

EDITORIAL:

SUFI HEALING AND MENTAL HEALTH AND WELLBEING: TRADITION, EVIDENCE AND FUTURE DIRECTIONS

PROF. DR FAROOQ NAEEM

Department of Psychiatry, University of Toronto, Canada.

CORRESPONDENCE: DR FAROOQ NAEEM

EMAIL: farooqnaeem7@gmail.com

ABSTRACT

Nearly half of the Low-Income countries and one third of the Lower-Middle-Income Countries (LMICs) spend less than 1% of their health budget on mental health. There are 600 psychiatrists and an equal number of psychologists in Pakistan, serving a population of 250 million. This compares to some high-income countries, such as Canada, which has nearly 5,000 psychiatrists for a population of 41 million, and the United Kingdom, which has 13,000 psychiatrists for a population of 70 million. 80% of the world population living in LMICS has high rates of mental illness and has poor access to mental healthcare. So, where do people go to seek help for their emotional and mental health problems? Sufism has a highly developed system of psycho-spiritual well-being provides an alternate solution. Evidence from the Western world suggests spiritual therapy can be effective. Most significantly, a combination of modern Cognitive therapy and ancient Buddhist mindfulness has proven to be effective for a variety of physical, mental, and emotional disorders. A similar approach can be used in combining Sufi healing practices with culturally adapted Cognitive therapy. If feasible, acceptable, and effective, Sufism-based Cognitive Therapy (SbCT) can not only provide low-intensity CBT at scale but also help develop a tolerant society.

KEYWORDS

Sofi healing, Mental health, Sofism, Faith healing, Pakistan.

INTROCUCTION

When it comes to spending on mental health, 47% of the Low-Income countries and 30% of the Lower-Middle-Income Countries (LMICs) spend less than 1% of their health budget on mental health¹. There are 600 psychiatrists and an equal number of psychologists in Pakistan, serving a population of 250 million. This compares to some high-income countries, such as Canada, which has nearly 5,000 psychiatrists for a population of 41 million, and the United Kingdom, which has 13,000 psychiatrists for a population of 70 million. 80% of the world population living in LMICS has high rates of mental illness and has poor access to mental healthcare². So, where do people go to seek help for their emotional and mental health problems?

A closer look reveals that in low and middle-income countries (LMICs), people often seek help for mental health problems from faith healers, spiritual leaders, and traditional practitioners³. In LMICs, more than half of patients with first-episode psychosis initially seek treatment from traditional and religious

healers as their first care. This contributes to an excessively long duration of untreated psychosis (DUP)⁴. On the other hand, limited scientific evidence indicates that spiritual and religious therapies can reduce depression, anxiety, and stress. A recent meta-analysis of 23 studies of religious and spirituality-based therapies for mental health problems reported moderate effect sizes⁵. It has been reported that users typically praise these treatments for offering symptom relief, reduced adverse effects of medical treatment, enhancing coping skills, as well as spiritual well-being, and providing access to a system of healing that is ingrained in a person's belief system⁶. However, most research evidence on this topic comes from the Western world. Emerging evidence supporting Sufism as a healing tradition does not meet scientific standards for validity, reliability, and repeatability⁷.

Muslims often employ spiritual practices developed by Sufi practitioners over the centuries. I assume the main bulk of mental health care in Muslim countries is provided by

Sufi practitioners of various Sufi schools. While a limited amount of literature is available on Sufism in peer-reviewed journals, it mainly focuses on qualitative studies of attitudes towards spiritual healing and the healers⁸ or descriptions of Sufi practices⁹. There is no quantitative data available from controlled trials assessing the effects of Sufi healing on mental health problems. It is, therefore, too early to accept or reject the claims made by proponents of Sufi healing practices.

Sufism originated as a “piety movement” in Baghdad during the early 10th century, in response to growing wealth and material wealth¹⁰. Three schools emerged during this phase: the drunken (Sukr) school of al-Bistami, the self-scrutiny (Mohasba) school of al-Muhasibi, and the orthodox-sober (sahw) school of al-Junayd (commonly called the King of Sufis, Sayyid ut Taifa). Muhasibis' school later turned into the Malamatyā (self-blame) school. The mainstream Orthodox Sufis banned both the Malamatyā and the Drunken schools. Junaid's school led to the establishment of the largest Sufi chain - the Qadriyya, which originated from al-Gilani, a strict Hanbali jurist (faqih)¹⁰.

Sufism is often described as Islamic mysticism¹¹; however, the Sufi training manuals of the classic age (10th to 14th century) primarily provided training on good manners (akhlaq), how to eat, how to sleep, how to walk, and how to talk, and the cleaning and training of nafs¹²⁻¹⁵. These manuals typically start with guidance on Sharia. The training system was two-tiered: one for the khawas (Sufi trainees, Mureed) and one for the awam (the commoners).

Unlike other spiritual traditions, Sufi psychology is a highly developed and complex theory of the Heart (Qulb)¹⁶. In Sufi psychology, the heart is equivalent to the mind in modern psychology. Sufis developed one of the most sophisticated systems for personal growth and for peaceful living (Nafs e Mutmainnah). The Orthodox Sufis

promoted internalised piety while enjoying the pleasures of an affluent society. This may have been the secret to the success of Sufism. According to Sufi psychology, every person is born with a pure nafs (animal soul) and a pure heart. Ruh is the divine spark that illuminates the heart (Nur). But as we grow, our nafs become diseased- it fills with arrogance, anger, greed, jealousy, backbiting, stinginess, and other negative qualities. Thus, the primary focus of Sufi psychology is on relationships. Heart in its pure form is solid, full of Nur – and yet it is Raqiq (gelatinous). This is a strong heart that is full of wisdom and love for others. The diseased nafs emits dark smoke that covers the heart, thus obstructing the light¹⁶. Sufi methods aim to help people learn to clean (tazkiya an nafs) and train (tarbiat un nafs) the nafs. It is believed that by controlling the animal soul (Nafs), one gains access to immense power. At this stage, the Nafs is called the contented nafs (Nafs e Mutmainnah), and the heart is called a solid heart (Qulb e Saleem).

This model of training of Nafs is similar to the stages of change model¹⁷, i.e., pre-contemplation (being unaware of your problem), contemplation (person becomes aware and seriously thinks about change), preparation (the person is now ready to take action), action (person makes changes in their behaviour), and maintenance (person takes action to maintain change). The training consisted of 7 principal stages of development of Nafs, starting with the inciting nafs (Nafs e Ammārah)—the Nafs which incites people to do bad things. Verily, the nafs incites to evil (Surah Yusuf:53).

The first Stage of growth is called the self-accusing nafs (Nafs e Luwwāmah). At this stage, the person becomes self-aware that something is wrong and begins to ask for forgiveness. God says, I swear by the Nafs e Luwwamah (Al-Qiyamah 2). The second stage is called inspired *nafs* (Nafs e Mulhamah). This is the action stage. The fourth stage, the *nafs* at peace (Nafs e Muṭmainnah) is the

ideal state for ordinary people. In this state, the person becomes at peace with themselves, as they are better able to manage the problems of the Nafs (O people with Nafs e Mutmainnah! Come back to your Lord well pleased (yourself) and well pleasing (unto Him)! Enter you then among My (honoured) slaves, And enter you My Paradise!" (Al-Fajr :30).

The fifth stage is called the pleased nafs (Nafs e Raḍīyyah). During this stage, "one is pleased with whatever comes his way. The person lives in the moment and becomes free from the past or future. This is the stage of Tasleem O rida (Acceptance and Commitment). The 6th stage is called pleasing *nafs* (Nafs e Marḍīyyah). It is at this stage that the Heart becomes filled with sincerity (Ikhlas), love (hub) and kindness (reham). The person now possesses good manners (akhlaq) and can perform actions with Excellence (Ihsan). Finally, during the 7th stage, known as pure nafs (Nafs e Sāfiyyah), the person's nafs has become as pure as it was at birth. This type of nafs is achieved by following the attributes of the perfect man (Insan e Kamil).

By the 12th century, they had established Sufi Lodges (khanqah, zawiya, rabat, dargah, and Takyi, depending on the region) throughout the Muslim empires¹⁰. The predominant lifestyle of the Muslim world was Sufi until the rise of Wahhabism in the 19th century. The khanqahs provided food and shelter, as well as physical, psychological, and spiritual care. Most of these practised the Tib-e Nabawi—Prophet's medicine. Training employed a variety of spiritual, behavioural, and cognitive methods¹⁸.

Training for the khwas included activities such as cleaning toilets to overcome arrogance, eating less to weaken the nafs, staying in a silent room to practice speaking less, zikr, meditation, and self-discipline. The training for the khawas primarily included dikr meditation, and in later years, under the

influence of Indian Sufis, mindfulness and breathing exercises were also incorporated.

CONCLUSION

The popularity of Sufism, albeit in its corrupt form, indicates people are still benefiting from it. Sufism has a highly developed system of psycho-spiritual well-being. Evidence from the Western world suggests spiritual therapy can be effective¹⁹. Most significantly, a combination of modern Cognitive therapy and ancient Buddhist mindfulness has proven to be effective for a variety of physical, mental, and emotional disorders²⁰. A similar approach can be used in combining Sufi healing practices with culturally adapted Cognitive therapy.

If feasible, acceptable, and effective, Sufism-based Cognitive Therapy (SbCT) can not only provide low-intensity CBT at scale but also help develop a tolerant society. However, for "Sufi healing" to be accepted as an evidence-based intervention, it will have to pass the test of modern science!

REFERENCES

1. Saxena S, Sharan P, Garrido M, Saraceno B. World Health Organization's Mental Health Atlas 2005: implications for policy development. *World Psychiatry*. 2006 Oct;5(3):179–84.
2. Ojagbemi A, Gureje O. Mental health in low- and middle-income countries. In: Bhugra D, Moussaoui D, Craig TJ, Bhugra D, Moussaoui D, Craig TJ, editors. *Oxford Textbook of Social Psychiatry* [Internet]. Oxford University Press; 2022 [cited 2025 Sept 28]. p. 0. Available from: <https://doi.org/10.1093/med/9780198861478.003.0072>
3. Galagali PM, Brooks MJ. Psychological care in low-resource settings for adolescents. *Clin Child Psychol Psychiatry*. 2020 July;25(3):698–711.
4. Farooq S, Sheikh S, Dikomitis L, Haq MMU, Khan AJ, Sanauddin N, et al. Traditional healers working with primary care and mental health for early intervention in psychosis in young persons: protocol for the feasibility cluster randomised

- controlled trial. *BMJ Open*. 2023 July 14;13(7):e072471.
5. Bouwhuis-Van Keulen AJ, Koelen J, Eurelings-Bontekoe L, Hoekstra-Oomen C, Glas G. The evaluation of religious and spirituality-based therapy compared to standard treatment in mental health care: A multi-level meta-analysis of randomized controlled trials. *Psychother Res*. 2024 Apr 2;34(3):339–52.
 6. Stub T, Irgens AC, Hansen AH, Knudsen-Baas O, Gåskjenn C, Kristoffersen AE. Impact of spiritual healing on moderate depression in adults: a study protocol of a pilot randomised controlled trial (RCT). *BMJ Open*. 2022 Sept 14;12(9):e062683.
 7. Cetinkaya M, Billings J. Systematic review of the relationship between Islamic-Sufi spirituality and practice and mental well-being. *Ment Health Relig Cult*. 2023 Nov 26;26(10):1065–80.
 8. Memon J, Abro AA, Soofi S, Hussain I, Sadruddin F. People attitudes toward shrine-based faith healing in Sindh, Pakistan. *BMC Public Health*. 2025 Aug 26;25(1):2931.
 9. Mitha K. Sufism and healing. *J Spiritual Ment Health*. 2019 July 3;21(3):194–205.
 10. Schimmel A. *Mystical Dimensions of Islam* by Annemarie Schimmel. The University of North Carolina Press; 1975.
 11. Arberry AJ. *Sufism: An Account of the Mystics of Islam*. Courier Corporation; 2001. 146 p.
 12. Ghazali AHB. *Revival of Religious Sciences* Volume 4. Beirut, Lebanon: DKI; 12 AD.
 13. Al-Qushayri A 'l-Qasim, eissa dr muhammad, Thaqafah DU. *Al-Qushayri's Epistle on Sufism - Al-Risala Al Qushayriyya Fi 'ilm Al-Tasawwuf*. Independently published; 2020. 488 p.
 14. al-Makki T. *Qut ul Qulub*. 10 AD.
 15. Hujwiri ABUAJA. *Revelation of Mystery: Kashf al Mahjub*. CreateSpace Independent Publishing Platform; 1074. 428 p.
 16. Tirmidhi. *Bayan al farq, bayan al sadr, wal qalb, wal fuad wal lubb*. 9 AD.
 17. Prochaska, DiClemente. *The Transtheoretical Model (Stages of Change)* [Internet]. 1970 [cited 2022 Mar 26]. Available from: <https://sphweb.bumc.bu.edu/otlt/mph-modules/sb/behavioralchangetheories/behavioralchangetheories6.html>
 18. Baldick J. *Mystical Islam: An Introduction to Sufism*. NYU Press; 1989. 225 p.
 19. Smith T, Richards PS. Outcomes of religious and spiritual adaptations to psychotherapy: A meta-analytic review. *Psychother Res - PSYCHOTHER RES*. 2007 Nov 1;17:643–55.
 20. Xie JF, Zhou JD, Gong LN, Iennaco JD, Ding SQ. Mindfulness-based cognitive therapy in the intervention of psychiatric disorders: A review. *Int J Nurs Sci*. 2014 June;1(2):232–9.