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EVIL EYE, *JINN* POSSESSION, AND MENTAL HEALTH ISSUES

AN ISLAMIC PERSPECTIVE

G. Hussein Rassool



Evil Eye, *Jinn* Possession, and Mental Health Issues

Evil Eye, Jinn Possession, and Mental Health Issues raises awareness of the cultural considerations, religion and spirituality involved in the assessment of Muslim patients with mental health problems. The belief that *Jinn* spirits can cause mental illness in humans through affliction or possession is widely accepted among Muslims, meaning this belief is a crucial, but frequently overlooked, aspect of mental health problems with Muslim patients in psychiatric care. This book explores the nature of such beliefs, their relationship to mental health and the reasons for their importance in clinical practice.

The book argues that it is vital to consider mental disorders as a multifactorial affair, in which spiritual, social, psychological and physical factors may all play a role. It suggests differential diagnostic skills may have an important part to play in offering help to those who believe their problems are caused by possession, and provides accessible literature on clinical issues and practice, interventions, management and evidence-based practice to help health workers achieve a better understanding of Muslim beliefs about possession and how to work with patients that hold such beliefs.

Evil Eye, Jinn Possession, and Mental Health Issues is an essential manual for mental health professionals, social workers and psychologists. It should also be of interest to academics and students in the healthcare sciences.

G. Hussein Rassool is currently Professor of Islamic Psychology, Dean for the Faculty of Liberal Arts and Sciences, Director of Research & Publications and Head of the Psychology Department at the International Open University (Islamic Online University).

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Evil Eye, Jinn Possession, and Mental Health Issues

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Evil Eye, *Jinn* Possession, and Mental Health Issues

An Islamic Perspective

G. Hussein Rassool

First published 2019
by Routledge
2 Park Square, Milton Park, Abingdon, Oxon OX14 4RN

and by Routledge
711 Third Avenue, New York, NY 10017

Routledge is an imprint of the Taylor & Francis Group, an informa business

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British Library Cataloguing-in-Publication Data

A catalogue record for this book is available from the British Library

Library of Congress Cataloging-in-Publication Data

Names: Rassool, G. Hussein, author.

Title: Evil eye, Jinn possession, and mental health issues : an Islamic perspective/G. Hussein Rassool.

Description: Milton Park, Abingdon, Oxon ; New York, NY : Routledge, 2019.

Identifiers: LCCN 2018019021 (print) | LCCN 2018021830 (ebook) | ISBN 9781315623764 (E-book) | ISBN 9781138653214 (hbk) | ISBN 9781315623764 (ebk)

Subjects: LCSH: Psychotherapy—Religious aspects. | Mental health counseling—Religious aspects.

Classification: LCC RC489.S676 (ebook) | LCC RC489.S676 R37 2019 (print) | DDC 616.89/14—dc23

LC record available at <https://lcn.loc.gov/2018019021>

ISBN: 978-1-138-65321-4 (hbk)

ISBN: 978-1-315-62376-4 (ebk)

Typeset in Bembo
by Apex CoVantage, LLC

Dedicated to Isra Oya bint Adam Ali Hussein Ibn
Hussein Ibn Hassim Ibn Sahaduth Ibn Rosool Ibn Olee
Al Mauritiusy, Asiyah Maryam, Idrees Khattab, Adam
Ali Hussein, Reshad Hassan, Yasmin Soraya, Bee Bee
Mariam, Bibi Safian and Hassim.

Prophet Muhammad (ﷺ) said:

No Muslim is touched by any worry, or sadness, and says: O Allah, I am Your slave, son of Your slave, son of Your female slave, my forelock is in Your hand, Your command over me is forever executed and Your decree over me is just. I ask You by every Name belonging to You which You named Yourself with, or revealed in Your Book, or You taught to any of Your creation, or You have preserved in the knowledge of the unseen with You, that You make the Qur'an the life of my heart and the light of my breast, and a departure for my sorrow and a release for my anxiety.

(Musnad Ahmad # 1/391 and
Al-Albani declared it Sahih)



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Preface

Evil Eye, Jinn Possession, and Mental Health Issues: An Islamic Perspective aims to raise awareness of the cultural considerations, religion and spirituality involved in the assessment and treatment interventions of Muslim patients with mental health problems.

In recent years, there has been much publicity about *Jinn* possession, the evil eye and black magic in many parts of the Muslim world. The belief that *Jinn* can cause mental disorder in humans through affliction or possession is widely accepted among Muslims. This means that belief in evil eye, *Jinn* and witchcraft possession is a crucial, but frequently overlooked, aspect of psycho-spiritual and supernatural problems with Muslim patients in psychiatric care. This book explores the nature of such beliefs, their relationship to mental health and the reasons for their importance in clinical practice.

Muslims have a different worldview of mental health and illness and their explanatory models of illness causation in relation to mental disorders may not always be medically oriented. A Muslim patient may believe that their illness is caused by possession and it is tempting to dismiss this as a spiritual problem. Evil eye, *Jinn* possession and black magic are essentially a spiritual problem, but mental disorders are a multifactorial affair, in which spiritual, social, psychological and physical factors may all play an aetiological role. The relationships between these concepts are therefore complex. It would seem reasonable to argue that *Jinn* and witchcraft possession may be an aetiological factor in some cases of mental health problems or psychiatric disorders, but it may also be an aetiological factor in some non-psychiatric conditions. In other cases, it may be encountered in the absence of psychiatric or medical disorders.

Differential diagnostic skills may have a part to play in offering help to those whose problems could be of Possession Syndrome, culture-bound syndrome or medical/psychiatric origin. Even though *Jinn* possession, witchcraft and effects of evil eye are common and cause great suffering in every part of the world amongst Muslim patients, many health workers have a limited understanding about the issues of the Possession Syndrome: spirit possession, *Jinn* possession, black magic and the evil eye and their relationships with mental health problems and psychiatric disorders. In addition, health and social care workers are

less comfortable in dealing with both mental health problems and supernatural possessions. However, if one listens to the symptoms for those affected by the issues above, one may notice that many of them are the same as those symptoms of certain mental disorders mentioned in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V).

This book provides accessible literature on the context, clinical issues and practice, interventions, management and evidence-based practice to help health workers achieve a better understanding of Muslim beliefs about possession and how to work with patients that hold such beliefs. This makes it an essential manual for mental health professionals, social workers and psychologists. It should also be of interest to academics and students in the healthcare sciences.

The essence of this book is based on the following notions:

- The fundamental of Islam as a religion is based on the Oneness of God.
- The source of knowledge is based on the Noble Qur'an and Hadith (*Ahl as-Sunnah wa'l-Jamā'ah*).
- Muslims believe that cures come solely from Allah (God) but seeking treatment for psychological and spiritual health does not conflict with seeking help from Allah.
- Islam takes a holistic approach to health. Physical, psychological, social, emotional and spiritual health cannot be separated.
- There is wide consensus amongst Muslim scholars that psychiatric or psychological disorders are legitimate medical conditions that is distinct from illnesses of a supernatural nature.
- Evil eye, *Jinn* possession and witchcraft are a crucial, but sometimes overlooked aspect of mental health problems with Muslim patients in psychiatric care.
- Evil eye, *Jinn* possession and black magic are essentially a psycho-spiritual problem.
- Muslims have a different worldview or perception of mental health and illness. There is a strong belief that evil eye, *Jinn* possession and witchcraft could cause physical and mental health problems.
- Counselling, in the Islamic context, is an act of shared spirituality between Islamic counsellor, where the nature of the shared spirituality is fluid, depending on the client's psychological and spiritual needs.
- Emerging cultural competence in mental health services is aiming to make the services more responsive to the needs of the Muslim communities.

It is a sign of respect that Muslims would utter or repeat the words 'Peace and Blessing Be Upon Him' (PBUH) after hearing (or writing) the name of Prophet Muhammad (ﷺ).

Acknowledgements

Bismillah Ar Rahman Ar Raheem

All Praise is due to Allah, and may the peace and blessings of Allah be upon our Prophet Muhammad (ﷺ) his family and his companions.

I would like to thank the staff at Routledge for their valuable and constructive suggestions during the development of the proposal and during the process of writing and publishing. It is with immense gratitude that I acknowledge the support and help from colleagues and students from the Islamic Online University, I would like to acknowledge the contributions of my teachers who enabled me, through my own reflective practices, to understand Islam and their guidance to follow the right path. I am thankful to my beloved parents, Bibi Safian and Hassim who taught me the value of education. I am forever grateful to Mariam for her unconditional support and encouragement to pursue my interests and for her tolerance for my periodic quest for seclusion to make this book a reality. I owe my gratitude to my family, including: Asiyah Maryam bint Adam Ali Hussein Ibn Hussein Ibn Hassim Ibn Sahaduth Ibn Rosool Al Mauritiusy, Adam Ali Hussein, Reshad Hasan, Yasmin Soraya, Isra Oya and Idrees Khattab for their unconditional love and for being here.

I would also like to show my gratitude to my patients and students for teaching me about mental health and Possession Syndrome, and those individuals who contributed to the case reports. Thanks also go to all my brothers at *Al Mufarideen* for their friendships.

Finally, whatever benefits and correctness you find within this book are out of the Grace of Allah, Alone and whatever mistakes you find are mine alone. I pray to Allah to forgive me for any unintentional shortcomings regarding the contents of this book and to make this humble effort helpful and fruitful to any interested parties.

Whatever of good befalls you, it is from Allah; and whatever of ill befalls you, it is from yourself.

(An-Nisā' [The Women] 4:79)

Context and background



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Fundamentals of Islamic faith

Introduction

Islam is a monotheistic, world religion whose constituents include a vast range of races, nationalities and cultures across the globe united by their common Islamic faith. Islam that includes beliefs, values and core practices. It is considered one of the Abrahamic, monotheistic faiths, along with Judaism and Christianity. Islam is an Arabic term, which translated literally means ‘surrender’ or ‘submission’ and the term reflects the essence and the central core of Islam, which is the submission to the will of God. The same Arabic root word gives us “*Salaam alaykum*” (“Peace be with you”), the universal Muslim greeting. Islam is both a religion and a complete way of life based on the guidance of God from the Noble Qur’an and teachings and practices of the Prophet Muhammad (ﷺ) (Peace and blessing be upon him). Hence, a Muslim is a person who submits to the will of God, or a follower of Islam. However, in the West, there is an orientalist misperception or negative perception about Islam and this is associated with overt or covert hostility, fear, hatred, prejudice toward Islam and Muslims which have given rise to microaggressions and Islamophobia. This chapter will enable the reader to have a basic understanding of the principles of the Islamic faith, Islamic culture, beliefs and practices.

Global Islam and diversity

There is great diversity in the ethnic composition of Muslims migrants in Western and Northern Europe, North America and Australasia. The increasingly visible presence of different ethnic groups in specific countries is the result of different politico-social and economic factors including forced migration, post-decolonisation migration patterns, labour needs, asylum seekers, refugee flows from war-torn countries (Amnesty International, 2012); and regional conflicts and fleeing ‘ethnic cleansing.’ The wide diversity of social, socioeconomic, ethnic and religious backgrounds among the Muslim population influences explanatory models of illness, coping mechanisms and help-seeking behaviour. It is important that health and social care professionals have an awareness of this

heterogeneous group in order to provide culturally congruent and appropriate care and management.

Nearly one-fourth of the world's population today is Muslim and the total Muslim population is over 1.62 billion followers worldwide, reaching 2.2 billion in 2030 (Pew Forum on Religion & Public Life, 2011). The largest number of Muslims live in the Asia-Pacific region (about 60%), 43.3% live in Africa and fewer than 20% of Muslims live in the Middle East and North Africa. Countries with a significant majority of Muslim populations (about 99.5% or more of the native populations) include Bahrain, Comoros, Kuwait, Maldives, Mauritania, Mayotte, Morocco, Oman, Qatar, Somalia, Saudi Arabia, Tunisia, United Arab Emirates, Western Sahara, and Yemen (Adherents.com). Muslims will remain relatively small but significant minorities in Europe and the Americas, but they are expected to constitute a growing share of the total population in these regions. The United Kingdom (UK) has a long history of contact with Muslims, with links forged from the Middle Ages onward (The Muslim Council of Britain, 2002).

A considerable share of Muslims living in Switzerland is from former Yugoslavia, whereas the biggest groups of Muslims in Catalonia (Spain) are originally from Algeria, Mali, Morocco, Pakistan and Senegal. Muslims from Iran and Iraq are relatively numerous in the Scandinavian countries of Sweden, Norway and Denmark, if compared with other European countries (Amnesty International, 2012). The top countries of origin for Muslim immigrants to the United States (US) in 2009 were from Pakistan and Bangladesh. In Canada, Muslims make up about 3.2% of the population and Islam is the fastest growing religion in Canada (National Household Survey (2011). In Australia, 2.2% of the total Australian population were Muslims, making it the third largest religious grouping, after Christianity and Buddhism.

Mental health and service provision

With the growth of Muslims globally and the rise of Muslim migrants in different countries, there has been a corresponding rise in the need for mental health service provision and delivery as a result of the psychosocial effects of migration, prejudice, discrimination, Islamophobia and microaggressions. Muslims, beside dealing with day-to-day life stressors, also have the responsibility of defending basic religious rights and values as being normal and acceptable (Podikunju-Hussain, 2006). In addition, for indigenous Muslims, there are added psychological problems including the lack of family support; the presence of tensions in the family when conflicting core ethnic values between parents and children emerge (for example, relations with the opposite sex, career decisions, and other social values); prejudice or discrimination in the workplace or in the society; and racism (Das and Kemp, 1997).

More health and social practitioners are coming into contact with Muslim patients but due to the lack of cultural competence, find themselves at

a loss to intervene effectively with Muslim patients. Despite the extent and nature of mental health problems in the Islamic community, most Western or Eurocentric-oriented practitioners are not fully cognisant of Islamic values and beliefs, or the conceptions of mental health problems from the worldview of the Muslim patients. Moreover, the Muslims' perception of mental health problems is based on traditional beliefs that include spiritual and supernatural origins for mental illness. Haque and Kamil (2012) uphold the view that the "lack of knowledge about the beliefs and values of a religious group that is under continuous scrutiny can be problematic within a clinical setting, especially in light of the potential importance spirituality may have for a client" (p. 3). Many Muslims with psychosocial and psychiatric disorders are reluctant to seek help from mental health professionals. There is evidence to suggest Muslims are reluctant to seek professional help because they consider it debasing or inappropriate to speak of one's troubles to strangers; professionals are perceived as being stereotyped and being culturally insensitive to their needs (Moshtagh and Dezhkam, 2004); they want their concerns addressed from a religious viewpoint (Abdullah, 2007; Podikunju-Hussain, 2006) and express a hesitancy to trust mental health professionals, fearing that their Islamic values may not be respected (Dwairy, 2006; Hedayat-Diba, 2000; Hodge, 2005; Mohamed, 1996). Consequently, it is important for mental health practitioners to be culturally sensitive to the patients' beliefs, values and practices of Islam and to have an awareness of the impact of these on the psychological well-being of Muslims. This would enhance the rapport and therapeutic relationship between the client and the practitioner and lead to the provision of culturally appropriate intervention strategies.

Fundamentals of Islam as a religion

Islam is not a new religion, but is the continuation of the religion of our patriarch Abraham focusing on monotheistic belief. In the traditional sense, Islam connotes the one true divine religion, taught to mankind by a series of Prophets, some of whom brought a revealed book. Such were the Torah, the Psalms and the Gospel, brought by the Prophets Moses (Musa), David (Dawud) and Jesus (Eesa). Prophet Muhammad (ﷺ) was the last and greatest of the Prophets. The Noble book, the Qur'an, completes and supersedes all previous revelations. Christianity and Judaism like Islam believe in the 'oneness' of God, and go back to the Patriarch Abraham; the Prophets are directly descended from his sons (Morgan, 2010). Islam has at its core a simple message that applies to all human beings. Islam tolerates other beliefs as it is one function of Islamic law to protect the privileged status of minorities, and this is why non-Muslim places of worship have flourished all over the Islamic world. History provides many examples of Muslim tolerance towards other faiths. The Constitution of Medina (*Ṣaḥīfat al-Madīnah*) is the earliest known written constitution in the world. To this effect, it instituted a number of rights and responsibilities of the

Muslim, Jewish and pagan communities of Medina (Saudi Arabia), bringing them within the fold of one community—the ‘Ummah’.”

The Qur’an, the last revealed Word of God, is the prime source of every Muslim’s faith and practice. The Qur’an is a record of the exact words revealed by God through the Angel Gabriel to the Prophet Muhammad, recited by him and immediately memorised and recorded by large numbers of his companions.

There are 114 chapters in the Qur’an, which is written in classical Arabic. All the chapters except one begin with the sentence ‘*Bismillah ir Rahman ir Raheem*,’ ‘In the name of Allah, the Entirely Merciful, the Especially Merciful.’ The longest chapter of the Qur’an is Surah *Baqarah* (The Cow) with 286 verses and the shortest is Surah *Al-Kawthar* (abundance) which has 3 verses. The Qur’an includes the history of mankind from the creation and addresses rules for everyday social life like marriage issues, divorce, personal rights, inheritance, charity to the poor, importance of brotherhood and community, social justice, proper human conduct, dealing with ecological issues and an equitable economic system. In addition to the Qur’an, there are the Sunnah (the practices and examples of the Prophet) and Hadith. A Hadith is a reliably transmitted report of what the Prophet said, did, or approved. Belief in the Sunnah is part of the Islamic faith.

The five pillars of Islam

The obligations of Muslims are known as the five pillars of Islam that all Muslims around the world will follow in relation to their daily activities, lifestyle and practices. The model framework of Muslims’ lifestyle and practices are: *Shahadah*, prayer (*Salah*), self-purification (*Zakat*), Fasting (*Ramadhan*) and pilgrimage (*Hajj*) to Makkah. The most important fundamental teaching of Islam is belief in the Oneness of God – this is termed *Tawheed*.

- ***Shahadah***, the first Article of Faith: “I bear witness that there is no god but Allah and I bear witness that Muhammad is his servant and messenger.” In fact, there is no one worthy of worship except Allah. This simple yet profound statement expresses a Muslim’s complete acceptance of, and total commitment to Islam.
- ***Salah***, prayer, is the second pillar. There are obligatory prayers that are performed five times a day at designated times. The Islamic faith is based on the belief that individuals have a direct relationship with God. In addition, Friday congregational service is also required. Although *Salah* can be performed alone, it is meritorious to perform it with another or with a group. It is permissible to pray at home, at work or even outdoors; however it is recommended that Muslims perform *Salah* in a mosque.
- ***Zakat*** means purification and growth. Our wealth, held by human beings in trust, is purified by setting aside a proportion for those in need. *Zakat*

is calculated individually and involves the payment each year of a fixed proportion of their wealth to the needy and poor. This provides guidelines for the provision of social justice, positive human behaviour and an equitable socioeconomic system. One of the Hadith (saying) of Prophet Muhammad (ﷺ) relating to charity is that “The wealth of a servant is never decreased by paying charity.” (Muslim). The *Zakat* is equal to 2.5 percent of an individual’s total net worth, excluding obligations and family expenses.

- **Sawm**, fasting during the Holy month of *Ramadhan*, is the fourth pillar of Islam. Every year during the month of *Ramadhan*, Muslims fast from first daylight until sunset, abstaining from eating, drinking and sexual relations. Although the fast is beneficial for health, it is regarded spiritually as a method of self-purification. The spiritual dimension involves reflective practices, increased prayers and having positive thought towards other people and remembering Allah in all thoughts and actions. *Ramadhan*, the month during which the *Holy Qur’an* was revealed to the Prophet Muhammad, begins with the sighting of the new moon, after which abstention from eating, drinking and other sensual pleasures is obligatory from dawn to sunset. The end of *Ramadhan* is observed by three days of celebration called *Eid Al-Fitr*, the feast of the breaking of the fast. Customarily, it is a time for a family reunion and the favoured holiday for children who receive new clothing and gifts.
- **Hajj**, the pilgrimage to Makkah, is the fifth pillar and the most significant manifestation of Islamic faith and unity in the world. The annual pilgrimage to the Hajj in Makkah, Kingdom of Saudi Arabia, is an obligation for all Muslims once in a lifetime. However, there are conditions such as only those individuals who are physically and financially able are allowed to perform it. The Hajj rituals take place in the 12th month of the Islamic year (based on the Lunar system, Islamic Year 1420 = CE 2000). The pilgrims wear simple garments, which strip away status, distinctions of class, culture and colour, so that all individuals stand equal before Allah.

In a Hadith, the Messenger of Allah (ﷺ) said:

Islam is to testify that there is no god but Allah and Muhammad is the messenger of Allah, to perform the prayers, to pay the zakat, to fast in Ramadan, and to make the pilgrimage to the House if you are able to do so. He said: “You have spoken rightly,” *Jibreel* (Gabriel).

(Muslim cited in Zarabozo, 2008)

The five pillars of Islam define the basic identity of Muslims, their faith, beliefs and practices, and bind together a worldwide community of believers into a fellowship of shared values and concerns.

Islamic culture, beliefs and practices

There is a great diversity of cultures in Muslim communities in different parts of the world even though a significant majority share the same religious values and practices. However, the attitudes and behaviours of some Muslims are often shaped by cultural practices which may or may not be in concordance with basic Islamic religious practices. Philips (2007) suggested that “the Islam being practices in much of the Muslim world today may be referred to as Cultural Islam. The main feature of this version of Islam is the blind following of local traditions” (p. 33). There are Muslims who identify as a Muslim by name and adhering to certain rituals but adopt Western-oriented lifestyles and behaviours (emotional, cognitive and behavioural). However, these Muslims “are perceived in the Western world by Eurocentric and orientalist as being ‘acculturated’ or ‘integrated’ Muslims and most welcomed by politicians and non-Muslims, and popularised by the mass media” (Rassool, 2016, p. 10).

The Islamic culture has roots in authentic Islamic traditions based on the Qur’an and Sunnah (traditions). Generally, religious or Islamic practices include all the practices that dominate every aspect of the individual’s life and behaviours. There are matters, rulings and decrees in this collectivist society which concern virtually all facets of one’s personal, family and the civil society including God-centred or theocentric and strictly *Tawheed* (monotheism); welfare and society; morals and manners; modesty in dress and behaviour; care of children and elderly; racism and prejudice; dietary rules; marriage and family kinship; defending Islamic values and beliefs; social justice; dealing with environmental issues, relations with non-Muslims; seeking knowledge; and facing trials and tribulations. Islam expects its followers at a minimum, to strike a balance by being mindful of their duties to Allah and to others and by fulfilling the obligations of, and enjoying this life. It is narrated that there is a need to “Always adopt a middle, moderate, regular course, whereby you will reach your target (of paradise)” (Bukhari).

Islamic culture, beliefs and practices are based on the following characteristics and issues:

- Islamic culture is theocentric and based on the unicity and oneness of God (*Tawheed*). The fundamental principles include belief in Allah, and His existence, belief in the angels, belief in the Books, belief in the Messengers, belief in the last Day (Judgment), and belief in the destiny (*Qadar*). The ‘Five Pillars’ of Islam are the foundation of Islamic life.
- Dignity and morality are at the core of Islam. These include truthfulness, honesty, modesty (*Haya*), and cleanliness or (*Taharah*). There is an emphasis on charity and generosity. It abhors public nudity, adultery, fornication, homosexuality, gambling, or use of intoxicants, bribery, forgery, usury, backbiting, gossiping, slandering, hoarding, destruction of property and environment, and cruelty to animals.

- Modesty in dress and behaviour: Muslims should wear decent and dignified dress. Men should cover their body from their navel to their knees, and woman should cover their entire body except for their face and hands.
- Islam promotes egalitarianism, tolerance and brotherhood. Islam emphasises that all people are equal and reject any ethnic bias or racialism; and is tolerant of people of all faiths. Fraternity in faith is common regardless of the geographic boundaries. The society is responsible for the welfare of an individual-community obligation (*Fard al-kifaya*).
- Islam is family-oriented and is a strong advocate of marriage and is a moral safeguard as well as a social building block. Furthermore, marriage is the only valid or halal way to indulge in intimacy between a man and a woman. Caring for one's children or parents is considered an honour and blessing.
- Islamic promotes healthy eating. Islamic dietary laws provide direction on what is to be considered halal (lawful) and haram (unlawful). Food hygiene is part of the Islamic dietary law.
- Islam promotes learning and encourages the seeking of knowledge. Islamic culture promotes good art, architecture, aesthetics, health, healthy environment and halal entertainment.
- Islamic emphasises promoting good things with wisdom and patience. There is a belief in inviting or calling all people to Islam without coercion.
- The relationship and collaboration with non-Muslims are encouraged and should only be avoided when it becomes harmful for Muslims.

Conclusion

This chapter has considered the fundamentals of Islam as a religion, the global Muslim and diversity, and the five pillars of Islam and Islamic culture, beliefs and practices. The mismatch of values, customs and practices in many social and cultural domains places psychological strains on Muslims over and above those experienced by their host populations. Muslims are exposed to multiple discriminations as compared to other minority groups. In addition to the psychosocial issues they faced, Muslims are also subjected to social isolation, discrimination, racism, poor housing conditions, lowered employment status and poor educational opportunities which are related to mental health problems. Specific challenges in migrant mental health include language difficulties, problems with adaptation, acculturation, intergenerational conflict and social exclusion from mainstream society (Kirmayer et al., 2011). With the significant growth of the Muslim population, both indigenous and migrants, in many Western countries, there exists a corresponding increase in the need for access to mental health services and delivery. Studies have showed that many Muslims are hesitant to seek help from the mental health professionals in Western countries (Hedayat-Diba, 2000; Hodge, 2005) even when mainstream agencies offer a full complement of mental health services (Basit and Hamid, 2010). However,

it is important to note that that people have resources and assets that protect against mental health and psychosocial issues (IASC, 2007).

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