

Chapter 5

Health and Well-being: Bridging Secular and Islamic Worldviews

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Abstract. Well-being has been operationalized in a variety of ways, most of which fit within either a hedonic and/or eudemonic framework. The hedonic worldview equates well-being with subjective happiness, pleasure and momentary experiences of positive over negative affect, whereas a eudemonic worldview understands psychological well-being as capturing aspects of self-actualization, living well, and reaching one's potential by developing inner capacities that serve to make an individual more fully functioning. Chaironic happiness, a relatively recent addition to the discussion, takes a different approach by considering the influence of spiritual and transcendental elements in well-being. For practicing Muslims, the goal of life is not the attainment of complete happiness, but rather a complete submission and orientation towards God. In this chapter, we discuss these conceptualizations as well as the ways in which Muslim health and well-being may be attained through the Five Pillars of Islam.

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5.1 Introduction

In the late 1970s, George Engel introduced the biopsychosocial model of health, which incorporated psychological and social factors in the diagnosis and treatment of illness. While the traditional biomedical model focuses primarily on the biological influences of symptomology at an individual level, this systems-level approach integrates variables such as cognitive beliefs, social relationships, and cultural influences on the development of illness, as well as the ways in which well-being can be attained. Focusing solely on dysfunction without consideration of well-being factors provides an incomplete picture as biological, psychological, and social processes operate together to contribute to health outcomes (Suls & Rothman, 2004). Although the biomedical model continues to be utilized in the practice of medicine (Alonso, 2004), steps towards an integrated model of health have been taken in basic and applied research, giving rise to new interdisciplinary fields, such as health psychology and psychoneuroimmunology (Halvelka et al., 2009). More recently, researchers have posited that a biopsychosocial-*spiritual* paradigm is needed for a more holistic understanding of health and well-being (Katerndahl, 2008; Saad et al., 2017). This aligns with indigenous approaches to psychology that advocate for the inclusion of multiple ways of exploring human experiences (de Gouveia & Ebersöhn, 2019), particularly within non-Western cultures and populations. In working with marginalized communities such as indigenous tribes and nations who have been historically oppressed through various systems of colonization, the implicit assumptions of Western psychology continue to create knowledge that privileges Eurocentric and North American ideals as universal, while regarding other beliefs as deficient or abnormal. As indigenous psychologies are more likely to include ritual, ceremonial, and spiritual facets, they align with other subdisciplines such as transpersonal psychology and existential psychology that focus on attaining higher consciousness, facilitating inner peace, and finding meaning and purpose through spiritual endeavors (Wong et al., 2016).

5.2 Psychological Approaches to Well-being

Well-being has been operationalized in a variety of ways, with the majority of psychologists categorizing it under the umbrella of hedonic and/or eudemonic well-being (Deci & Ryan, 2008). The hedonic worldview equates well-being with subjective happiness, pleasure and momentary experiences of positive over negative affect (Diener et al., 1985), whereas the eudemonic approach looks at broader orientations to behavior such as sense of purpose, positive relations with others and personal growth (Huta, 2016). Hedonistic philosophers argue that humans are innately driven towards maximizing pleasure over displeasure, with higher and lower forms distinguishable based upon quality of pleasure. For example, amongst certain Greek philosophers of the Epicurean school; a pleasure-seeking activity that is also noble supersedes a pleasure-seeking activity that is not noble (Crisp, 2006). Eudemonia was pioneered by Aristotle who understood flourishing and happiness as behaviors and activities that reflect virtue, excellence, and the fullest development of one's potential (Tiberius & Hall, 2010). A eudemonic approach considers the points of convergence between traits such as self-acceptance, personal growth, purpose in life, positive relations with others, environmental mastery and autonomy (Ryff, 2014). While a hedonic approach contextualizes happiness as a subjective state that human beings seek to possess, eudemonists define happiness as the active pursuit of the virtues and ideals that are worth pursuing (Huta & Waterman, 2014); happiness is therefore a byproduct, rather than a goal in itself (Ryan & Martela, 2016).

Although hedonism (operationalized as subjective well-being or SWB in research; an individual would be experiencing high SWB if they reported satisfaction in life and greater experiences of pleasure and positivity, over displeasure and negative affectivity, Diener & Lucas, 2000). and eudemonia are often contrasted with one another, this dichotomous view does not allow for the convergence of the two, such as a case in which someone may “feel positive emotions towards a life in which they are functioning well” (Keyes & Annas, 2009, p. 198). In fact, a systematic review by Weijer, Baselmans, van der Deijl and Bartles (2018) of 29 peer-reviewed studies on SWB and eudemonic well-being (EWB) found a large overlap between the two constructs. While the attainment of pleasure may not necessarily dictate a virtuous life, fac-

ets of eudemonic well-being such as altruism, autonomy, relatedness and personal growth positively predict SWB indexes such as positive affect and life satisfaction (Emmons & Diener, 1986; Ryan & Deci, 2000; Batson & Powell, 2003). King et al., (2006) found that priming positive emotions leads to an enhanced sense of purpose. At the same time, individuals who report higher levels of SWB also tend to report more meaning in life and higher sensitivity to life goals (Hicks & King, 2007; Kashdan et al., 2008). Schueller and Seligman (2010) found stronger positive affect in individuals who pursued meaningful activities compared to those who pursued pleasure. Given this bidirectionality, many researchers have pushed for a single factor solution that collapses hedonia and eudemonia into one construct. Kashdan et al. (2008) propose that the dichotomy between eudemonia and hedonia has less to do with actual science than it has to do with philosophy, suggesting that both are parts of the same profile which synergistically and concomitantly influence diverse outcome variables such as affect, meaning in life, meaningful social relationships, and engagement. More recently, however, using exploratory structural equation modeling (ESCM), Joshanloo (2016) found that hedonic and eudemonic well-being are correlated but separate distinct factors.

As the debate about the empirical underpinnings of the constructs continues among well-being researchers, another area of discussion has been the use of psychological instruments to measure well-being. Researchers have criticized the use of measures that focus primarily on SWB, as this implicitly suggests that individual evaluations of happiness such as material wealth, comparison standards, and temperament represent benchmarks for a 'good life' (Keys & Annas, 2009; Joshanloo, 2014). Nozick's *pleasure machine* thought experiment (1974) provides insight into the superficiality of such a worldview; If pleasurable experiences are all that mattered, people would choose to live in a theoretical machine that provides them the maximum amount of pleasure rather than the real world, which consists of hardships, pain and obstacles. Since we cannot attain maximum pleasure or even positive affect in a continuous manner, this indicates that factors other than hedonic pleasure play a role in happiness (Kesebir, 2018). Additionally, by relegating adversity to the realm of dysfunction, the first wave of positive psychology fell into the same cultural trappings of mainstream Western psychology. According to this paradigm, an individual who is enjoying a peaceful and prosperous life may have a higher SWB score compared to someone who is struggling with adverse conditions such as poverty, homelessness or loss; however, the latter may show higher scores on other facets of well-being (Wong, 2017), such as resilience, hope, grit, and spiritual growth. Furthermore, Eastern and other Indigenous philosophers and researchers have commented on lack of virtues such as communal harmony, inner peace, serenity, and other introspective ideals in Western conceptualizations of well-being (Joshanloo, 2014). In his reconceptualization of well-being, Wong (2011a) suggests a 'chaironic happiness' category that goes beyond hedonic and eudemonic perspectives and encompasses transcendent dimensions such as awe, gratitude, oneness with nature and connection with God. A product of the second wave of positive psychology (PP 2.0), this model emphasizes a number of key elements, including the coactivation of positive *and* negative emotions, understanding the role of suffering in forming meaning, recognition of collectivist ideals such as activism for the common good, broadening happiness to allow for ethical responsibility and morality, and adequate conceptualization of transcendent concepts such as purpose, devotion to something higher, self-knowledge, enlightenment, spiritual well-being, existential courage and harmony (Wong et al., 2016).

5.3 Religion/Spirituality and Well-being

Religiosity and spirituality are not homogenous or even interchangeable concepts (Hill et al., 2000; Hyman & Handal, 2006). Religion may contribute to something entirely unique once other variables have been accounted for, particularly in the context of adjustment to critical life events (Pargament et al., 2005). Pargament (2002) states that religiosity is constantly shifting and evolving, possibly through a developmental sequence as noted by Fowler (1981) and further suggested by Pasha-Zaidi and Odeh (2018) in their theoretical framework of Islamic identity development. For example; an individual may shift from an extrinsic orientation towards religion (a 'religious-but-not-spiritual' identification), towards an intrinsic orientation (a 'religious-and-spiritual' identification). Additionally, research varies in whether spirituality exists as a component of religiosity or as a separate dimension (Pargament et al, 2005). Over the past few decades,

spirituality has increasingly become regarded as distinct from religiosity (Hill et al., 2000), with the former encompassing an individualized approach to transcendence while the latter is characterized by institutionalized beliefs and practices (Weaver et al., 2006). This appears to be particularly common among health professionals and psychologists who define themselves as spiritual but not religious (Zinnbauer et al., 1997; Delaney, Miller, and Bisono, 2007). Although spirituality, defined as a connection to something greater than oneself, may not necessarily reflect the symbols or rituals of any particular organized religion, research into the relationship between spirituality and well-being often includes religious affiliations and ways of knowing, particularly as most Indigenous and People of Color (IPOC) self-report higher rates of religiosity (Chang et al., 2016). Shiah et al. (2016) point out that the individualism in both hedonic and eudemonic conceptualizations of well-being fits better in a Western Christian context as compared to Buddhist or Taoist contexts which understand well-being along dimensions of societal harmony and collectivism. This can also be applied to Islamic value systems which emphasize both individual and collective traits (Lambert & Pasha-Zaidi, 2015). In looking at well-being from a Hindu perspective, Mishra (2012) notes that abstract and ethereal concepts such as aspects of the cosmos in relation to the human spirit do not fit with Western secular frameworks of well-being that promote an independent self, seeking further individuation.

Ironically, while theoretical considerations of R/S seem to align more easily with eudemonic or chaironic well-being, many research studies have instead focused on the positive relationship between religiosity and measures of hedonic well-being such as SWB, positive/negative affect, and life satisfaction (Pokimica et al, 2012; Steffen, 2012; Lun & Bond, 2013; Graham & Crown, 2014). However, as health is deeply influenced by social, cultural, and philosophical factors (Unantenne et al., 2013), psychologists may miss aspects that are integral to a client's well-being if they rely solely on SWB self-report scales to determine wellness. Quality of life and personal relationships are often viewed through spiritual practice, but the integration of R/S in healthcare seems to be limited to pastoral or palliative care (Davidson et al., 2007). The reluctance of many practitioners to bring up R/S variables may be a disservice to those clients for whom such an approach could lead to positive outcomes. Religious coping strategies have been found across Western Christian and Muslim populations (Diener & Seligman, 2004) and demonstrate a buffering effect in the face of stressful conditions. Mattis et al., (2016) reports that approximately 90% of African-Americans report 'turning to God for strength, support and guidance' and are more likely than Caucasian populations to rely on religious beliefs and utilize religious coping methods. Although studies have found mediators relating better health practices, enhanced social support, self-regulation strategies and belief structures to functional or extrinsic aspects of religion and spirituality (George et al., 2002), R/S is not solely defined by utilitarian or functional benefits; it also incorporates abstract concepts such as the pursuit of meaning and sacred experiences (Pargament, 2002).

While researchers have implied the importance of transcendence (Seligman, 2018), research and practice continues to emphasize physical dimensions related to well-being such as SES status. Even though indigenous, transpersonal and existential approaches emphasize spirituality in health and well-being (Wong et al., 2016), the dearth of psychological tools, measures, and training opportunities (Begum, 2012; Mueller, 2013) coupled with the avoidance of R/S topics in therapeutic relationships discourages the application of spiritual approaches in the practice of psychology (Post & Wade, 2009). Although the US is considered a highly religious country, in an analysis of 292 APA-accredited psychology training programs, Vogel et al. (2013) found minimal and unsystematic efforts in training for religious diversity. It is worth mentioning that race is often used as a proxy for diversity within educational sectors, particularly in Western migrant-receiving countries where minority religions are subsumed within minoritized racial categories (Joshi, 2016). Additionally, while many positive psychology interventions (PPIs) reflect R/S beliefs and teachings, programs developed by psychologists often present PPIs through secular language (Rye et al., 2013).

This is not surprising; psychologists are much less likely to engage in religious endeavors than the general public (Lukoff et al., 1992; Rosmarin et al., 2013). While only about 1-5% of the general public considers itself agnostic or atheist, over 50% of psychologists describe themselves as such (Bergin & Jensen, 1990; Hyman & Handal, 2006). Although surveys of psychology professionals indicate an awareness of the

benefits of R/S to mental health and its relevance as a potential interventional strategy, many psychologists prefer to steer clear of R/S considerations (Post & Wade., 2009; Saunders et al., 2010). On average, only about 30% of clinicians discuss R/S with their clients, and less than 50% bring it up during the assessment process (Hathaway et al., 2004), even though many religious clients prefer therapy that is consistent with their R/S worldviews (Bergin & Jensen, 1990; Rose et al., 2001). Psychologists often fear that broaching R/S topics can be interpreted by clients as judgmental and proselytizing (Gonsiorek et al., 2009). Part of this reluctance is related to a lack of competence by practitioners in spiritual and religious matters, a worry that is also shared by their clients. Inappropriate use of religious interventions, even with clients who share the clinician's religious affiliation, can be ineffective or even psychologically detrimental (Martinez, et al., 2007). Studies also note that psychologists may hold explicit or implicit biases against perceived client religiosity, at times assigning higher ratings of pathology to religious clients compared to secular ones who present identical symptomology (Gartner et al., 1990; O'Connor & Vandenberg, 2005). This disparity in clinical diagnoses has additional ramifications for clients who come from minority religious affiliations that are stigmatized or with which practitioners may be less familiar (Judd & Vandenberg, 2014), as the activation of harmful stereotypes can create more barriers to health and well-being.

A Deeper Dive: Promoting Well-being through Mindfulness and Spirituality

By Syed Rizvi & Gulden Esat

There is an unprecedented rise in mental illness at college campuses, which has been exacerbated by the uncertainty and wide reach of the COVID 19 pandemic (Lee, 2020). As of September 2020, COVID-19 has resulted in over 900,000 deaths globally, with the US accounting for over one-fifth of that number (Johns Hopkins, 2020). The Mindfulness Lab at the University of Houston utilizes spirituality as a way to enjoin compassion, present-moment awareness and self-reflection among university students. Mindfulness is an area of contemplative science that stems from Eastern, particularly Buddhist, psychological practices of introspection (Black, 2011), emphasizing attention that is purposeful, in the present moment and non-judgmental (Kabat-Zinn, 1994). As with other psychological practices that emerged from various R/S traditions, once in the realm of Western social science, mindfulness was stripped of its spiritual qualities in the quest for secular empiricism independent of cultural, religious and esoteric beliefs (Black, 2011). The research wing of the Mindfulness Lab seeks to understand spirituality and mindfulness as supplementary techniques for enabling well-being and reducing negative symptomology. Interestingly, while conducting semi-randomized controlled trials of 'Mindfulness' (active control condition) and 'Mindfulness + Spirituality' (intervention condition) training with over 500 university students, we found consistent results indicating that mindfulness training is perceived to be spiritual even though the content does not explicitly prompt spirituality. Participants received the training in the fall semester of 2018-2019. Self-reports of mental health symptoms and well-being data were collected at the beginning and end of the fall semester, and at the end of the following spring semester. Analysis of the three repeated measures found that total depression, anxiety and stress scores remained stable in the intervention condition but increased significantly in the control condition. The spiritual condition participants showed slightly better results in the reduction of symptoms; however, the difference between the two groups was not significant for this trial. As participants perceived a spiritual component in the mindfulness training, regardless of its explicit inclusion, it is possible that this perception acted as a confounding variable. Larger sample sizes may also be needed to detect smaller statistically significant differences between the groups.

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5.4 Islam & Well-being

A dual perspective is needed to bridge Islamic and Western psychology, where theoretical models supported by an Islamic worldview are integrated with Western science for broader utilization amongst non-mainstream communities. The term *Islam* translates to "surrender" or "submission" and abiding by the will of God is considered to be the route to peace and well-being (Gordon, 2002). Through submission to God,

striving for personal goals such as commitment to prayer and charity and self-regulation, Muslims move from a lower self (*an-nafs al-ammarah*), characterized by the lure of hedonistic pleasure and material possessions, to a self-accusing self (*an-nafs al-luwwamah*) where the conscience is awakened and one actively seeks nearness to God. The ideal is to reach a state of peace (*an-nafs al-mutam'innah*) through a complete commitment to faith (Al-Haqqani et al., 2004). Spiritual health is therefore a major component of well-being for religious individuals including Muslims. Mastering one's desires through struggle and self-discipline can bring Muslims closer to God, which is the aim of self-actualization within an Islamic paradigm. Although, various schools of thought in Islamic theology approach the concept of free will and predetermination (*qadr*) differently, a level of autonomy and agency is afforded to humanity to solve their own issues: "Indeed Allah will not change the condition of a people until they change what is in it themselves" (Qur'an 13:11). Ultimately, however, this world is seen as a transient passage on a journey to an eternal Hereafter. Although pleasure itself is not shunned or seen as inherently bad in Islam, the attainment of pleasure aligns with Aristotle's view as a byproduct of being virtuous and engaging in good actions (Eryilmaz & Kula, 2018). Thus philosophically, Islam approaches the very concept of flourishing, happiness, and purpose from a transcendental approach that can only be attained by submission to God (*marifat-Allah*) who is the manifestation of Truth (*Al-Haqq*), Justice (*Al-Adl*), Love (*Al-Wujood*), Mercy (*Al-Raheem*), Knowledge (*Al-Aleem*), Nourishment (*Al-Muqit*), and The Owner of All Worlds (*Malik Al Mulk*). The Qur'an encourages believers to see the influences of Allah in all facets of life: "Indeed in the creations of the heavens and the earth, and the alteration of the night and day, there are signs for those who contemplate." (Quran, 3: 191). Here, *tafakkur* or contemplation opens avenues to well-being (Hassan, 2010). Thus, for a practicing Muslim, self-reflection, contemplation, prayer, remembrance, humility and gratitude are the keys to peace, joy and fulfillment in this world and beyond.

In attempting to establish well-being from an Islamic standpoint, Eryilmaz and Kula (2018) set forth three important criteria which facilitate happiness in its adherents. First, a Muslim must believe in the central tenants of Islam; including *tawheed* (oneness of God), the prophets, the angels, the Hereafter, the Day of Judgment and scripture. These foundations of faith enable individuals to put their trust in Allah who places peace in the hearts of those who seek to remember Him (Qur'an 13:28). The second condition of happiness requires Muslims to follow the divine laws set forth by God; these include rituals (five daily prayers), ethics (how we behave when interacting with others), individual and social obligations (being active in the affairs of the global *ummah* or Muslim community) as well as placing full trust and confidence in the Creator. Third, Muslims must set an intention (*niyat*) of being happy for the sake of Allah. In terms of hedonic well-being, Islam promotes moderated pleasure rather than unlimited pleasure, which is ultimately tied to the transcendent aspect of faith (Eryilmaz & Kula, 2018). There are many ways to explore well-being within an Islamic framework and much work has already been done in this regard (Abde & Salih, 2015; Joshanloo, 2016; Moeini et al., 2016; Asadzandi, 2019). To add to the existing literature, we explore health well-being as a function of the Five Pillars of Islam (profession of faith, prayer, charity, fasting, and the pilgrimage to Mecca or Hajj).

5.4.1 Well-being and Profession of Faith

One way that psychologists can better understand a Muslim approach to well-being is to establish a baseline for religiosity. Several studies note the influence of faith on positive health outcomes, including lower scores of anxiety and depression (Laurencelle et al., 2002), higher scores of balanced affect (Francis & Kaldor, 2002), and lower rates of substance abuse and alcoholism (Kendler, Gardner, & Prescott, 1996). As the testimony of faith is the first pillar of Islam: "There is no god but God and Muhammad is his Messenger", in working with practicing Muslims, it is important to consider the ways in which faith (*iman*) may impact health and well-being. Primarily, it can help psychologists find out whether the need to embed a religious or spiritual framework is even relevant to their client, as some Muslims may not endorse either religion or spirituality as being prescient to their current mental health concerns. Owing to the fact that Muslims are not a monolithic group, incorporating aspects of religion or spirituality that are not reflective of their

worldviews can lead to greater harm, leaving clients feeling that a certain religious viewpoint is being imposed upon them or that they are being judged for their beliefs (Martinez et al., 2007). On the other hand, for many Muslims especially those living in Muslim majority regions, culture and religion may be intricately linked (Roy, 2006), so any discussion of cultural influences on well-being may also have religious connotations. For practicing Muslims living in non-Muslim countries, the experience or perceptions of Islamophobia along with issues of acculturation and diasporic integration may have consequences for well-being that should not be ignored (Amer & Hovey, 2005; Kunst et al., 2013; Samari et al., 2018) As such, it is incumbent upon practitioners who work with Muslim clients to make an effort to learn about the ways in which professions of faith and religious affiliations may be affecting their clients' well-being. Creating partnerships with local Islamic centers can be beneficial to both psychologists who may be uncomfortable addressing religious aspects of health as well as to imams who are often unprepared to deal with psychological issues (Ali & Milstein. 2012).

5.4.2 Well-being and Prayer

As the second pillar of Islam, prayer, or *salat*, is a meditative activity that is performed in both private and communal spaces. *Salat* incorporates recitations of the Qur'an with different physical postures, including standing, bowing, sitting, and prostration. Muslims are enjoined to perform *salat* at specific intervals throughout each day: at dawn (*al-Fajr*), midday (*al-Dhuhr*), late afternoon (*al-Asr*), sunset (*al-Maghrib*) and late evening (*al-Isha*). Engaging in *salat* has several prerequisites such as ritual cleansing (ablution), facing the Qibla (in the direction of the Ka'ba in Mecca), and forming the intention to pray (*niyaat*). Studies using a variety of neurophysiological data show an increase in parasympathetic activity of the nervous system during *salat*, indicating a state of relaxation (Doufesh et al., 2012; Doufesh et al., 2014; Khanam et al., 2018) as well as increased gamma power in various cerebral regions that may reflect greater cognitive and attentional processing (Doufesh, Ibrahim, & Safari, 2016). Additional studies have noted the positive impact of *salat* on heart rate and blood pressure (Doufesh et al., 2013) along with improvement in muscle tone, posture and balance (Reza et al., 2002; Putri & Nurviyandari, 2018) due to the physical movements required.



Figure 5.1 Cycle of salat poses for various Islamic madhabs including Hanafi, Sha'fi & Hanbali schools.



Figure 5.2 Cycle of salat poses for various Islamic madhabs including Maliki & Jafari Shia schools. Maliki school prays with hands down but does not have a *kunoot* pose (hands open towards the sky after 2nd *rakaat*).

While *salat* is considered obligatory prayer, *dhikr* (meaning “remembrance of Allah”) is another meditative practice that involves repetition or chanting of God’s Divine Names and Attributes (*Al-Asma Al-Husna*). For centuries, Sufi Muslims who follow a mystical approach to Islam have created various techniques of *dhikr* (Saniotis, 2018). Utilizing prolonged, repetitive movements and intensive concentration, the performance of *dhikr* may elicit altered states of consciousness that reflect parasympathetic dominance, resulting in a heightened sense of calm and a reduction in stress hormones (Winkelman, 2002). Newberg et al. (2015) suggest that the changes in brain activity associated with Islamic prayer may reflect feelings of surrender and connectedness to God. Although it must be stated that scientific verification does not prove the legitimacy of these (or any other) Indigenous Islamic practices, rather they demonstrate added credence to the benefits stated by God; “only in the remembrance of Allah do hearts find rest” (Qur’an 13: 28).

5.4.3 Well-being and Charity

Zakat or compulsory charity is the third pillar of Islam, requiring Muslim individuals and businesses to pay 2.5% of their revenues and assets each year to those in need, including “the poor, the needy, the wayfarer, the heavily indebted, freedom of slaves, new converts to Islam, and the cause of Allah” (Nasir & Zainol, 2007, p. 262). Unlike conventional taxes, *zakat* is considered a form of purification that plays an important role in the moral and social well-being of Muslim societies (Sulaiman, 2003). Muda et al. (2009) note that altruism is the major motivator for *zakat*, with participants gaining satisfaction through the performance of the activity itself, rather than in anticipation of external rewards. Indeed, research consistently finds that kind emotions, helping behaviors and altruism are associated with well-being, health, life satisfaction and longevity (Post, 2005). Helping behaviors are also positively linked with higher levels of purpose, self-acceptance and positive relations (Ryff, 2014). Although self-interest is a natural driving force of much of human motivation (De Dreu & Nauta, 2009), Islamically it must be tied to the overall moral framework of justice (*adalaat*) and virtue. While *zakat* is obligatory, the guiding principles of Islam encourage additional acts of charity including *sadaqah* (acts that bring joy to others) and *udhiyyah* (the religious sacrifice of an animal such as a goat or cow, followed by distribution of meat among family, friends and the poor). From a systems perspective, embedding altruism can also take the form of Corporate Social Responsibility (CSR), which considers wealthy individuals and organizations as caretakers of society and defines success by higher levels of socially responsible business practices rather than solely through profit (Dusuki, 2008). Muslim businesses that participate in CSR set an example of the collective responsibility that Islam places upon its followers, as Muslims are expected to contribute to the well-being of both individuals and societies (Al-Krenawi & Graham, 2000).

5.4.4 Well-being and Fasting

Ramadan, or *sawm* (month of fasting) is a requirement of the Islamic faith, incumbent upon Muslims who are physically and mentally able. During Ramadan, Muslims are expected to refrain from eating, drinking, smoking, sexual intercourse and other ‘acts of pleasure’ from sunrise to sunset (Abu-Raiya, 2006). “Immature children, women at the time of menstruating, pregnancy and lactation, as well as sick people and travelers who stay in the local area for less than 10 days, are exempt from fasting; but except for children, other individuals should pay the indebted fasting in other months” (Gilavand & Fatahial, 2018, p. 206). Ramadan is a time to engage in the mastery of one’s physical desires and to concentrate on one’s relationship with God. As Islam is a religion that values self-discipline, fasting is one of the compulsory activities like daily prayer that provides practice in self-regulation and self-control. People with better self-control routinely report better positive affect, decreased anger, better family environment, stronger social relationships, and less health problems (Steffen, 2012).

Numerous studies have explored the physiological benefits associated with intermittent fasting, including weight loss (Ziaee et al., 2006; Rohin et al., 2013); reduced insulin resistance (Boden et al., 1996), reduced blood glucose (Kul et al., 2014), prevention of diabetes (Brown et al., 2013), cancer prevention and treatment, (Rogozina et al., 2013; Marinac et al., 2016), protection against neurodegeneration (Arumugam et al., 2010), and extended lifespan (Mattson & Wan, 2005; Mercken et al., 2012). At the same time, unhealthy eating habits and lack of physical exercise during Ramadan can result in surprising weight gain (Bakhotmah, 2011). Thus, maintaining proper diet, monitoring fluid intake during the non-fasting hours, and engaging in physical activity are important. Individuals who take oral medications at specific times during the day should check with their doctor before fasting (Rashed, 1992). While occurrences of irritability, headaches, and sleep deprivation are common during Ramadan (Leiper & Molla, 2003), studies have found that post-Ramadan scores of depression, stress, and anxiety are lower than pre-Ramadan scores (Koushali et al., 2013; Erdem, 2018). Although productivity tends to decline (Toda & Morimoto, 2004), with lower levels of activity and concentration during daylight hours (Afifi, 1997; Karaagaoglu & Yucesan, 2000), Ramadan fasting has been shown to have positive effects on SWB (Campante, & Yanagizawa-Drott, 2015). Ugur (2018) found that Muslims who fasted fully during Ramadan showed the highest levels of happiness compared to those who missed fasts or those who were unable to complete their fasts. Additionally, Abadi et al. (2012) found a positive association between fasting and spiritual intelligence. According to Raqib and Siadat (2009), spiritual intelligence, or the ability to apply spiritual skills to both the challenges of daily life as well as to loftier goals of humanity, is the basis of belief and meaningfulness. Thus, despite the challenges of fasting during Ramadan, such as sleepiness (Roky et al., 1999), lethargy (Afifi, 1997), irritability (Kadri et al, 2000), and headaches (Awada & Juma, 1999), Muslims who are able to fast can attain physical, spiritual, and mental health during the Holy Month.

5.4.5 Well-being and the Hajj

Making the pilgrimage to Mecca is expected of all Muslims who are able to do so at least once in their lifetimes. Based on the Islamic lunar calendar, the Hajj occurs in the 12th month, Dhul-Hijjah, between the 8th and 13th days of the month, and is performed by over two million Muslims each year. Interestingly, it is the only Islamic pillar that follows a pre-Islamic pattern as most of the Hajj rituals are modified versions of those that were performed by pre-Islamic Arabs (Jannah, 2005). Even though the focus is on individual worship, the practice of each participant leads to a shared experience where ethnic, gender, national and sectarian identities are subsumed within a communal identity, reinforced through common dress and standard communal rites (Timothy & Iverson, 2006).

A Deeper Dive: Hajj Rituals **Nausheen Pasha-Zaidi**

The Hajj is divided into several parts, the first of which is entering a state of ritual purification known as *ihram* where everyday clothing is replaced with simple loose dresses or abayas for women and white unstitched cloth sheets that men wrap around themselves. In the state of *ihram*, pilgrims must follow certain rules, such as refraining from anger and sexual activity. On the 8th day of *Dhul-Hijjah*, pilgrims circumambulate around the Ka'ba seven times in a counter-clockwise direction (*tawaf*). The Holy Ka'ba, a stone structure covered in black silk, lies at the heart of the Grand Mosque (Masjid Al-Haram). Believed to have been built by Abraham during Biblical times, the Ka'ba symbolizes wholeness and connection to the Divine (Spiegelman, 2005). After *tawaf*, Muslims pray at the Station of Abraham and drink water from the Well of Zamzam (Timothy & Iverson, 2006). In Islamic tradition, Abraham was commanded by God to leave Hajar and their son, Ishmael, in the desert. When they ran out of provisions, Hajar went searching for water for her child, running between the hills of Safa and Marwa seven times until her efforts were rewarded by God, who granted the spring of *zamzan* to quench Ishmael's thirst. During the Hajj, Muslim pilgrims walk back and forth seven times

between Safa and Marwa (*sa'i*) in remembrance of Hajar's patience and persistence. The pilgrims then set out on an 8km journey from Mecca to the tent-city of Mina, where they spend the day in prayer and contemplation (Naar, 2017).

Day 2 of the Hajj, the Day of Arafat, is one of the most important days of the Islamic calendar. Pilgrims head out at dawn for a 14km trek to Mount Arafat, where it is said that the Prophet Muhammad delivered his final sermon. Muslims spend the day in prayer, setting out after sunset on a 9km journey to Muzdalifah where they spend the night under the stars. Many will also begin collecting pebbles for the next day's rites. On Day 3, the pilgrims return to Mina where they throw stones at three pillars (*jamaraat*) that symbolize Satan (Timothy & Iverson, 2006). According to Islamic tradition, Abraham was commanded by God to sacrifice Ishmael as proof of his faith, and it was at this point in Mina where Satan tried to dissuade him from following God's decree. Abraham responded by throwing stones at the devil, a tradition that is commemorated as part of the Hajj rituals. After casting stones, pilgrims who can afford it will sacrifice a cow, goat, sheep or camel. This completes the commemoration of Abraham's story when God replaced Ishmael with a ram that was sacrificed. The pilgrims also trim their hair (men may shave it completely) and replace their *ihram* with regular clothes. Many proceed to Mecca to perform additional sets of *tawaf* and *sa'i*, returning to Mina for the last few days of the pilgrimage where they throw more stones at the *jamaraat*. At the end of their time in Mina, the pilgrims return to Mecca to perform the final *tawaf* (Naar, 2017).

The Hajj is both physically challenging and spiritually uplifting, an experience of 'lived religion' (Buitelaar, 2015; Caidi, 2019). Although the Kingdom of Saudi Arabia (KSA) provides free medical care to pilgrims and takes stringent measures to limit the transmission of disease, crowded conditions, physical exhaustion, and the intense heat of the region particularly during summer months, along with an increase in elderly pilgrims, leads to a greater risk of communicable diseases such as respiratory infections, meningitis, and bloodborne diseases as well as non-communicable ailments such as heat stroke, dehydration, and possible trauma from stampedes or motor vehicle accidents (Memish, 2010). Pilgrims also report being anxious prior to arriving in KSA and concerned about the correct way to complete the rituals (Caidi, 2019). Women face additional challenges such as hygiene conditions, difficulty moving in the crowds, and the possibility of menstruation which would restrict their ability to engage in the Hajj rituals (Caidi, 2019; Gunlu & Okumus, 2010). Despite the plethora of concerns, Hajj pilgrims report a feeling of overwhelming awe upon seeing the Ka'ba for the first time (Vincent, 2019; Caidi, 2019). Bakhtiari et al. (2017) note that the overall Hajj experience results in decreased anxiety, depression, and stress for pilgrims, along with a significant increase in meaning of life. Despite the dangers associated with crowding, belonging to a collective appears to create a sense of security. A survey of 1,194 pilgrims during the Hajj found that pilgrims were not threatened by the crowd density if they identified closely with the masses (Alnabusi & Drury, 2014). As a massive physical, emotional, and spiritual undertaking, the experience of Hajj not only inspires a greater sense of unity and acceptance within the Muslim ummah (Wolfe, 1997), it also results in more positive views of other religious groups and a greater orientation towards harmony and peace (Clingsmith, Khwaja, & Kremer, 2009).

A Deeper Dive: The Spiritual Path to Karbala **Syed Rizvi**

Every year on the first month of the Islamic calendar (*Muhurram*), millions of Muslims gather in Karbala, Iraq for the ritual of Ashura. This pilgrimage is the largest religious gathering in the world with an estimated 22 million pilgrims¹ visiting the shrine of Imam Hussein, the 3rd Imam of Shia Muslims and grandson of the Prophet (Christia et al., 2016). Unfortunately, un-

¹ The report also includes *Arba'een* which is commemorated 40 days after *Ashura*

der the Iraqi Baath regime of Saddam Hussein (early 1970s to 2003), the pilgrimage to Karbala was closely monitored and limited, reducing the numbers significantly during that time. Although that has changed, Shi'a sites and pilgrims continue to be attacked by Islamist organizations such as Daesh (ISIS) who contend that many Shi'a practices are heretical innovations not rooted in Islamic Sunnah (*shirk* or *biddah*). While Shi'a Muslims share the same basic tenants (*usul ad-din* or five roots of faith) as followers of Sunni Islam², *imamat* or recognizing the divine leadership of the lineage of the Prophet is an additional component. Devotion to the Imams is therefore central to Shi'ism and is marked by visits to the shrines of various Imams and their offspring, such as the shrine of Imam Ali in Najaf, Iraq or the shrine of the 8th Imam Ali al-Ridha in Mashad, Iran.

The narrative of Karbala commemorates the martyrdom of Imam Hussein (*Sayyid al-Shuhada* or Prince of all Martyrs) along with the massacre of notable figures such as Hazrat Abbas (the brother of Imam Hussein), Ali Akbar and Ali Asghar (18-year-old and 6-month-old sons of Imam Hussein), Al-Hurr (general of Umayyad caliphate who defected to fight alongside the Imam), and 72 other companions during the Islamic month of *Muhurram*. Shi'a rituals during the month consist of mournful gatherings (*majlis/mullayat*) which include greetings to the family of the Prophet (*salawat*), supplications (*du'a*) and calls for allegiance to and hastening of the Mahdi³ and lamentations (*masaib/latmiyya*) in which adherents cry and self-flagellate (*matam/tatbir*). Shi'a Muslims also make religious vows in Karbala (*nidhr*), praying for the health of a loved one or asking for help with gaining employment, having children or finding a suitable spouse (Szanto, 2018). Visual imagery is prominent during *Muhurram* through the adornment of colors such as black to symbolize sorrow, red to display martyrdom, and green in honor of the Prophet. Flags depicting hands (*alam*) are also common, each finger representing the five most beloved Shi'a figures: Prophet Mohammad, his daughter Fatima, his cousin and son-in-law Ali and their sons, Hassan and Hussein.

Like the Hajj, Karbala rituals are dynamic physical and spiritual journeys which seek to instantiate love, sacrifice, devotion, patience, harmony and unity within the individual and across the Muslim community, so that adherents returning from pilgrimage(s) can apply these concepts to daily life (Al – Nabulsi, 2015). It is important to note, however, that while the Hajj is restricted to Muslim pilgrims, Karbala is open to all lovers of Imam Hussein and has attracted non-Muslim faith groups. The Hussein Brahmins, for example, are Hindu adherents who commemorate *Muhurram* because they believe that Rahib Dutt (one of the first Hussein Brahmins) and his seven sons were martyred alongside Imam Hussein at Karbala (Alvi, 2018).

5.5 Conclusion

Numerous studies have looked at the relationship between religion, spirituality, and well-being (Ebstyne King & Furrow, 2008; Tiluoin, 2009; Spasovski, 2010). The interconnection of these constructs reveals the diverse ways in which human beings conceptualize them and their impact on lived experiences. While Western secular approaches are most common in psychological research and practice, there is increasing interest in the spiritual and religious elements of well-being (Kapuscinski & Masters, 2010). The second wave of positive psychology pushed forth the notion of harmony between positive and negative forces as well as the transcendental aspects of well-being (Wong, 2017). We posit that Islamic rituals and spiritual endeavors provide relevant paths to well-being for the Muslim *ummah*, which comprises over 24% of the

² The *usul ad-din* consist of belief in the unity and justice of God (*tawhid/adalah*), recognition of all prophets with Prophet Muhammad as the last and final prophet (*nubuwaah*), belief in the Day of Judgment (*qayamat*) and recognition of the Holy Qur'an as the sacred text which guides all Muslims

³ In Islamic beliefs, the Mahdi (meaning "Rightly Guided One") is the Messianic figure expected to rid the world of injustice and evil during the end of times. While messianism appears in Judeo-Christian beliefs, the Islamic principle of salvation does not regard human beings as sinners needing spiritual rebirth, nor does it consider salvation in nationalistic terms such as the kingdom of God in a promised land. Instead, Islamic salvation refers to the establishment of an ideal community based on the belief in One God and the revelations given to the Prophet Muhammad (Sachedina, 1981).

world's population (Pew Research Center, 2015). For practicing Muslims, Islam is more than a religion; it is a way of life that impacts daily routines and influences lifestyle choices. The integration of Islam with the diverse cultures of its followers can promote different worldviews, particularly among Muslims living in Muslim majority and Muslim minority regions (Rizzo et al., 2007; Pasha-Zaidi & Odeh, 2019). As a diverse community of over 1.8 billion followers, Muslims are not a monolithic nation. Understanding the place of R/S in the experiences and worldviews of Muslims is essential, as the influence of regional and sectarian norms on Islamic practices is not adequately explained by Western stereotypes. While Western psychologists often shun the inclusion of R/S in their approach to well-being (Post & Wade, 2009; Saunders et al., 2010), this may inadvertently limit the efficacy of research, assessment and treatment, particularly with practicing Muslims. Additionally, a focus on individual happiness and life satisfaction may not provide the most useful information for working with Muslim clients as the majority of Muslims either live in or have cultural roots reflecting collectivist societies (Esposito & Mogahed, 2007). Finally, as the experience or perceptions of Islamophobia impact Muslim health and well-being (Samari, 2018), ignoring R/S factors in Muslim lives may discount crucial information. Thus, research and practice involving Muslim populations requires a holistic approach that considers Islamic worldviews and cultural influences, along with Western psychological models to better understand the unique contributions of these facets on the health and well-being of Muslims.

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