



INVITED ESSAY

Religion and Mental Health in Cultural
Perspective: Observations and
Reflections After The First International
Congress on Religion and Mental Health,
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This article first describes and then discusses The First International Congress on Religion and Mental Health held in Tehran, Islamic Republic of Iran, from 16-19 April 2001. With 242 papers and posters received and 158 selected for presentation, the Congress was impressive on account of its scope alone. Moreover, it enlarged the horizon of the non-Islamic participants as to the interrelation between religion and psychology as well as psychotherapy in Islamic countries, and that of the Islamic participants concerning the current state of secular psychology and psychotherapy compared to its state in the first part of the 20th century. The Congress demonstrated, amongst other things, that the Iranian clergy are willing and eager to work with researchers from other countries in the field of science and mental health; this at the outset of the third millennium and during the year of "Dialogue between Civilizations," and with mental health chosen for the first time by the World Health Organization as the theme for the 2001 Health Day ("Stop Exclusion, Dare to Care"). Also, given the rarity of publications on an Islamic approach to the field, the present article extends a report on the Congress proper by a corresponding analysis as well as comments and impressions by the non-Iranian authors. All authors were Congress participants.

In Western countries, the history and the present practice of psychology of religion as an academic discipline is largely based on theory and research developed within a Western, Judeo-Christian culture. In Islamic countries, an Islamic psychology and psychotherapy also has a long tradition. Unlike natural sciences such as physics or chemistry, which are based on natural laws recognized worldwide, psychology of religion deals with people of rather different cultures, attitudes, and degree of religiousness. Therefore, it is debatable to what extent, in psychology of religion, theories and findings from one particular culture can claim universal validity, even if they prove helpful in the original setting. If psychology of religion wants to become an international discipline recognized by all researchers in the field, whatever their location and religion, then these issues need to be clarified and discussed. In other words, one has to avoid both simply assuming the universal validity of a given approach and refusing to enter the discussion because one does not see its necessity or its potential fruitfulness.

We seize the occasion of the Tehran Congress to look from different cultural viewpoints at issues in religion and mental health, in religion and psychotherapy, and in epistemology. One aim is to raise everyone's consciousness of these issues (cf. Reich, 2002). This was already on our minds before the events of September 11, 2001. These events and their sequel have added weight to our advocacy for a dialogue, between representatives of various cultures, about the scientific issues in question. A further attempt in this direction is made in a companion article (Murken & Shah, this issue).

ABDOLVAHAB VAHABZADEH AND SHIVA KHALILI: PURPOSE AND SCOPE OF THE CONGRESS

Abdolvahab Vahabzadeh: The basic situation of dealing with mental health in the Eastern Mediterranean region was recently described by Dr. Ahmad Mohit

(2001), who also spoke at the Congress. He explicated notably that a more comprehensive approach to mental health, illness, and psychiatry was needed, an approach capable of understanding the bio-psycho-social, spiritual, historical, and even mythological aspects of human beings. To that effect, he said:

religious leaders, intellectuals, women and men of conscience, thought and wisdom, government officials, parliamentarians and the like should be made aware of the importance of mental health and invited to assist in the development of better, more efficient and affordable systems of care. One thing is certain: it would not be possible to meaningfully improve the condition of mental health and the mentally ill without the involvement of all. (Mohit, 2001, p. 7)

This trend also characterizes the situation in Iran. In December 1998, The Office of Islamic Studies of the Tehran Psychiatric Institute, in collaboration with the University Leadership Office, held the First National Conference on Religion and Mental Health. This conference attempted to bring together scholars from both modern universities and traditional Islamic schools specializing in the conference topics (Ehsanmanesh & Karimi, 1999). The Islamization of psychology (and other disciplines) and of social life had been on the agenda of a number of scholars in Iran for the last 20 years (Hosseini, 1988). I attended the 1998 conference, and about the same time gave an invited lecture on stress (e.g., Vahabzadeh, 1999) to a small audience of neurologists. As I was educated partly in English academic institutions (i.e., London and Oxford), I first presented reductionistic empirical data, and then a more holistic, religious view. The audience was amazed by the latter, because most were of the opinion that neuroscience is centered on a surgical blade, and moreover that theology and science each have their specific realm with a clear separation between the two (cf. Al-Haddad, Shooka, & Raees, 1998; Lewis & Joseph, 1994; Majoub & Abdol Hafez, 1991; Maltby, McCollam, & Millan, 1994). On the contrary, for me, an Iranian Muslim by heritage, there exists no separation, let alone any dissonance between theology and science as I practice it in my profession (cf. Gartner, Hermatze, Hohmann, & Larson, 1990; Steeky, 1993). From such a perspective, it is crucial that both fields are represented in psychology, psychiatry, and neuroscience. This is so for reasons having to do both with maintaining the mental health of the present adult population of our country, and with the education of the next generation regarding healthy behavior.

Shiva Khalili: After the Islamic Revolution in Iran in 1979, one of the basic themes was “cultural revolution” focused on academic activities and universities. A main program of this cultural revolution was to review the relationship between Islam and the sciences in general and humanities in particular. During the past 22 years that relationship has been studied by many Iranian scientists, researchers, scholars, and thinkers. A special center was founded, the Office for the Cooperation

of Howsa [Islamic Center] and the Universities; the Office has published numerous books and papers on this theme. Despite the efforts of this and similar centers, the universities and academies in Iran have stayed chiefly under the influence of the Western academic sciences.

The secular academic sciences have established themselves worldwide. However, in the last decades of the 20th century, we have witnessed many movements in Western countries and elsewhere aimed to maintain a dialogue between these academic sciences and religion. This trend was facilitated by a wider recognition of the implications of quantum mechanics, relativity theory, and recent philosophy of science as well as a turn to spirituality. New perspectives were also adopted in the fields of psychology, psychotherapy and mental health. However, because there is no homogeneous state of affairs in these fields, a wide spectrum of approaches toward religion and spirituality exists, many with a different foundation and with differing methods and goals (Khalili, 2001).

Unfortunately, a marked lack of information about these movements and recent achievements can be observed in most of the Islamic countries including among Iranian students, scholars, and the general public. Conversely, there are a sizeable number of individuals in Iran and other Islamic countries who have been working in the area of psychology and religion without getting the appropriate national and/or international attention or support. As the result, the absence of Islamic scientists and scholars can be observed in the international research community.

The efforts of the Department for Religious Studies, The Tehran Psychiatric Institute and those of Dr. Jafar Bolhari and his colleagues to organize an International Congress on Mental Health and Religion in 2001 were partly motivated by the wish to ameliorate the unsatisfactory situation just indicated.

Abdolvahab Vahabzadeh: When the Iranian Ministry of Health and Medical Education decided, at the request of the Iranian University of Medical Science (IUMS), to organize The First International Congress on Religion and Mental Health (in collaboration with the World Health Organization), I did my best to bring the Congress to international attention, this in a spirit of learning from each other (Wales, 1993) and getting to know each other better (Annan, 1999). As Director of the International Scientific Committee nominated by the Tehran Psychiatric Institute and the UN World Health Organization, I established worldwide contacts with colleagues and interested organizations. The issue of religion and mental health was to be opened up to researchers from different countries, cultures, and religions in a non-political, scientific, safe environment. I believe that thanks to a 2-year effort by the Committee, the staff, and myself, we had some measure of success in reaching that objective. My only regret is that there were not more non-Iranian scholars who participated—whether due to, even with my all-out assurances, some apprehensions about coming to Iran, or because the dates of the Congress were inconvenient because they fell on Easter, a major Christian celebration (not marked in the Islamic calendar).

From meeting delegates at the airport to the conference sessions and their breaks, through the meals and excursions and until the final good-bye, enriching discussions took place in which gray was an accepted color (besides black and white) and in which tolerance, honesty, dignity, and enthusiasm were present in addition to professional knowledge. However, to bear fruit, we need to evolve a common language both nationally and internationally. This will become possible if we continue along the lines traced at the Congress and in this publication.

SHIVA KHALILI: THE CONGRESS IN NUMBERS

The first work for organizing the Congress started at early 1999, both at the national and the international level: contacting individuals, organizations, and universities interested in or engaged with the subject of "Religion and mental health;" 78 WHO centers in various countries and about 204 centers and universities all over the world were contacted, from Azerbaijan to the United States. A special web site was designed and information material about the Congress was sent to individuals and organizations on request. As a result, we had more than 120 international responses. Forty of the respondents (from 15 different countries: Azerbaijan, Bangladesh, Brazil, Egypt, Germany, India, Italy, Malaysia, Morocco, The Netherlands, Pakistan, Russia, Switzerland, United Kingdom, United States) participated in the Congress with oral presentation or posters, and one from the Ukraine without a presentation.

Of the 242 (national and international) papers received by the Congress Secretary, 158 papers were selected for presentation at the Razi Conference Center of the Iranian University of Medical Sciences in Tehran: 70 papers to be presented in the Main Hall in Persian (Farsi) and English, and 60 in Hall 2 (in one language only); in addition there were 28 posters and one workshop (cf. Bolhari, 2001). All presentations, except one paper about new achievements in Neurosciences, focused on the central conference theme: Religion (mainly Judaism, Christianity, and Islam but also Zoroastrianism and Buddhism) and Mental Health. Research on a wide range of issues was reported; they can be classified under one or more of the following headings:

1. The role of religion and spirituality in primary prevention and promotion of mental health.
2. Religious ceremonies, prayer, meditation and mental health.
3. Stress and religious coping methods.
4. Psychotherapy, counseling and psycho-social rehabilitation using religious therapy.
5. The incidence and prevalence of drug abuse and suicide among religious populations.

6. Successful religious intervention for preventing drug abuse and HIV/Aids.
7. Clinical application of religious teachings.
8. Religion and mental disorders.
9. Research methodology in the field of religion, ethics and spirituality.
10. Religion and new achievements in neuroscience.
11. Common views of major religions regarding mental health issues.
12. New theories in the field of psychology, personality and religion.
13. Socio-cultural and psychological studies of religious populations.

Many papers presented empirical research; the first day of the conference was dedicated to the papers on theory and methodology. On the one hand, a number of researchers attempted to explain religion within naturalistic-scientific constructs from mainstream psychology and considered religion to be merely a resource for coping. On the other hand, many (national and international) researchers emphasized the possibility of a theistic psychology and presented their attempts to integrate psychology and religion more explicitly and completely. There is a hope that through such international conferences psychologists and psychotherapists engaged worldwide with religion and mental health will be encouraged to develop result-based theories and research methods and exchange views and experiences, leading toward a theoretical advance of psychology in general and religious psychology and psychology of religion in particular.

ASHIQ ALI SHAH: ISLAMIC PSYCHOLOGY OF RELIGION AND PSYCHOTHERAPY

The First International Congress on Religion and Mental Health was timely in view of the increasing scientific recognition of the impact of religion on the lives of people around the world. Once regarded as a form of neurosis by the Freudians (Freud, 1930/1962), and as unscientific by the Skinnerians because religion dealt with unobservable entities, religion is now accepted by mainstream psychology as an important aspect of people's lives. The 1992 American Psychological Association (APA) code of conduct acknowledges the role of religion in psychological services and the 4th edition of *Diagnostic and Statistical Manual (DSM-IV)* of the American Psychiatric Association includes a category on religious problems.

Contributions of Islamic Scholars to the Field

The influence of Islam as a religion and way of life in shaping the psychological and socio-cultural aspects of Muslims' lives was prominent since the times of the Prophet (SAW¹). This encompassing Islamic conceptualization provided the foundations for

¹SAW [or SAAS/SAWS]; Salla Allahu 'Alaihi Wa Sallam: May the blessing and the peace of Allah be upon him; English abbr.: Pbuh.

the meticulous work of early Muslim scientists, starting from the 7th century, in the fields of medicine, chemistry, mathematics, geography, astronomy, sociology, psychophysics, psychiatry, and psychotherapy. Before the dawn of the modern era of psychology, Muslim philosophers and thinkers elaborated on the causes of psychological problems and their treatment from an Islamic perspective. Contemporary Muslim psychologists have highlighted Ibn al-Haytham's (965–c.1040 CE) contributions to experimental psychology and psychophysics made before Bacon and Fechner (Khaleefa, 1999). The contribution of Ibn Sina (Avicenna; 980–1037 CE) to medicine and psychology on the subject of associative learning in adaptive and maladaptive responses was developed further by Al-Ghazali (1058–1128 CE). Al-Ghazali's theory of dynamic interaction deals with human emotions and their control, and he showed that ethical and emotional habits can be acquired and changed by learning and training. Ibn al-Qayyim (1981; 1292–1350 CE) stated in his book *Al-Fawa'id* that every action of a human person starts first as an inner thought or concealed speech or internal dialogue called *Khawatir* in Arabic. The prominent Muslim thinker Abu-Zaid al-Balkhi (1998; d. 934 CE) differentiated between neuroses and psychoses and classified neuroses into four categories, namely

1. Fear and anxiety.
2. Anger and aggression.
3. Sadness and depression.
4. Obsessions.

He outlined techniques how to preserve one's mental health. Almost all of the early Muslim philosophers regarded the balance between the needs of the physical self (*nafs*) and the spiritual self (*ruh*) as important to mental health.

Islamic Approach to Psychology

The Islamic approach to psychology focuses upon the Islamic principles and moral code of life as described in the Qur'an (the Revealed Book) and the Sunnah (the Sayings of the Prophet, SAW), and aims to achieve a balance (equilibrium) between the worldly and spiritual needs. This is considered to be a prerequisite for a balanced personality and mental health. Unlike a secular Western approach to psychology of religion that examines the variables of religious behavior or antecedents of religiosity, the Islamic approach to psychology examines and explains human mental processes, personality, and behaviors from an Islamic perspective; it is a religious psychology. Consequently, it borrows psychological constructs from the previously-mentioned two sources of guidance (i.e., Qur'an and Sunnah). Because practical knowledge for studying human behavior is usually derived from a general conceptual framework concerning human nature and its functioning, the Islamic approach to understanding human nature considers *Fitrah* as the elementary and central construct to explain human nature.

Fitrah and Human Nature

The Islamic view of human nature rests on the original purity and goodness of human beings, which is Fitrah. Fitrah is common to two basic constituents of human beings; *ruh* (soul, a transcendental self) and the *nafs* (physical or phenomenal self). Other views of Fitrah include Shah Wali Ullah's (2001; 1707–1762 CE) holistic conceptualization and Mohamed's (1998) integrated view of Fitrah related to the internal and external world of human beings, respectively. The former regards the spiritual as well as the biological components of humans as intrinsically good. According to this view, Fitrah includes both spiritual and physical tendencies that seek gratification in order to promote and achieve wholeness of a person's spiritual and physical constitution. The latter view relates Fitrah to a person's innate givens, but associates it also with human beliefs, values, attitudes, and views of the phenomenal world.

Fitrah is regarded as primordial faith which Allah (SWT²) Himself implanted into human nature (Mohamed, 1998). Fitrah implies submission to the will of Allah (SWT) and is the basis for *Tawhid* (Oneness of Allah: "There is no deity but Allah"). Many scholars believe that Fitrah is a state of intrinsic goodness. In Al-Qayyim's (1993–1997) view, Fitrah is truly an inborn predisposition to acknowledge Allah (SWT), *tawhid* and *din al-Islam*. Islamic faith is a life of obedience and submission to Allah. Imam an-Nawawi (1233–1273 CE) has defined Fitrah as the unconfirmed state of *Iman* (absolute belief) before individuals consciously affirms their belief.

Psychological Implication of Fitrah

The Islamic view of human beings based on Fitrah considers human activity or behavior as consciously determined. A behavior is regarded as a function of both the physical environment and the spiritual base. This makes the Islamic view of human nature a holistic one, as it integrates the physical and the psychological aspects with the spiritual aspect. According to Mohamed (1998), a person's control of the worldly tendencies of *nafs*, and the spiritual tendencies of *ruh*, establishes a healthy psycho-spiritual equilibrium. This can be achieved by consciously obeying the Divine commands and laws. The result tends toward the attainment of ultimate reality in the sense of self-realization, that is, the "attainment of the highest" as it was called by al-Ghazali (1979).

Furthermore, the Islamic approach to human nature regards values as an integral part of one's constitution. The human tendency to have values is inbuilt and their actual development depends upon events and conditions in the phenomenal world as well as in the metaphysical reality. Values are an important clue to a per-

²SWT; Subhanahu Wa Ta'ala: Allah is purified of having partners or a son.

son's adherence to or deviation from Fitrah. Values, such as justice, mercy, patience, sacrifice, obedience, generosity, helpfulness, forgiveness, trust and so forth, constitute the character of an individual and his or her relationship with his or her Creator and the society.

The Islamic religious, moral, and social values are in accordance with the teachings of Qur'an and Sunnah, and hence, in my view, can be regarded as objectively defined—a view which may conceivably not be generally shared by secular psychologists. These values prescribe the moral and social code of conduct at the individual as well as at the collective levels. Whether one agrees or disagrees with them, or whether one conforms to or violates them, their normativity remains unaffected. Presumably, secular psychologists need to see data that show the beneficial effect of these values on mental and physical health.

Islamic Approach to Clinical Psychology and Psychotherapy

To emphasize a previous point, a proper control and transformation of *nafs* into the spiritual qualities of *ruh* is a pre-requisite for the healthy psycho-spiritual functioning of the individual. Al-Balkhi (1998) highlighted rational and spiritual methods to treat the different neuroses mentioned above. His book titled *Masalih al-Abdan wa'l-Anfus* (translation: *The Sustenance of Body and Soul*) contains the clinical and psychotherapeutic approaches to treating psychological problems. The various chapters deal with the following issues:

1. The importance of sustaining the health of the *nafs* via the soul (al-Balkhi's synonym for mind or psyche).
2. Mental hygiene or preventive mental health.
3. Regaining one's mental health if lost.
4. Psychological symptoms and their classification.
5. Management of anger and getting rid of its symptoms.
6. Ways to tranquilize fear and panic.
7. How to get rid of sadness and severe depression.
8. Ways of fighting obsessions and the harmful inner speech of the *nafs*.

Al-Balkhi stated that helping people with their psychological symptoms is more important when compared to dealing with their physical symptoms. A person may live for years without complaining from a physical symptom but psychological symptoms are bedeviling us all the time. He suggested, therefore, that just as healthy people keep some drugs and first aid medicines nearby for unexpected physical emergencies, they should also keep healthy thoughts and feelings in their minds for unexpected emotional outbursts. There are number of other early Muslim

philosophers, such as Ibni Sina, Ibnil Haitham, Al-Razi, Ibni Aqayyim, Miskaweh, to mention just a few, who have not only listed and discussed psychological disorders but also their treatment labeled *al-ilaj annafsani* (psychological treatment or psychotherapy) or *al-ilaj bildhid* (reciprocal inhibition). The contemporary Muslim psychologists are in process of reviving the traditions of their predecessors by instilling earlier insight into the discipline of psychology. The contributions include Achoui (1998), Ajmal (1986), Ansari (1992), Badri (1976, 1978, 1996), Mohamed (1995, 1998), and Shah (1996, 2001). I now attempt to outline psychotherapy in the Islamic context.

The Islamic psychotherapeutic approach emphasizes the biological, social, and spiritual aspects of individuals. It considers their spiritual aspect as well as their values in adjusting within society. This approach regards the egoistic and individualistic concerns of a person and confusion about social and religious values as one of the major causes of psychological problems. The problem of the client is handled with reference to the society. Any attempt within the Islamic approach to exclude values and to conduct psychotherapy without considering the socio-religious circumstances of the client would be regarded as an exercise in futility.

The psychologist analyses the problem of the client and also tries to find out, with the client, the solution of the problem in accordance with the social and religious guidelines. In this regard the psychotherapist acts as a guide and reformer for the individual. The practice of Islamic psychotherapy requires the therapist to be well versed in the Islamic tradition and to be a practicing Muslim in letter and spirit. Psychotherapists should regard it as their professional and moral duty to remove the confusion in their clients about social and moral values and to enable them to perceive their problems within this context. Thus, Muslim psychotherapists adhering to these values "reflect" them rather than impose any of their own on the client. The experience of the author as a psychotherapist shows that the clients do not dispute these values, they do not feel themselves misunderstood, and they do not complain if the therapist adheres to these values in psychotherapy.

Islamic psychotherapy is reflective, directive, and critically supportive. Psychotherapists not only analyze the feelings of the client but also are active and suggest to clients the steps and actions essential for their improvement. The focus of the psychotherapy is on the present problem, rather than exploring the unconscious dynamics of the client. However, clients are assisted and helped to learn from the mistakes of the past and to look to the future with determination to bring about positive change in their lifestyles. Other authors describe Islamic psychotherapy as prescriptive and future oriented (Mohamed, 1995), which is consistent with ideas presented here.

In Islamic psychotherapy the thoughts and actions of a client that are incongruent with the basic Islamic tenets are thoroughly analyzed. The emphasis of the therapy is on the religious and cultural values. Although the therapy is taking place in a dyadic context, continuous reference is made to the society and interpersonal

relationships. This emphasis stresses the importance and beneficial effects of the family and social bonds over against all-out individualism and selfish concerns. The therapy is directed toward self-realization in terms of self-knowledge as a moral principle. This can be achieved through the exercise of restraint and control in the sense of voluntary simplicity. In the opinion I represent, materialistic and sexual needs are transitory, unstable, and repetitive (Shah, 1996). The pursuit of these needs does not lead to a real satisfaction; rather it stimulates these desires endlessly. Hence, the client is encouraged to give up the materialistic, selfish, and asocial desires in the spirit of the Islamic virtue of self-restraint or contention. The clients are helped and supported to view their relationship with others on a give-and-take basis, that is in the framework of Haqooq-ul-Ibad (the revealed rights of fellow human beings). Clients try to understand their weakness and to change their outlook of the social world around them.

SEBASTIAN MURKEN: SOME SUBSTANTIVE ISSUES IN THE CONGRESS

The Tehran International Congress on Religion and Mental Health not only covered an important subject but also one that draws more and more attention in Western countries as shown, for instance, by the founding of the journal *Mental Health, Religion and Culture* in 1998. Like others, I am thankful and feel honored that I was able to attend the conference as one of the few Europeans and as the only participant from Germany. My invited response to the Congress comes under five headings:

1. The need for and value of academic discourse.
2. Epistemology.
3. Methodological issues.
4. Content of the studies presented.
5. Outlook for the future.

Academic Discourse

The time frame of the Congress was quite ambitious. Usually, seven papers of 15 minutes each were presented in a 2-hour time block, with the remaining 15-minute slot used for a general discussion. However, usually there were no discussions because of the accumulated overrunning of the time allocated to the presentations. This was regrettable for two reasons. First, one would have liked to inquire about details concerning the instruments used, the sample, or any specific problem encountered in the conduct of the study, and so on. Second, progress in scientific knowledge can only be acquired if we ask each other and ourselves critical ques-

tions. Debating competently differing views will lead to new insights and progress. Therefore, in the closing session others and I suggested providing more discussion time in the paper sessions and inviting respondents for the main lectures.

Epistemological Assumptions and Issues

In 1987, I happened to participate in the Islamic World Conference on Religion and Mental Health in Cairo. I attended one of the scientific sessions in which two researchers from the United States and from Pakistan, respectively, presented their papers. After some listening, I realized that these scientists, though speaking about the same topic, namely religion and mental health, did so on the basis of quite different epistemological assumptions.

For the researcher from the United States, it was simply choosing sets of variables (religion being one of them), getting the data, and working out the statistics. For the researcher from Pakistan, religion seemed to be the very foundation of his scientific inquiry. The puzzling phenomenon was that nobody seemed to notice these epistemological differences in the basic assumptions of their scientific inquiries. These differences were unnoticed, or at least unexpressed. Since that time, I am intrigued that we take our cultural presuppositions so much for granted, and I am amazed how difficult it is to ask critical questions about possible cultural biases. Consequently, the invitation to the Tehran Congress was a welcome opportunity for me and other non-Iranian participants to learn more about the relation between culture and science. It was an opportunity to become more conscious about one's own underlying scientific assumptions and to engage in a dialogue with scientists doing research from an Islamic religious perspective.

What several non-Iranian visitors experienced during the Congress and in many private discussions was indeed a difference of "scientific cultures." To make this obvious, I here put side by side a Western secularized perspective and an Islamic religious perspective of scientific research as they were presented at the Congress and then draw some conclusions. Note, however, that there also exist Western authors, for example Dale E. Matthews, who make psychological claims from a (Christian) religious perspective. A secular model of Western epistemology, that is a mainstream, evidence-based, Western understanding of the psychology of religion, is shown in Figure 1. Modern sociology understands society as the result of interacting subsystems each with its own structure and internal logic. Some of the major subsystems are shown in Figure 1: economics, politics, science, and religion being some among other subsystems making up society. Religion, then, has no privileged position.

The question that comes to mind immediately is the following: How does social science in Western society deal with the truth claims of religion, or better, with the truth claims of different religions? For the psychology of religion, as distinct from

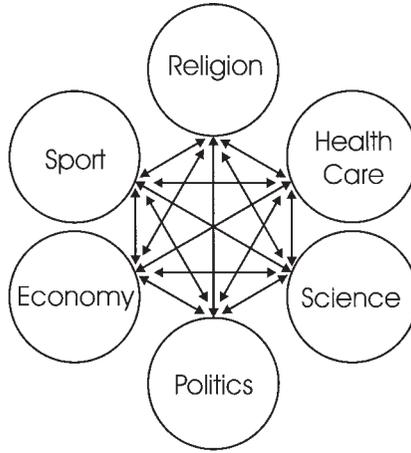


FIGURE 1 A secular model of Western epistemology.

a religious or theological psychology, the answer is clear: The truth claims of religions are not matters of scientific inquiry. This principle of the exclusion of the truth claims about the nature of the Transcendent (God) is a guideline for the psychology of religion since Theodore Flournoy (1903) formulated it a century ago. What does it mean? From Flournoy's perspective, the task of the researcher is to understand how the Transcendent is perceived and dealt with by the person studied, not to research whether the Transcendent exists or what its attributes could be. In the understanding of its practitioners, this is not a reductionistic perspective but a necessary psychological self-restriction in order to be able to deal with different truth claims in a society rather than making judgments about religious truth claims. Consequently, from a completely secularized perspective, explanations about the efficacy of religion concerning mental health must be based exclusively on psychological theories and must be researched using genuinely empirical methods.

What happens if we take a different perspective? Figure 2 shows a model of religion-based epistemology as it was encountered in many of the Islamic religious contributions. Religion, then, is not one cultural subsystem among others but the basis and framework of everything else (cf. the previous section "Islamic Approach to Psychology" by A. A. Shah, and its sequels). It is a primary, non-reducible phenomenon.

Such an epistemological option has been adopted by Islamic scholars and, as previously indicated, by some Western Christian writers. Matthews and Clark (1998), authors of *The Faith Factor*, explained in the introduction to this book that "I have learned to believe that God does heal" (p. 11). Seen from such a perspective, which implies the inclusion of transcendence, the scientific process and the understanding of the phenomena are

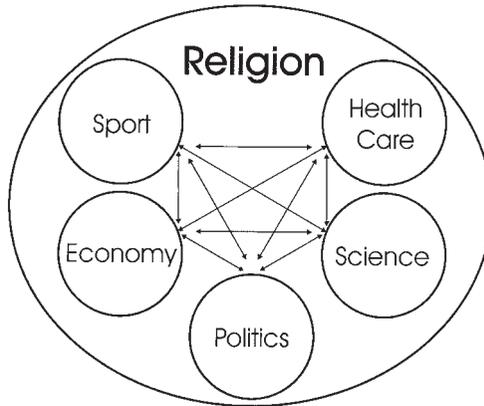


FIGURE 2 Model of a religion-based epistemology.

quite different. Now, not only natural, psychological explanations, but also supernatural, that is transcendent explanations, have to be considered.

When comparing the two epistemological approaches illustrated in Figures 1 and 2, two major sets of considerations arise. First, both of the approaches are models and are culturally bound. The purely naturalistic model with its claim to exclude the truth claims of supernatural causality is, from the perspective of the second, religious model, not value neutral but is itself equally a model with a truth claim. The implicit truth claim of the first model is that the appropriate level of analysis for a scientific psychological explanation is the naturalistic level, not the supernatural level. In other words, God may or may not intervene, but as a science, psychology approaches the study of religious belief, behavior, feelings, and so forth in the same way that it approaches the study of all human behavior, on the assumption that there are regularities that can be understood and formulated and put in the form of a theory. The tantalizing question is whether these differing models with their different assumptions can be fruitfully contrasted and compared, and their cultural, religious, and psychological “bias” be reflected and communicated.

Second, the data taken and their interpretation may differ. Research based on the first model might ignore transcendent aspects and explanations. Using the second model might lead one to ignore a wider range of psychological processes and explanations. The question is: How can data collected in different countries by researchers with different backgrounds and epistemologies be compared and interpreted?

In principle, one option would be to find a metasystem or language that is capable of integrating the two differing perspectives. At present, however, it is not clear what this metasystem could look like. It seems more modest and more feasible to construct a bridge that can be accessed from either side (cf. Reich, 2000).

To ask the same questions of people living in different cultures and having different religions seems a promising way to understand cultural biases and to work through them, providing that it is done in a mutually agreed way. From such a perspective the Tehran Congress was an important starting point for an encounter of professionals from many cultures and countries. It is increasingly necessary to deepen and enrich our mutual understanding and the understanding of religion as a major element in people's lives.

Contents of the Studies Presented

Many of the studies presented at the Congress correlate just one set of variables (religion) with another set of variables (mental health) and find certain correlation coefficient values. I suggest some caution as to the significance of the effect of religion thus determined. As far as I know the literature, the largest positive effects of religiosity hardly ever explain more than 5 or 6 % of variance of the mental health criteria. To understand the place of mental health in people's lives, it is therefore important to include other relevant variables like physical health status, socio-economic status, self-esteem, social support system and so on. If we understand mental disorders exclusively in religious terms, for example as a punishment for the non-observation of religious laws, we might miss important alternative social and psychological explanations, for instance those proposed for the world-wide problem of increasing depression (Murken, 1998).

Outlook for the Future

The particular importance of the Tehran Congress lies in the coming together of scholars of religion and mental health from all over the world. It would be most promising to continue the energy and spirit of this Congress to the point of designing novel studies that include groups of people from different cultures and religions (for both subject samples and researchers) as done by Furnham and Baguma (1999). The psychology of religion in Western countries involves mostly a Western and predominantly Christianized population. In Islamic countries, the perspective is determined by the Qur'an and the Sunnah. The study of religion and religiosity needs to expand its scope from a "local" to a worldwide cooperative enterprise in which scholars learn from each other through the process, and through which they become adept at looking at a particular research project from different perspectives of all kinds (cf. Ghorbani, Watson, Ghramaleki, Morris, & Hood, 2000; Hansen, 1998; Ineichen, 1998).

K. HELMUT REICH: COMPARING THE TEHRAN CONGRESS WITH SIMILAR CONFERENCES ELSEWHERE

Whereas largely agreeing with Sebastian Murken's remarks, yet emphasizing the specificity of the religious domain (see, e.g., papers by Edwards & Lewis, Schoenrade, Hay, & Boyatzis, in Paloutzian, 2001; Reich, 2000, 2001), I would like to add the following observations. The scope and participation of the conference were most impressive (Bolhari, 2001). At the (formally) comparable 2001 Annual APA Convention in San Francisco, 55 papers by 135 authors and 33 posters by about 100 authors were presented in the sessions organized by APA Division 36 (Psychology of Religion; Krejci, 2001), of which 20 papers by 50 authors and 20 posters by about 70 authors concerned religion and mental health (classed "generously"). Accepting that these numbers are approximate, the scope of the Tehran Congress nevertheless stands out in comparison. More importantly, religion and mental health are well-represented research topics in either setting. Clearly, the importance of religiosity for almost all aspects of life but also for psychology and psychotherapy is increasingly recognized by science. In the West, secular psychology of religion is only about 100 years old, and most research was and is done "locally," with Christians and Jews as research subjects. Correspondingly, researchers in Iran study those who hold the Muslim faith, because it happens to be Muslims who are there. The present Congress therefore was a good opportunity to widen one's horizons and get answers to the following questions: What is the relation between Islam, psychology, and psychotherapy? What are the empirical results obtained by Islamic researchers? And so on.

For both Sebastian Murken and myself, the more intuitive notions of psychology and religion (or even religious psychology) and psychology of religion were clarified and detailed after reading Ashiq Ali Shah's earlier explications. Let us not forget, however, that such a version of research has its place in Western countries too, as exemplified by a number of papers in the *Journal of Psychology and Christianity* and similar publications. And if somebody is surprised by a publication titled "Mental Health in the Verses of Holy Qur'an for Mental Health and School Staff," he or she should be aware of international conferences such as "Psychological Aspects of Biblical Concepts of Persons," Free University of Amsterdam, The Netherlands, 4-6 March, 2002.

I would not like to conclude without emphasizing my full agreement with Ashiq Ali Shah's and Sebastian Murken's well-deserved praise of the friendliness of our hosts, the excellence of the facilities and, in particular, the outstanding quality of the translations, all of which contributed considerably to making the Congress such a memorable experience. Last, but certainly not least (given the restrictions of women's activities under the Taliban regime in neighboring Afghanistan), let me record how impressed I was by the visible participation and the

activities of the recently established Research Institute for the Rehabilitation and Improvement of Women's Life as well as by the competence and assurance of the women speakers at the conference.

ASHIQ ALI SHAH: THE CONGRESS ITSELF

The Congress attracted a large number of participants from all over the world. The delegates belonged to different professions, including academics from universities, professionals from the field of psychology, psychiatry and general medicine, clergymen, priests, social workers, and members of non-governmental organizations (NGOs). They shared their knowledge about religion and mental health based on their research and experience in the field. Although the approaches of these papers were diverse, the growing understanding of the influence of religion in people's lives and its positive impact on the health of the individual was common among all. The papers presented by the Muslim scholars, but also by some Western scholars, underscored the importance of spirituality in the mental health of individuals. A large number of papers by the scholars of the host country indicated the role of spirituality in the mental health of Iranians.

The significance of this conference for the host country could be understood from the extent of its media coverage by the state-owned as well as private mass media. The reporters of Iran television, as well as of national newspapers, daily interviewed foreign and local delegates about the conference activities and the issues pertaining to religion and mental health. Iranian television also recorded roundtable discussions about the issues discussed at the Congress and the growing impact of religion and mental health. The peak of the media coverage of the conference was a live talk show organized by the Iranian television, in its program *Pertau*, to discuss the current issues related to religion and mental health in the developing and developed countries. One local and two foreign delegates were invited to highlight the role of religion in mental health, especially the incidence of depression among the religious and nonreligious people. The discussants took the view that spiritual orientation of people had an immunizing effect against the psychological illnesses.

The academic program of the conference, lodging and boarding, conference material, guidance and help, if needed, were meticulous. The arrangements for simultaneous translation, from Persian to English and vice versa, were well maintained throughout the four days of the conference. Murken mentioned already the suggestion made at the closing panel session that in the future some time should be given to discussions, and a proper time slot for the poster presentations provided. As to his remarks on epistemology, contents of the studies presented, and outlook for the future, my views have been set out in the foregoing section on Islamic psychology of religion and psychotherapy, and are elaborated further in the companion article (Murken & Shah, this issue).

The hosts conspicuously displayed the traditional hospitality, warmth, and friendliness of Islamic culture on all the occasions throughout the conference. The pick-up and drop-off service from the airport and to and from the conference venue and the hotel, the care-taking guides, the comfortable accommodations, and plenty of delicious food served during the conference were the hallmark of this hospitality. I have missed some of these things at conferences elsewhere. On top of this, there were daily excursions and shopping tours at the end of the conference's daily sessions. I was amazed about the self-sufficiency of the Iranians despite sanctions by the United States. Although the economic conditions of Iran are not as booming as they were during the 1970s and 1980s, it was impressive how they have kept their economy going under adverse circumstances.

Mehdi Karroubi, the honorable speaker of the Iranian parliament, graced the closing ceremony of the conference, which underscored its significance. The end of the conference was a welcome occasion to participate in the hosts' organized tours to the historic and ancient cities of Shiraz and Persepolis, and to Isfahan.

BRIEF OVERALL IMPRESSIONS FROM IRAN

K. Helmut Reich

What strikes one most in Tehran (apart from the specificity of the road traffic)? The hillside topology, the boulevards and squares, the parks, the museums showing the millenary-old, rich cultural heritage, and other commonalities? Or the dress code for women (also to be adopted by tourists, though possibly less strictly), the gender separation in public places (buses, entrance to airports, mausoleums, etc.), the taboo against a woman shaking hands with a man not belonging to her family? Clearly, "what goes without saying" is not necessarily the same in Iran and in Western countries.

Short-term visitors, the boulevard press, and even some scientific studies have a tendency to paint things in black and white, to dichotomize observations. However, Iran is a complex country and culture that needs to be known in all its diversity. Iranians understand that most human beings need poetry as much as physics, theology as much as theories, music as much as mathematics. Thus, there are not only beautiful birds in public birdhouses, unique historical landmarks such as Persepolis, marvelous places of remembrance of great poets and the like, but Iran also participates in the research activities of the European Laboratory for Particle Research at Geneva, Switzerland, and other projects.

What about the Shari'ah, the law of Islam, based upon the Qur'an, the Sunna, parallel traditions and work of Muslim scholars in the two first centuries of Islam? A recent article (Tamandonfar, 2001) detailed its workings in Iran. Unfortunately, this article—welcome *per se*—says little about the reformers, about President Khatami and the popular support he has for carrying on with the reforms. Anyway, conversing

with Iranians, one becomes aware of how much the system has been reformed already in the last years, compared to the early days of the Islamic Republic of Iran.

Sebastian Murken

The attendance of the Tehran Conference provided me with the opportunity to stay some extra days and to visit some more places and cities. What did impress me most? (a) The extraordinary friendliness of the people both toward visitors, but also to each other. The Iranian language seems to be full of very polite phrases and sayings, and people care for each other. (b) The dryness of this country. After a shortage of rain for several years now, Iran is mainly a desert. The problems resulting from this state of affairs are enormous, and draw attention to the value of water and the worldwide responsibility every country has for its economic consumption. (c) For me personally, the nightly climbing from Tehran (Darband – Namazi, 1999) to the mountain Towchal (3933m) of the Alborz range was certainly a strenuous highlight. (d) Like the other participants, I was moved and fascinated by the beautiful remains of the ancient cultures, and particularly the Islamic culture—the ruins of Bam, the old city of Yazd, Esfahan, and the Gardens of Shiraz.

A FINAL WORD FROM ALL AUTHORS

Thanks to The First International Congress on Religion and Mental Health in Tehran we had an opportunity to become aware and learn about a number of issues that previously we simply ignored or were not attentive to. We hope that a constructive dialogue will continue, providing an opportunity for all to learn more.

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