The Prophet is an example to Muslim communities through the centuries as a guide to daily life and as a restraint from assimilation into the cultures that surrounded it. The Holy Prophet Muhammad p.b.u.h. is not just a founder and legislator in the community: He is a model of Muslim behavior. It is accepted axiomatically that everything he did after the beginning of the Revelation, every deed of his, was saved from error and mistake by Allah Almighty. If this were not so, then the Revelation itself would be cast into doubt, a fact which Allah Almighty would never allow. That is why Muhammad's p.b.u.h. the slightest activity was properly guided and carried moral value (Al Jawziyya 1995).

**ISLAMIC BASIC PRINCIPLES**

We will shortly illustrate the basic principles of Islamic beliefs.

**The Oneness of God (Tawheed)**

Muslims of the world pray to their One God only, Allah – who is Almighty, All-knowing, All-righteous and All-helping towards the entire world – despite their existing personal, original differences. With these criteria, the problem of human dependence on their complications can be solved, and humans can be given full independence, freedom, and safety (Mešić 2003).

God is not born, nor did He birth a son or a daughter. This conviction strengthens the idealization of God, far from simulation and concretization. The Oneness of God is in His indivisibility. He is the Light of the heavens and the earth. He is the one who punishes, but He is also the Merciful One who "forgives sins for which sinners sincerely repent, whether or not there is as much sea foam as there is".

He is the First and the Last. He is the Eternal. By following these criteria, it is easy to achieve an individual and intimate relationship with God, which provides a person with safety (Mešić 2003).

**Equality among people**

Islam solves individual conflicts and satisfies individual personal needs. Besides that, Islam is a religion of God's uniqueness and equality in front of God Himself, and equality among mature people.

In Islam, the differences between nations and skin color are unknown – as well as differences in conviction. It successfully connects white people and black people into one brotherhood of unity. Therefore, this is the proof that Islam is the solution for racial differences and prejudices, and this is very apparent from the universality of communal rites of piety that are practiced by all Muslims around the world, regardless of their status or authority. Everyone is equal in front of God in the reality of this religion (Al Radi 1995, Mešić 2003).

**Personal learning and growth**

Besides that, Islam orders the studying and learning of sciences and considers that to be so important that it can raise a human so high, that the human reaches heights upon which the Angels (Almalayika) sit, and it improves the development and growth of personalities and groups.

**Work ethic**

As can be seen, Islam relies on work. Any kind of work that is catered towards the personal abilities of the individual that allows humanity honorable and respectful livelihood. Laziness (gaflet) is a sin. This ethic is catered toward the improvement of normal people and the rehabilitation of the handicapped.

**Responsibility**

Belief without action is dead; belief by itself isn't enough. It can only last as long until it starts being transformed into deeds. A Muslim believes in the responsibility for their own deeds, be they in this life, or in the Afterlife. Every Muslim carries their own burdens, and no one can take responsibility for the sins of anyone other. This is the privilege of existential burdens (Mešić 2003).
THE MAIN OBLIGATIONS OF A MUSLIM

Muslims are obliged by permanent spiritual, joy-filled, performance of principal duties, prescribed by Revelation or Tradition to fulfill the Worship of one Universal God, who owns the whole cosmos which he previously created at will and spreads love towards people. God who sent His messengers among His human beings to teach mankind to believe in the one God, in angels (Almalayika), in the scriptures, in His messengers, in the resurrection after death, and the Day of Judgment.

We will say a few short words about the main obligations of a Muslim, besides the central convictions.

Prayer (Salah)

Islam asks Muslims to perform five times a day a prayer to God (Allah). That is manifested in the following ways:

- Before every prayer, a ritual washing and cleaning (ablution) should be performed by way of washing hands, face, head, ears, and feet. After the ablution, a believer must renew his/her innermost intention, thus purifying their prayer for sake of God (Arabic: alâ Allah, pronounced [alâh]).
- Every prayer consists from the certain number of parts (raka'ah). The raka'ah begins when the worshiper initiates the prayer with the words "Allah is The Greatest", this is known in Arabic as the Takbeer (Literally: The Glorification of God). The individual will observe the standing position while reciting the opening chapter of the Qur'an (Al-Fatiha) followed by a personal selection of chosen verses which the worshipper is free to choose to recite for themselves.
- The second part of the raka'ah involves the worshiper bowing to a 90 degree angle placing their hands on knees with their feet kept shoulder-width apart bowing in humble submission as if awaiting God's command. During this position the words, "Glory be to Allah the Most Magnificent" are uttered silently as a form of ritual praise.
- The third movement of the raka'ah is to return from bowing to the sanding position before, with the praise of Allah on worshipper's tongue, descending into full prostration on the ground.
- In prostration worshiper puts his/her forehead and nose to be flatly placed on the floor with the palm of own hands placed shoulder-width apart to the right and left of own ears. Worshipper's elbows, forearms and chest should be raised off the floor in an alert position in total but conscious submission to Allah.
- During this position the words, "Glory be to Allah the Almighty" are repeated with contemplation as a form of ritual praise. The Islamic prophet Muhammad (p.b.u.h) taught his disciples that 'the closest a subject gets their Lord is when in prostration', as such he taught us to open our hearts in supplication seeking guidance, sustenance, forgiveness for our sins, a cure for our ailments, alleviation of our difficulties invoking His mercy and compassion in the name of Almighty Allah alone.
- The fourth movement is to return from prostration into a sitting position with own legs folded flatly under one's body. In this position worshipper would invoke Allah for forgiveness of his/her sins and the sins of own parents and the wider believers before descending into a second prostration.
- This concludes one unit of prayer known in Arabic as a raka'ah and would be followed by either standing up for a second raka'ah if the prayer requires it or by proceeding to end the salah with submission (tasleem).
- Although not part of a single raka'ah, the conclusion of the prayer takes place in the sitting position, the worshipper turns his/her face to the right saying, "Peace be upon you, and Allah's mercy and blessings" before subsequently turning the face to the left and repeating the salutation. This action helps to reminds Muslims of the presence of the recording angels on his/her right and left shoulders who record our deeds.
- Every prayer can be performed individually or in a congregation. When believers gathered to pray in group, one of those gathered who has memorized the Qur'an or parts of the Qur'an, in Arabic with the correct pronunciation (tajweed) will lead the group in prayer (Pajević et al. 2017).
- Another one proclaims that the prayer to God (Allah) is ready: call to prayer (adhan).
- Prayer begins after the followers stand upright in straight lines behind the leader in prayer (imam), ready for a fine sophisticated struggle against inner disharmony and mental arousal.
- The prayer in group ends as in individual prayers by turning the head to right then to left side and asking God (Allah) to bestow Peace upon the participants in the prayer and to all humans on the Globe.
- All the participants of the prayer (after it ends) congratulate one another and leave to finish their other obligations.

Daily prayer rhythm:
- The Morning prayer, during the dawn before the sun rises (4 raka'ahs);
- The Noon prayer (10 raka'ahs), when the sun passes its zenith;
- The Afternoon prayer (8 raka'ahs), when the shadow is twice as large as the object:
- The Sunset prayer (5 raka'ahs), after sun sets;
- The Night prayer (13 raka'ahs), set 1.5-2 hours after the sun had set.
Aside from the aforementioned daily prayers, there is an obligatory Friday prayer (Jummah) with a sermon (khutbah), it is completed at noon, and the congregational (jamah) prayer is a strict obligation. The Jummah is not allowed to be prayed individually. If the person misses three Jummah's without a valid reason, then that person stops being a Muslim, until they repent.

Prayers that aren't completely obligatory are prayers during the month of fasting, Ramadan (Taraweeh) after the final daily prayer (8 or 20 raka‘ahs).

Eid prayer/holiday prayer, twice a year (Two raka‘ahs and a sermon)

Prayer - Janazah salah— for the final sendoff of the dead, to the Afterlife, while their bodies are lowered in the grave (mezar or kabur).

Voluntary prayers (nafila), one prays in order to ask for the fulfillment of wishes, as well as several other needs or occasions, or as an expression of an increased need for peace of mind in the presence of God.

It is understandable that, during working hours, there is one prayer before working hours and one after working hours. If the believer is prevented from working or traveling in time to perform the prayer, they are obliged to subsequently fulfill the obligation in abbreviated form, as soon as they fulfill the prerequisites of place, cleanliness, and time. Under aggravating circumstances, God has relieved the believer of prayer.

Psychological effects of Islamic obligations

**Prayer (salah)**

- Prayer helps the technique of relaxation due the effect of washing up, before the prayer.
- It also emphasizes the strength of concentration, since a Muslim is asked to give their best in concentrating on the prayer together with the leader of the prayer (imam).
- Increased group integration and teamwork.
- Facilitating the role of adjusting superego concerning reality.
- Releases anxiety and reactive depression.
- Frees from being preoccupied with phobia and tension.
- Helps in the conservation of social boundaries.

**Fasting**

Islamic fasting consists of abstaining from food, drink, sexual desires and activities, ugly speech, watching inadequate things, as well as retelling unnecessary thoughts, and staying in inadequate company from dawn to sunset. It helps to improve the body and psychosomatic healing to revive the feeling of healing humanity, the animal and plant world, and fasting helps in increasing patience and strengthening of one's own will.

**Almsgiving (Zakah)**

It must awaken a sense of empathy in the rich believers, for the poor ones. Those who have a surplus of property during one year in a higher value than the market value of one cow, must give 2.5% of their surplus, which has been kept in their personal or family budget for a year. They do not have to adhere to such a certain amount, but it is advisable to allow their kindness to spill over.

**Pilgrimage to the holy city of Mecca (Hajj)**

A Muslim should, if possible, go to Mecca at least once in his life when the means for that purpose are available to him/her.

Pilgrims (hajjis) who come from different countries also have the opportunity to get to know each other, which is a big part of humane reciprocity (annual All-Muslim World Congress).

These are broad guidelines through which a Muslim, or an Islamic believer, can grow to achieve Islamic goals. These goals were once achieved by the Prophet Muhammad p.b.u.h. and his first associates (the Companions) as well as his other followers.

**SUBTLE LEVELS OF WORSHIP (Iman)**

It is an obligation to believe in the One God (Allah), who is indivisible, who is everywhere and is not tied to a particular place, who does not resemble anyone and no one is like Him, He is the Creator and the sustainer/maintainer of everyone and of everything.

To believe in all His messengers without any discrimination between Adam (Adem), Noah (Nuh), Abraaim (Ibrahim), Moses (Musa), Jesus (Isa), and Muhammad, may Allah's peace be upon them.

The believer is always ready to expect help, consultation, and forgiveness of any sin directly from God (Allah) Himself, without the help of any mediator.

The message is clear and precise, about how to live according to God’s instructions outlined in the Qur’an; not to forget God (Allah) at any time because He has determined the value of human deeds. Do not commit suicide, do not commit murder (crime) because Islam commands the human race to keep the peace. Do not commit adultery or cause harm to yourself or others on either a mental or physical level. Do not abuse any psychoactive substances and do not be addicted to them. Do not exaggerate in food and clothing and speech, as exaggeration is proscribed as very harmful.

Avoid temptations that can lead one astray, as we are all aware of the fact that the body is weak.

Prohibit those relationships with the opposite sex that tempt the commission of adultery. The approach to adultery is sophisticated because adultery begins with thoughts that are filled with sexual desire towards a person of the opposite and/or same-sex (Al Ghazali 2019).
**ISLAM AND PSYCHE**

The human soul is understood in Islam as the tendency of man to do evil, as the Qur'an says:

"The human soul is prone to evil." Ibn Al-Arabi said: "The real challenge is to force someone to fulfill difficult tasks and to avoid any earthly temptation." The Islamic essence is closely connected with ethics. Muslims received all the knowledge that the previous generations before them received. The most important Islamic knowledge is related to information about the soul and all associated subjects. Psychological illnesses were especially emphasized. To be able to control and rule them, an Islamic expert in the matters of the soul must first learn about the diseases of the soul. According to the Islamic understanding, the goal of psychology is an ethical principle that includes a fine control over the soul and practicing how to unite it with all positive virtues. Thus, for Muslim scholars, psychology isn't a single independent subject as it is understood today.

Diligent adherence to basic Islamic principles provides the individual with mastery of his own psyche, which is the first step on the path to God, even though that psyche has a natural tendency toward sin. Commitment to lead one's own soul towards union with the principle of good is a very difficult task. While in the body, the soul experiences anxiety. According to the Islamic understanding, regardless of other definitions by psychologists and re-established personal experience, we can say that anxiety is the fear of past or present, known or unknown things, and these things are expected to happen in the future. This is applicable to fear with an unknown cause (EL Elwafa 1995, Al Ghazali 2019).

As we said, the particularly sophisticated method of Islamic cognition, Sufism, based on honesty in conversation and the relationship of a disciple (murid) and his teacher (shaykh) or spiritual guide (murshid) recognized long ago that anxiety has a subconscious cause. The attitude of the student (follower) towards his sheik (guide) is based on the fact that the student reveals in detail his fears and doubts as various emotional disorders with which he is attacked (Wilcox 1995).

If a student consciously hides something from his sheik, without wanting to reveal it to the sheik, or to address him for it, then a complex would be formed in the student's subconscious.

The Islamic approach to the deep subconscious understands the complexes settled in the subconscious itself. This means that the complex may be hidden (dormant) and unknown to the student, but by talking to the sheik, the complex disappears.

Islamic Gnostics, the Sufis (dervishes), spoke of the sheik as a psychiatrist because he used a psychoanalytically focused method to find out the secrets of his student's soul and to diagnose the soul's disorders, while the student patiently waits for the sheik's suggestion, one which heals many mental disorders. When the sheik diagnoses the psychiatric side of a young follower with an Islamic worldview, the student is taken back to the beginning of the problem, to understand the essence, to be guided by the sheik's arguments in a special course. Al Ghazali spoke about this in his book “Reviving Religious Teachings” (“Ilhya Ulum Ed-Din”) (Al Ghazali 2019).

This is a kind of introspection, for the exact determination of someone's mistake and deformation, and then simultaneous treatment on a psychological and biological basis.

Some basic Islamic principles that serve in the treatment of mental disorders are fasting, instincts stifled by silence, and keeping awake by engaging in prayer. The life of a Muslim is a constant dispute that arises from the conflict between emotions, aspirations, and desires that are not mutually tolerable with ethical principles on the one hand and the sublime spiritual values that the believer strives to realize on the other.

The basis of this self-argument is that these aspirations and desires are consciously and voluntarily stifled.

The behavior of Muslims in this psychic struggle is conscious and is characterized by the ability to inhibit and concentrate attention, especially on a reliably designed course that they believe is nobler than any other. Through this struggle, the believer achieves the sublimation of human instincts (EL Elwafa 1995).

The essence of Islamic behavior is a competition to purify the human soul from its bad moral assumptions and qualities by beautifying it with good morals. The essential Islamic course is nothing more than a struggle against the tendency of the soul to sin by doing evil, with the command to achieve a positive moral goal.

Using an Islamic way of thinking and practicing, either individually or in groups, roots out mental crises. On this basis, a religious faith exists that, when it controls the psyche, provides it with good morals and wise behaviors.

More than that, this kind of life commitment creates a type of satisfaction in the human soul, and it gives content for a person's general state and behavior. This satisfaction or contentedness, gifts a person with unlimited self-satisfaction and gives them the feeling of becoming a good member of their own society who interact with people following divine values.

Besides, it can stand firmly and face the hardships of life. The joining of a person with religious norms helps him/her to achieve mental health.

It is also a very effective preparation for mental crises. It is proven that human deviation from correct norms of life leads to mental (Pajević et al. 2007).

Despite such a modeled approach in determining and behaving, many practical models of professional help have been developed, under the name of psychotherapy, in professions that deal with mental health. They are
used to achieve great, terminal goals of theory. The performances and practices we know of until now were defective, or immature in satisfying the need of an individual. Or they were unable to allow the individual psychological growth in order to cope with the sophisticated, modern, and urban stress – potentiated by the explosion of media and the addiction with media (Hasanović & Hasanović 2001, Pajević et al. 1999).

The reason for this kind of attitude is a lack of clarity in the basic logic and origin, as well as consistent regulation. For these reasons, many schools of psychotherapy tried to find techniques and practices in order to replace meaninglessness, by achieving growth and peace. However, most of the great efforts until now are still in their processes of becoming, modeling, and stopping without any significant changes in human development (Shafti 1985).

Isgandarova in her article (2019) first describes Sufism, the mystical/spiritual tradition of Islam then move to define Islamic psychotherapy and the various aspects of muraqaba (feeling and knowing how close the heart is to Allah Almighty) by providing an overview of the Sufi literature. She also highlighted how the techniques used in muraqaba can be adapted and used as mindfulness-based stress reduction, mindfulness-based cognitive therapy, meditation, transcendental meditation, mind-body techniques (meditation, relaxation), and body-mind techniques. Although muraqaba might not be effective for all mental health issues, She suggested a possible value of muraqaba for treating symptomatic anxiety, depression, and pain. Furthermore, she suggested that Muslim clinicians need to be properly trained in classical Sufi traditions before using muraqaba techniques in their clinical practice (Isgandarova 2019).

One of the broad answers to this kind of assumption of psychotherapy is the effort put into searching for spirituality and spiritual protection, where a teacher or guru is sought after. This is especially expressed in the US, during the last couple of years. Maybe, the most well-known example is the transcendental meditation (T.M.) from Yogi Maharishi Mahesh, who took science and mysticism and based them in Vedic tradition that culminated in a theory he called „Science of creative intelligence”. The only technique that required the client to complete dedicated exercise that was described as repeating the mantra, while sitting comfortably on a chair. Yogi Maharishi Mahesh concludes in his research that this is for normal individuals that it improves growth, and it improves health to the point of normalcy for ill people (Ernst 1998).

Mirdal (2012) emphasized that Sufism and especially Rumi's teachings seem to be promising both in terms of research on consciousness and in terms of culturally sensitive methods of mindfulness healing of clients with a Muslim background.

**ISLAMIC APPROACH**

In Islam, we can find all the aspects discussed in a complete, holistic, and clear approach for the fulfillment of the theoretical and practical aspects on all levels for individuals or groups. The techniques given in implementing piety, not only have a meditative aspect with proven charitability, but also have a cognitive meaning for all things that relate to the needs of an individual, and even the affective aspects and appropriate behavior used to assume oneself towards different situations lead by objective, holistic, and existential meanings of life in time and space.

When its values are applied, this approach will enable an individual and a group to achieve complete goals for the benefit of peace and happiness and will enable avoidance of painful, sad anxiety. The powerful evidence of this fact is the historical examples of the individuals, groups, and people who actualized these goals through the practice of these rites of piety based on Islamic belief.

Therefore, a studious approach to reflection and elaboration about how to employ Islam in the field of psychotherapy is needed. Not due to fear of ambiguity, but due to the feeling of responsibility towards a human being for whom we believe is honest, and is not a tool for experiments, following human impressions or temptations.

We see this path as a scientific prevention, in order to make the technique more efficient and holistic, with logical goals, safety, and harmony. And with beliefs that will enable us to be consistent in finding and understanding the truth of our Self and everything that is within us or around us.

Believers strongly endure, consistently persevering, faced with all forces, different human motions, be they psychological, sociological, or philosophical – akin to the Sun in front of the light of a candle, turning this dark, human night into the light of day.

Islam makes the recently developed goals that are filled with hope for mankind into its own goals and plans. At the same time, it gives us realistic target assumptions and subjectivities in order to reach and achieve the final ranges through Islamic guides and worship, which can be beneficial even for the non-believer in their life. These guides promise the believer eternal happiness, resurrection after death, promising eternal life, and convincing the believers against death which is the main source of anxiety.

**ISLAMIC APPROACH TO PSYCHOTRAUMA: ANIMATION, GROWTH AND TRANSFORMATION**

Islam as a totality of spiritual belief, religious faith, and ritual practices is a possible source of support and inner strength for victims of psychological trauma and...
those suffering from post-traumatic stress disorder (PTSD). Since many of these individuals may suspect that matters of faith and religion are not suitably equipped to deal with the problem, the therapist may consider initiating a discussion in this area. One can explore traumatic religious history, as well as the changes in belief and spirituality that follow after traumatization. A person who is open in the spiritual direction can be further referred to as sensitive, empathetic, and well-informed imams (religious teachers), especially those with knowledge of psychological trauma and PTSD. Since many victims are open to counseling or spiritual therapy, mental health professionals should consider engaging the services of local religious teachers to help survivors and take care of their mental needs. Developing an ecumenical, well-prepared joint venture of the clergy, regardless of denomination, will enable therapists to respond effectively and sufficiently to the spiritual needs of a traumatized client regardless of religion. A Muslim needs an Islamic code (Hasanović et al. 2014).

It is imperative to be aware of the lack of a psychotherapeutic approach in its narrowest sense, especially empathy. The traumatized person is reluctant to initiate the articulation of "spiritual feelings." If the traumatized feel abandoned by God or a Higher Power, they fear that their anger and bitterness will be perceived as irrational. Because of the severity of their trauma, many believers conclude that faith is no longer possible. Some survivors begin to believe that faith in the One who loves, Who cares, Who is powerful, or simply said – in God, is no longer useful or necessary (Mahedy 1986). The goal of trauma therapy is to restore, revitalize, re-establish, and transform lives shattered by psychological trauma and post-traumatic stress disorder. The devastating trauma strikes the human personality in its entirety and disrupts every aspect of the victim’s inner life, including the spiritual dimension. Therefore, assessing and naming the impact of psychological trauma and post-traumatic stress disorder on the spirituality and faith of the victim in God, establishes a critical view of the therapeutic process (Hasanović & Pajević 2010, 2015, Hasanović et al. 2017).

Mental health professionals must communicate with religious leaders as well as community leaders to formulate contingency plans that enable a timely and comprehensive response to victims of catastrophic trauma. More specifically, those planning and developing post-disaster mental health plans would do well to invite local religious teachers to participate and assist. Since religious teachers and other spiritual ministers in the community are an invaluable resource for addressing the mental health needs of the traumatized, care should be taken to provide adequate training regarding psychological trauma, post-traumatic stress disorder, the crucial nature of catastrophic actions. Training on catastrophic and traumatic effects allows religious teachers to respond creatively, intelligently, and empathize with those who have survived major tragedies. The extensive and ecumenical network of male and female clergy and clergy not only provides a timely response to trauma victims, but also contributes significantly, to the work of crisis intervention teams, support groups, and debriefing committees.

A religious community, with a mosque in the center, has relatively stable structures and exists in most civilian communities. Because trauma is ubiquitous, stable communities like these can be the first line of response to victims. Mental health professionals should consider incorporating religious education structures into existing response systems. The supportive and empathetic presence of these institutions can help prevent the traumatized from retreating into isolation, deviance, and alienation. The existence of structures like these facilitates recovery from traumatic events by allowing victims to perceive that there are people available for them at critical moments. People that will help, care for them and comfort them.

Groups like these offer extended social and spiritual support for victims of severe trauma. The ability of a local or neighboring religious community to show interest and care for victims of trauma is a critical aspect of the spiritual healing process (Skolnik 1989).

The role of prayer (salah) in therapy

The daily program policy of these religious activities can be applied for clinical purposes depending on the observation of prayers (daily prayers) at their prescribed time in a group for all those who work at the clinic and practice religious duties. Patients, who are believers, participate and should be guided by a preacher, previously instructed in the basic principles of a psychotherapeutic and socio-therapeutic approach. After the prayer (salah), patients continue to work in group therapy religious sessions, in which all team members cooperate (Abou Al Azayem 1965).

In these open sessions, the therapy team, which is well trained in using faith as a therapy segment, should participate and answer questions in an attempt to explain the values of religious decrees and regulations, the true meaning of purity, ablution (ritual washing), and its effects on the central nervous system (Pajević & Hasanović 2007).

Psychologic effectiveness of group prayers (in Jamaat/ congregation) and their tranquilizing effect

Group prayer sessions provide an expansion of the spheres of interest of the participants in their daily program and would teach them how to use their time in constructive and recreational activities that bring pleasure, which is the basis of behavioral restructuring for therapeutic purposes.
The role of the mosque is clarified by its use in the psychological definition shown above. This fact reveals the role of faith in healing. It also reflects light on the effect of patience and the role of endorphins in relieving pain and stabilizing cases. This is proof of the importance of faith and illuminates what can be achieved in a mosque for the mental health of the community (Pajević et al. 1999, Hasanović et al. 2017).

**ISLAMIC APPROACH TO THE TREATMENT OF PSYCHOTRAUMATIZED IN POSTWAR BOSNIA AND HERZEGOVINA**

Regarding our clinical experiences, the incidence of PTSD and trauma-related disorders are seriously increasing after severe war 1992-1995 in Bosnia and Herzegovina. The majority of our clients, whom we treated during the war and in the post-war period, were soldiers of the Bosnia-Herzegovina Army (AR BH) and Croat’s Defense Council (HVO), their family members, as well as civil war victims, and among them particularly refugees, displaced persons, adolescents and children. These included Bosnians with the Muslim cultural-spiritual and historical background, and the Croats of the Catholic faith, the Serbs of Orthodox faith and the members of all three ethnicities who considered themselves atheists. All Bosnia and Herzegovina citizens belonged to some culturally-historical background based on religious traditions before the communist regime in the former Yugoslavia (1945-1991). Parents of the actual population were raised in the spirit of religious manner and tradition. After religious behaviors were condemned and expelled from public life and school programs, the postwar generation had double standards in regards to religious and spiritual values. During different clinical procedures which we developed in our clinic after the war, a significant number of our clients showed an open desire for conversation about the spiritual perspectives of life; the meaning of death and the symbolism of life sacrifice of their close family members, as well as of the spiritual meaning of the sacrifice of those who had lost their own body parts, properties, social status and social relations (Hasanović 2014). Very often during the individual, family or group psychotherapy sessions there appeared tendencies toward spiritual and more often religious explanations of life, and the hereafter. Our clients, particularly those from Bosniac ethnicity (Muslims), expressed a need to keep a daily rhythm of obligatory prayers. In our clinical experiences with traumatized clients and those who are suffering from PTSD, we have noted that a daily program of religious activities was clinically helpful. Religious clients participate voluntarily by making a free choice of how to spend their 24 hours in clinic. To support this choice, we arranged that there should be, within the clinical environment, one room dedicated to spiritual psychotherapy, which was also the same room which was set aside for performing prayer.

The inpatients experienced this facility with pleasure, because it completed their 24 hours stay in the clinic, and particularly facilitated the healing of their mental disorders and disturbances (Hasanović et al. 2011).

Since we observed the need of the patients who showed a spiritual inclination, to discuss these issues, it was decided to offer them for a term an extra session of group psychotherapy which had primarily spiritual topics and contents. The session was held only once a week with open access and the clients did not need a specialist’s referrals. The sessions lasted 60 min., from 13:15 to 14:15 every Thursday, and took place in this manner for over two years. The patients sat in a circle as in every other session. The number of clients varied from 20 to 30. There were 20 permanent clients and the rest changed throughout the running of the program. All who happened to be in the day clinic or those who were inpatients in the Psychiatry Clinic met regardless of their religious or spiritual orientation. Those who completed their course of treatment and were discharged but continued to receive outpatient treatment, along with citizens (who heard about the group from their friends or relatives) also came to the Psychiatry Clinic for these sessions. We observed that after such sessions the clients are less anxious, less depressed, have better communication skills, while symptoms of avoidance and hyper-arousal symptoms become decreased in intensity (Hasanović et al. 2011).

After finishing their prayer, the clients continued with the work in the group therapy of spiritual sessions where all the team members collaborated. In such open sessions, the therapeutic team, which was well trained in using religious faith as a part of the whole therapy, gave answers about religious obligations and their value in achieving mental wellbeing. Sessions of such groups provide for an increase of the participants’ interest in their daily spiritual program, and can teach them how to use their time in a constructive way and choose some recreational activities which bring satisfaction, as a foundation for the reconstruction of their behavior for a therapeutic purpose (Al Radi 1995, Hasanović et al. 2014).

A true religious affiliation surely represents a positive factor for the protection of mental health and some experts in mental health have had no doubt about this for a very long time (Husain & Sinanović 2002, Ljubić et al. 2002).

The believers who practice their daily religious rituals, dedicated to achieve, as much as possible, the inner peaceful state of mind, can be expected to achieve the following:

- The creation of conviction that personal fate is determined by personal actions, this then ensures the feeling of safety against tragedy;
- The creation and strengthening of conviction that a person is being protected by the true and eternal Power which then offers a chance to a person to establish a relationship with God;
Some convictions regarding their contemplation about death; they are likely to feel more secure with a promise of eternal life;

- A healthy religious perspective offers a person the possibility to cope with guilt by offering the mechanisms for repentance;

- It offers a transcendental shelter from the crude realities of daily life (Hasanović 2002).

Studies show the power and symbolism of prayer as a substantial factor in the process of psychological recovery and spiritual healing. Religious prayers and rituals build inner (in other words, spiritual) strength, reaffirm individual identity and self-worth, and engender a “sense of connection and continuity” with meaningful communities (Wilson & Morán 1998, Pajević et al. 2017). Religious activities can be directed to promote inner purification and healing in a way that allows the victim to experience spiritual revitalization. Spirituality is restored, victims develop the ability to rejoice, celebrate, and are thankful for having meaning in their life again, and are thankful for the re-established wholeness and well-being (Hasanović et al. 2014).

Islamic thinkers, then, speak of a state of mental calm in man, which overwhims anxiety, transitioning to psychic stability as one expression of self-competition. If the philosopher J. P. Sartre says, "We are embodied in anxiety," he did not overcome this anxiety to a state of faith, but he emphasized the state of anxiety and made it a constant quality of man. This means that he understands man from the angle of anxiety, but this angle is not a natural perception. Man cannot only be anxious because a man must overcome anxiety in order to gain faith in something.

God says, "Remembering Allah makes hearts find relief." The feeling that you are always with God is a promise of eternal life; they are likely to feel more secure with a promise of eternal life; in God; this effect may diminish the social and professional skills of many survivors. Religion plays a coping role among patients with medical and mental health illnesses. There are significant relations between religion and its’ importance in the mental health of believers. We briefly described Islamic views of the soul, as a basic principle of human life and correct, beneficial effects in the attitudes and behavior of individuals towards their souls. We focused on Islam, as a complete worldview based on the theory of the Revelation of the Qur’an and the practices of God’s Messenger, Muhammad, (p.b.u.h.) through which the Revelation was given to all mankind. The basic Islamic theoretical and practical principles and their beneficial protective and healing effect on the mental, psychosocial and psychosomatic well-being of the individual and the community were enumerated and briefly explained when the daily routine of Islamic living is properly applied. The basic Islamic principles that help people who suffer sudden, short-term, or long-term troubles and catastrophes, because of which psychological trauma and its acute and chronic consequences are formed, which makes the treatment of traumatized faster, and more efficient.

CONCLUSIONS

Psychological trauma and post-traumatic stress disorder (PTSD) may have an intensive negative impact on a patient’s spiritual beliefs or his/her belief in God; this effect may diminish the social and professional skills of many survivors. Religion plays a coping role among patients with medical and mental health illnesses. There are significant relations between religion and its’ importance in the mental health of believers. We briefly described Islamic views of the soul, as a basic principle of human life and correct, beneficial effects in the attitudes and behavior of individuals towards their souls. We focused on Islam, as a complete worldview based on the theory of the Revelation of the Qur’an and the practices of God’s Messenger, Muhammad, (p.b.u.h.) through which the Revelation was given to all mankind. The basic Islamic theoretical and practical principles and their beneficial protective and healing effect on the mental, psychosocial and psychosomatic well-being of the individual and the community were enumerated and briefly explained when the daily routine of Islamic living is properly applied. The basic Islamic principles that help people who suffer sudden, short-term, or long-term troubles and catastrophes, because of which psychological trauma and its acute and chronic consequences are formed, which makes the treatment of traumatized faster, and more efficient.

During the war in Bosnia-Herzegovina (1992-1995) the whole population, regardless of age, gender, nationality or profession, suffered severely. We described the conceptualization and development of such a group and present some self-reported views of clients who took part in these groups. The supportive and empathetic presence of such group in the community helps to prevent withdrawal and isolation, alienation and deviation of traumatized persons. The presence of such group facilitates the rehabilitation process of the victims, allowing them to understand that people are available to them in certain critical moments, to help, to offer protection or to console. Groups like this one, offer long term social and spiritual support to extremely severely traumatized victims. Further research about effects of spirituality and religiosity and its influence on mental health improvement of traumatized individuals in individual and group psychotherapy settings is needed.
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Izet Pajević: made substantial contributions to conception and design, and interpretation of data, participated in revising the manuscript and gave final approval of the version to be submitted.

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