BRIEF COMMUNICATION

Islam and Mental Health: A Malaysian Profile

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Abstract

The purpose of this research paper is to identify the intersectionality of religion, culture, and mental health in Malaysia and to expound upon the implications for future formulations of effective evidence-based practices. This review draws upon sources including primary ones such as studies as well as secondary sources of existing literature reviews on religious and cultural tenets in Malaysia.

Keywords: Mental Health, Intersectionality, Culture, Intervention, Islam, Malaysia

Introduction

The discussion surrounding the interrelationship of culture and psychopathology has greatly advanced over the recent years, particularly with the advent of the field of implementation science, which is defined as “the scientific study of methods to promote the systematic uptake of research findings and other EBPs into routine practice, and, hence, to improve the quality and effectiveness of health services” [1]. The promotion of this systemic uptake of research findings into routine practice ought to happen within cultural contexts, particularly when we take into consideration the scarcity of evidence regarding cultural minorities that often results in standard practices based on data from the majority population that have uncertain relevance for specific cultural groups [2]. While the concepts of mental health in Malaysia differ vastly between various religious and ethnic groups, this paper will focus specifically on the intersection of the religion of Islam and the nuances of Malaysian culture. The paper will discuss how this intersection is manifested in the mental health landscape of Malay communities, and will culminate in making a case for culturally-sensitive evidence-based practice in the mental health service landscaping of Malaysia, in order to increase accessibility of mental health services to all. The nature of the paper is exploratory rather than definitive, and the initial portions aims to identify the main tenets of the religion of Islam as well as the aspects of certain cultural components of Malaysia that are imperative in forming a comprehensive understanding of this relationship.

Religion in Malaysia

The ethnic composition of Malaysia citizens is as follows: Malays (67.4%), Chinese
as per a 2018 report by the Department of Statistics Malaysia, Official Portal. Among the Malaysian citizens, the Malays was the predominant ethnic group in Peninsular Malaysia which constituted 63.1 per cent. The Ibans constituted 30.3 per cent of the total citizens in Sarawak while Kadazan/Dusun made up 24.5 per cent in Sabah. The remaining population is made up of indigenous groups, also known as the Peninsular Aborigines (1.0%). While the Malaysian Constitution declares Islam as the official religion of the country, other religions are granted freedom to practice. Amongst other legislative stipulations such as allowing for the building of respective holy sites such as churches, temples, or gudhwaras (Sikh sites of worships) in various states and districts, and granting access to all devotees to demonstrate their religious affiliations through dress or demeanor, the government of Malaysia also recognizes other religions by declaring national holidays on certain days of the year during which religious festivals are celebrated, the main four holidays being Christmas, Chinese New Year, Deepavali, and Hari Raya.

The origins of the Malays of Malaysia have been a widely debated topic, with differing perspectives on this matter. An article by Haque and Maslan posits that the Malays of Malaysia were originally Hindus but began embracing Islam after the fourteenth century, before which animism was the main spiritual practice of Malays [3]. A more recent study conducted by researchers at Universiti Sains Malaysia utilized 54,794 genome-wide single nucleotide polymorphism genotype data generated in four Malay sub-ethnic groups in peninsular Malaysia (Melayu Kelantan, Melayu Minang, Melayu Jawa and Melayu Bugis) to explore the history of human migration and admixture in this context. They subsequently documented genetic structuring amongst the Malay populations among the Malay populations which could possibly allude to different historical origins [4]. As such, there is no present definitive conclusion as to the origins of Malays in Malaysia.

The arrival of the Chinese and Indians into Malaysia in the nineteenth century who were brought in by British colonialists resulted in a diversification of religious affiliations in Malaysia [3]. A substantial portion of the Chinese population subscribe to Christianity and Buddhism, while there exists an extremely diverse system of beliefs amongst the Indians, amongst which include but are not limited to Hinduism, and Sikhism.

Within the Malay population, cultural differences exist from state to state but the overall Malay culture is overshadowed by a strong influence of religion [3]. This is not an isolated occurrence as it has been found that the traditional belief that spiritual forces play a great role over physical and mental health is a dominant one amongst all Malaysians. Some examples of this belief can be found in a study done by Muhammad, Subhi, Zakaria, and Mohammad Aun on cultural influences in mental health help-seeking amongst Malaysian caregivers [5]. The study found that all caregivers employed coping mechanisms of religious beliefs as a vital strategy for managing the cultural issues associated with mental illness due to the limited mental health resources that were available in their respective communities, which was consistent with the high level of religious affiliation claimed by Malaysians.

Islam and Mental Health

For the sake of this article, the two points of Islamic beliefs that will be addressed in
detail will be concerning the view on humanity and mental health.

The Muslim belief is primarily based on the idea that science and religion work together as an integrated whole as part of the cosmic reality [3]. Human beings are considered a microcosm of the larger cosmos; demonstrating the affinity between humans and nature and the common elements that exist between them. According to Rahman [6], when God creates something, it then falls into a pattern according to the laws of nature that governs it, becoming a part of the total cosmos. The concept of free will is present in Islam; while the created elements of the universe such as the sun, the moon, and the cosmos are bound to Allah’s instructions, human beings are granted the (limited) choice of whether or not they wish to follow the commands of God. The reward and punishment that comes after is based on the choices that are made, and if they are consistent with or against the commands of Allah given in the Qur’an. The seat of true knowledge in human beings comes from the metaphysical elements, referred to in the Qur’an as heart (qalb), soul (al-nafs), spirit (ruh), and intellect (al-aql). Knowledge and ruh are inherent in the nature of human beings and are collectively known as al-fitrah, which directs human behavior throughout their lives. Deviation from al-fitrah leads humans to go astray and leads to suffering and pains in this world [6].

This very idea of deviation from the knowledge and teachings of Islam leading to suffering and distress provides the basis for the concept of mental health in Islam. The suffering and pains in this world are a result of the struggle for the spiritual intelligence in man to intervene and strike a balance in human personality when the physical body is in need of physical pleasure. The dynamic interplay between material and non-material forces that results in the psyche or nafs is in control of human consciousness. As such, a study of both these forces is necessary when trying to develop an understanding of man. In conclusion, ongoing purification of thought and deeds bring a person closer to God and keeps a person mentally healthy. The Qur’an uses the term inshirah al sadr to refer to a state of mental health or psychological well-being as indicated in the following verses: 6:125, 10:57, 16:106, 20:25, 94:1. The Qur’an also uses the term dhaiq al sadr to refer to states of psychological imbalance as seen in these verses: 6:125, 11:12, 15:97, 26:13, 29:33. Psychological stress (dhaiq nafsi) is also mentioned in the Qur’an in these verses: 6:125, 9:25, 9:118, 11:12, 11:77, 15:97, 16:12, 18:6, 26:3, 26:13, 27:70, 29:33, 35:8, 65:5. The term hayatan dhaniqah is also used to refer to a life that has psychological stress (20:124). Taqwa is associated with a state of well-being and psychological or mental imbalance is attributed to ma’siyat [7].

Islam in Malaysia

Article 3 in the Malaysian Federal Constitution states that "Islam is the religion of the Federation" and "Parliament may by law make provisions for regulating Islamic religious affairs." This allows for constitutional government intervention and involvement in matters related to Islamic values, some examples of which will be provided in the next paragraph. The integration of religion and culture is implicated in Article 160 of the constitution which provides a definition of a Malay as “a person who professes the religion of Islam, habitually speaks the Malay language, conforms to Malay custom”. The effects of the synthesis of these two provisions include an increased government presence in the regulation of Islamic
religious affairs, and subsequently, the enforcement of cultural practices amongst the Malay community. Some examples of government-based enforcements of Islamic and cultural practices amongst the Malay community include the incorporation of suraus, or places of prayer for Muslim students in educational institutions in order to enable the Muslim students to carry out their obligatory daily prayers. During the holy month of Ramadan, that is the ninth month of the Islamic calendar commemorating the first revelation of the holy book Qur'an to the Prophet Mohammad SWT by Allah, public and private Malaysian corporations alter their schedules to account for the fasting that takes place amongst the Muslim workers. Furthermore, the establishment of the Tabung Haji, the Malaysian hajj pilgrims fund board, is a method by which a government-run corporation facilitates savings of Malays to enable them to have the funds to travel to Mecca, Saudi Arabia for their obligatory pilgrimage. All these measures could very well be the basis for the estimation that 90% or more of the Malay population in Malaysia is generally seen as practicing their basic beliefs of Islam [3].

Social institutions such as schools, workplaces, and even families are greatly influenced by Islamic principles that are integrated into the various systems.

The justice system is yet another effective illustration of the overlap between the religion of Islam and Malay culture in Malaysia. There are two sets of laws maintained for Malaysian citizens, the national constitution forms the basis for civil law while the second set of laws is deemed the syariah law, and is applied exclusively to Muslims. As religion is considered a state’s prerogative, the federal government’s involvement in the administration of syariah law is limited. Nevertheless, due to the majority of the Malay population in Malaysia, a large amount of administrative effort and officials are involved in the administration of syariah law regardless.

The Intersection of Religion, Culture, and Mental Health

A study done by Beverly Palmer in 2015 used a qualitative, emic approach to assess differing concepts of mental health in Malaysia amongst Malaysian public university students. The study sought to determine the definition of psychological well-being between various ethnic groups in an educational setting, as well as to assess the level of religious influence in the respective definitions of mental health concepts. The students were asked to list five characteristics of mental health (kesihatan)/psychological well-being (kesejahteraan)”. For the sake of the study, both terms were used to prevent responses that would state only that mental health was the absence of mental illness. The results found that while all religious groups were about equal in identifying relational thinking, Buddhist respondents identified interpersonal skills more often than did Christian and Islamic respondents. Islamic and Buddhist respondents identified controlling emotion more often than did Christian respondents. Finally, Islamic respondents identified positive thinking and being open-minded more often than the other two groups.

The significance of the findings in relation to this particular article is found in the clarifications of Islamic students on the concept of open-mindedness, that is “berfikiran terbuka”. Islamic students defined it as being open to religious teachings and they viewed those who negated religious opinion as being “closed-minded”, which is consistent with the
findings of Mastor, Jin, and Cooper. This use of the concept open-mindedness is starkly different from its use by Buddhist and Christian students. For them, open-mindedness is to value the relativity of viewpoints [8]. The main observation here was that the Malay students who identified as Muslim indicated higher attributions to religious principles when asked to consider mental health and psychological well-being, falling in line with the idea that religion, culture and the concept of mental health is integrated in Malaysian Malay communities.

Furthermore, another study exploring the cultural construction of psychiatric illness in Malaysia found that in general, Malays are reluctant to express their psychological problems as is and tend to somaticize their distress, in order to avoid being stigmatized by fellow community members [3]. The attribution of psychological problems to physical illness culminates in three main ways in which Malays describe their issues. Firstly, the loss of “semangat” or soul substance makes one physically weak resulting in confusion. Secondly, “angin” or the wind present in the stomach and in the nerves and blood vessels causes hallucinations and delusions. Finally, the third common belief is the possession by the Jinn (Genie). It is believed that Jinn may have possessed the ancestors of the victim and after death the ancestors may wish to stay in the bodies of their offspring. Psychological issues are the result of the refusal of an individual to allow the continued possession by the Jinn. The existence of Jinns is mentioned in the Qur’an and sometimes humans and Jinns are addressed together as a similar entity [3]. The study addressed another article by Abdul Kadir and Bifulco, whom studied the expression of depression among Malay Muslim women and identified various terms for depressive feelings, such as murung (Malay word for depression) or depresi (taken from the English word for ‘depression’). Abdul Kadir and Bifulco claimed that Malays employed cultural idioms, proverbs, or expressions to expound on the benefits of encountering sorrow or adversity, rather than addressing the actual issue of sadness at hand. Some of the examples are as follows: “Adversity makes one a better person”, “The more sorrow one encounters, the more joy one can contain” and “After falling, the ladder falls upon you”. Such suppressions of emotional expression are said to be associated with the Islamic values that teach followers how to handle grief and death, whereby people are not expected to cry excessively and should express emotion in moderation [9].

It follows accordingly that the help-seeking tendencies of these communities are also shaped by the strong religious influences in the Malay culture. The multicultural approaches to healing in Malaysia reflects the emphasis on religion by various ethnicities. In regards to the Malay perspective of mental illnesses as mentioned above, a majority of help-seeking attitudes tend toward the traditional or spiritual approach, believing that physical tools containing spiritual power can be used to address matters of the soul and body. As an example of this concept, I will address a study done by Mohammad and colleagues that interviewed caregivers in Malaysia on their help-seeking tendencies based on their respective ethnicities. While interviewing Muslim-Malay caregivers, they found that most caregivers stressed the importance of engaging religious coping methods when managing someone with schizophrenia. One Malay caregiver stated that she believed her daughter would be healed if only her spirit would be “restored to fight the mental illness”. One of the religious methods she utilized was by bringing her daughter to an
“ustaz” (holy man) in order to attain air-penawar (holy water). Another interviewee stated that he would recite doa (prayers) and worship Allah on a daily basis for his relative’s recovery.

The practice of seeking help from spiritual and traditional sources is also due to the limitations of alternative services in Malaysia. Malaysian caregivers used spiritual healing to treat their relative because of its availability as a resource in their community, especially when they were unable to access other forms of community services [5]. This is both caused by and results in the prevalence of traditional healing services amongst Malay communities, particularly in rural areas with comparatively less development in terms of infrastructure. This was reflected in the results of the study done by Abdul Kadir and Bifulco on Muslim mothers’ experiences of depression and service use in Johor Bahru, Southern Peninsular Malaysia. 61 women interviewed were selected on the basis of high General Health Questionnaire scores from a large questionnaire survey of 1,002 mothers. The illustrative analysis provided descriptions of depressed mood, self-depreciation and suicidal ideation, as well as attitudes toward service use. The apparentness of Islamic influence was seen in their replies to questions regarding suicidal ideation. When questioned about that particular aspect of depression, most of the other participants declared that they would avoid that kind of thinking. Many of them replied they would try not to entertain such negative thoughts, as a good Muslim. They explained that thoughts of attempting suicide should be stopped immediately, while wishing to die was reported in terms of wishing God would terminate their life. The religious and traditional connotations of their perspective toward this particular mental illness led to the patterns in their help-seeking behaviors. Most (93%, or 56/61) of the mothers interviewed had little to no idea of services offered by mental health hospitals, and nearly all (93%, or 56/61) had a negative perception of mental illnesses. Of the few who received medical treatment, most (75%, or 46/61) also saw a bomoh (holy man) in seeking alternative medicine. The mothers’ adherences to cultural beliefs influenced the utilization of alternative medicine from the bomoh for depression. Some participants also stated that alternative medicine is another form of treatment that concurrently strengthened their religious faith and beliefs, so they would not have to rely upon medical treatment. Nevertheless, most of them ultimately accepted a combination of medical and spiritual treatment. In conclusion, the use of medical services was more of a last resort to solve their mental health problems, upon seeking help from traditional healers [10].

In general, seeking help through religious coping methods have been observed to actually alleviate distress levels as proved by a study done by Nur Ashikin and colleagues that sought to determine the level of religious commitment and coping methods in psychiatric patients and its relationship with distress level. A total of 228 patients were included in this study. The majority of subjects were male, Malay, Muslim, single and with psychotic disorder. Results found that the subjects had a high level of religious commitment and had used more positive coping methods while negative religious coping, psychiatric symptoms and diagnosis of anxiety disorder or major depression were significantly associated with high distress level [11]. A possible explanation for this would be that help-seeking behaviors that fall in line with existing religious beliefs and cultural values increased the confidence of patients in regards to the effectiveness and
appropriateness of the treatment, which reflected in lower distress levels.

Discussion

The institutionalized convergence of Islam and Malay customs results in a regularized overlap between the official religion and the majority culture of Malaysia, leading to extensive traditional and spiritual views of mental health that shape the help-seeking tendencies of Malay community members, and it is this very inextricability of religious nuances from the day-to-day life operations of the Malaysian people which is both the basis of argument as well as the provision for the need for a culturally-sensitive approach in terms of mental health services. While an overall heightened awareness of mental health is necessary, cultural and spiritual elements ought to be integrated in the management plan while constructing the clinical reality of such mental illnesses and conditions so as to ensure holistic progress. The studies cited have indicated high levels of spiritual and traditional influence in mental health concepts and help-seeking tendencies, and though religion has been found to play a role in delaying the seeking of professional help, an Islamic perspective in the understanding of mental health is highly worthy of analysis while moving forward in catering to the community’s needs.

Though an increasing number of Muslim devotees in Malaysia, particularly those in the urban areas, are seeking modern treatment in the form of cognitive-behavioral therapy (CBT) or psychotropic medication, studies have found that Muslims who seek treatment in secular psychotherapy tend to have difficulty connecting to and trusting their therapists’ formulation of treatment goals [12]. This is significant as one of the three features of what is deemed the “therapeutic alliance” is an agreement of goals [13]. Research has indicated time after time that the therapeutic alliance is an important variable for psychotherapy process [14]. A direct response to this finding can be identified in studies which have demonstrated that there are positive effects of religiously oriented therapies in the treatment of religiously observant clients, particularly when treatment goals operate within their spiritual context [15-18]. It is therefore important that the providers of mental health services in Malaysia first acknowledge and subsequently allow for this concept of spiritual framing when engaging with one religiously observant client or another.

As such, while the availability of psychiatric interventions in Malaysia are increasingly widespread, the option of having a religiously oriented treatment approach would greatly add to the help-seeking tendencies of Muslim citizens encountering mental distress. Haque suggests that continuous discourses and collaboration with faith healers and religious scholars would smoothen the integration process. Due to the systemic presence of the Islam faith in Malay communities, in order to penetrate resistance to the modern psychiatric interventions in the population of Muslim majority when or where necessary, as well as to ensure the formulation of evidence-based practices that are culturally competent, the establishment of a psychiatric Islamic intervention in Malaysia is worth considering.

References


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