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A Diagnostic Structure for Depression Based on the Quran: Conceptualizing the Shākilah of Disorder

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Extended Abstract

Introduction and Objectives: Delivering accurate diagnosis and effective treatment has been a persistent concern for psychologists. Clinicians use various diagnostic frameworks, most notably the DSM. The majority of these frameworks are symptom-based. However, with recent developments in religious psychological approaches, the need for conceptualizing congruent frameworks is increasingly felt. This paper aimed to (1) propose a diagnostic structure for disorders based on the Quran and (2) formulate diagnostic criteria for six types of depression as captured by this structure. A specific content analysis methodology designed for Quranic contemplation was used to examine the notion of shākilah (personality/disposition) of disorder. The findings are organized into four sections: (1) exploring the semantics of shākilah as understood from Surah al-Isrā'; (2) defining the notion of shākilah of disorder as the structure of disorders; (3) introducing two models for this notion based on Surah al-Muzzammil and Surah al-Insān; and (4) proposing a diagnostic structure for depressive disorder based on the model from Surah al-Insān. The results show that proposing a diagnostic structure congruent with a theoretical basis drawn from the Quran is possible, and that this structure is causation-based rather than symptom-based, while still providing specific sets of symptoms for each depression type. This allows for capturing disorders with few visible symptoms on the one hand, and

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excluding cases with visible symptoms but no causation on the other, thereby increasing the accuracy of assessment, diagnosis, and therapy. Moreover, drawing theoretical bases from the words of revelation for defining notions and proposing structures minimizes radical shifts in the field while providing a more solid understanding of disorders.

Keywords: Holy Quran, Disorder, Depression, Shākilah of Disorder, Diagnostic Structures.

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1. Introduction

The definition of mental disorder in psychology differs from its understanding in the Quran. In psychology, a disorder is a pattern of psychological and behavioral symptoms that cause significant distress and impair functioning in one or more domains of daily life. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), classifies approximately 250 disorders with specific symptoms (APA, 2013). Disorders are distinguished based on how the individual functions, thinks, and feels. Numerous biological, psychological, and social factors are involved in the formation and development of mental disorders. Psychologists have defined four aspects of abnormal behavior: (1) subjective distress (e.g., depression or anxiety), (2) deviation from cultural norms (e.g., schizophrenia), (3) statistical infrequency (e.g., dissociative disorder), and (4) social dysfunction (e.g., social phobia). The DSM-5 defines a mental disorder as:

A syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress or disability in social, occupational, or other important activities. An expectable or culturally approved response to a common stressor or loss, such as the death of a loved one, is not a mental disorder. Socially deviant behavior (e.g., political, religious, or sexual) and conflicts that are primarily between the individual and society are not mental disorders unless the deviance or conflict results from a dysfunction in the individual, as described above. (APA, 2013)

The definition in the two previous editions stated that a mental disorder could be determined when clinical symptoms were accompanied by subjective distress and dysfunction in social or personal roles. However, practice indicated that symptoms and dysfunction do not always co-occur. The DSM-5 thus contains a modified definition suggesting that symptoms *can* be accompanied by subjective distress and disability (Sartorius, 2015). The frequent release of new versions of diagnostic manuals (e.g., ICD and DSM) to update classifications, definitions, and disorders reflects uncertainty about the nature of disorders and the principles of assessment and diagnosis—an inevitable consequence of the empirical and inductive methods widely used in the field. As Sartorius (2015) noted,

the release of DSM-5 shows that knowledge about mental disorders was not well reflected in previous versions.

In an effort to improve the DSM, the fifth edition integrates findings from twenty years of research, therapy, and classification. The three major changes include harmonizing with the ICD system, introducing a spectrum perspective to supplement discrete categorization, and applying a new document organization (Gintner, 2014). A categorical approach emphasizes differences in types of disorders, while a spectrum (or dimensional) perspective highlights variation in the degree of a disorder (Lilienfeld, Smith, & Watts, 2013). The categorical approach had shortcomings reflected in practice. For instance, clinicians used the "Not Otherwise Specified" (NOS) category 30–50% of the time, indicating a gap due to limited criteria and categorization (Gintner, 2014). The categorical perspective assumes homogeneity among all disorders that pass a particular cut-point, whereas studies suggest differences within the same disorder (First & Tasman, 2004). The DSM-5 also attempted to address false positive diagnoses (FPs), but it remains criticized for lack of precision in guiding clinical diagnosis. Wakefield (2015) argues that the new manual inappropriately captures parts of normal life as disorders by lowering thresholds. Frances (2012), a major contributor to the fourth edition, argues that with DSM-5, millions of people experiencing normal grief, daily concerns, stress reactions, or behavioral habits will now be labeled with mental disorders.

A key characteristic of the DSM and the International Statistical Classification of Diseases and Related Health Problems (ICD)—the two diagnostic manuals used by most clinicians to increase diagnostic precision (Paris, 2013; Sartorius, 2015)—is their reliance on signs and symptoms (First & Wakefield, 2013). Symptoms are what the client reports (e.g., sadness, anxiety), and signs are observable behaviors (e.g., crying, rapid speech, flat affect) (Gintner, 2014). Both are visible cues traceable in the initial interview. Numerous diagnostic tests based on specific sets of signs and symptoms are widely used, such as the Beck Depression Inventory–Second Edition (BDIII) and the Hamilton Depression Inventory (HDI), both of which use DSM symptoms (Santor, Gregus, & Welch, 2006).

Mental disorder is defined as a clinical syndrome characterized by significant distress (e.g., painful symptoms) or disability in key areas of functioning (impairment in one or

more domains). This syndrome must not merely represent an expected and culturally sanctioned response to a specific event, such as the death of a loved one. The observed pattern reflects a dysfunction in psychological, biological, or developmental processes (APA, 2013). This definition is based on several key criteria: impairment in psychological, biological, or developmental functioning; presence of distress or disability; cultural unacceptability; and difficulties in cognition, emotional regulation, or behavior. However, the criteria used in the DSM are not absolute, stable, or fixed. As observed across different editions, the criteria themselves change over time, and the classification of disorders also changes. Consequently, conditions previously not considered disorders may now be classified as such, and vice versa. Therefore, extracting genuine, stable, and definitive criteria for disorder and health from a reliable and authoritative source like the Holy Quran is of paramount importance.

In the Holy Quran, a study of the semantics of the word "disorder" points to a different theoretical basis for normality/abnormality compared to psychology. This difference calls for fitting structures for explanation, diagnosis, and therapy. Because human beings possess both material and immaterial dimensions, disorder must likewise be defined by considering this dual-aspect nature of human existence. Accordingly, a disorder consists of persistent and recurrent patterns of cognition, thought, beliefs, motivations, behaviors, and attentional focuses that are misaligned with *al-Ḥaqq* (what God says). These patterns are malleable in principle; however, through persistence and repetition, they progressively deprive the individual of the capacity for guidance (*al-Hidāyah*), ultimately leading to the emergence of either overt, distressing symptoms or covert, detrimental ones. Guidance, in this framework, is the process of directing one's state toward health and optimal functioning of the various dimensions of the human being. The desired state for this optimal condition has been articulated by God in the Holy Quran.[1]

Thus, a disorder, as the Quran states, is an outcome of one's choice and is therefore both preventable and curable. In the Quran, difficulties that are not the result of one's choice are described as tests and are of a quite different nature.

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1. "O mankind! There has certainly come to you an advice from your Lord, and a cure for what is in the breasts, and a guidance and mercy for the faithful" (Yūnus: 57).

Anything with adverse consequences for the afterlife will inevitably create pain, suffering, and pressure in this life and will thus be a disorder—which can have evident and hidden aspects (Bahrami Ehsan, Okhovvat, & Fayyaz, in press). Based on the Quran, the distinguishing criteria of a disorder include: (1) falling off the path of guidance; (2) association with choice or will (i.e., changeability); (3) causing imbalance; (4) tendency toward repetition and fixation; and (5) having evident and hidden aspects. Accordingly, a disorder can be defined based on the Quran as follows: "patterns of understandings, thoughts, beliefs, motivations, behaviors, and attentions that deviate from the Truth, are changeable, block access to guidance if repeated and extended over time, and develop visible and invisible symptoms in the individual" (Bahrami Ehsan et al., in press). When disorder is studied from the Quranic perspective, definitions, classifications, and diagnostic criteria need to be based on frameworks also drawn from the Book.

Adopting this approach, Fayyaz et al. (2013/1392, 2015/1394, 2016/1395) introduced six types of depression based on the Holy Quran, listed below in order of increasing severity:

1. Embarrassment depression: Overwhelming sadness along with feelings of failure and incompetence, resulting from behaviors that lack proper intellectual soundness and thereby appropriate outcomes, creating frustration and hopelessness.

2. Inferiority depression: Overwhelming sadness along with strong feelings of insignificance and lack of selfvalue, resulting from one's baseless and confused understanding of significance and insignificance. These understandings surface with any life event and further increase the sense of lack of value.

3. Spiritual depression: Overwhelming sadness along with feelings of bitterness and misery, resulting from the individual's lack of attention to God and the spiritual aspects of life, and from forgetting the unfulfilling nature of this world, leading to excessive attention to material aspects.

4. Contrastingisolative depression: Overwhelming sadness along with jealousy and deep regret, resulting from excessive focus on gaining worldly advantages over others and disregard for effort and humility (as the real criteria of merit), leading to strong ruminations about others' advantages, extreme envy, and finally idleness.

5. Stinting depression: Overwhelming sadness and despair along with a feeling of entitlement, resulting from the individual's sense of superiority over others and disrespect for their rights, leading to excessive demandingness while neglecting one's responsibilities to others.

6. Insubordination depression: Overwhelming sadness along with feelings of being lost and expending efforts in vain, resulting from disregard for reference rules (or the advice of authority) and actions based on personal desires, or from making many claims but doing little.

Although the different types of depression are interrelated, each also operates through a distinct and specific cycle. These independent cycles manifest causal factors and symptoms across the different dimensions of human structure.

Correct diagnosis is the most important requirement for successful therapy. Clear and applicable diagnostic criteria are therefore crucial. As a widely used diagnostic manual, the DSM-5 has categorized different types of disorders and provided diagnostic criteria based on physiological, behavioral, emotional, and cognitive symptoms. Since a disorder as understood from the Quran is fundamentally different from the notion as defined by psychology, the diagnostic structures to be used with the Quranic understanding must be based on relevant definitions, principles, and assumptions. According to the Holy Quran, an individual acts in the path of guidance or misguidedness based on their *shākilah* (personality and character).[1] A disorder develops when an individual's *shākilah* directs them to a wrong path. More precisely, it is the *shākilah* that is affected by a disorder, or the disorder develops in the *shākilah* itself. Moreover, in any disorder, the *shākilah* will produce a unique set of expressions while sharing similarities with other *shākilahs* of disorder (Okhovvat, 2016/1395). *Shākilah* thus seems to form an appropriate ground for building a diagnostic structure for disorders.

The main objectives of this research are first to propose a diagnostic structure for disorders based on the Holy Quran, and then to examine depression (as an example) within that structure. In other words, this research seeks to answer: Can a specific diagnostic

1. "Say, 'Everyone acts according to his character. Your Lord knows best who is better guided with regard to the way'" (al Isrā': 84).

structure be formed based on the Holy Quran that allows for classification and clarification of different disorders? And if so, how will this structure be applied to depression as an example of a mental disorder?

2. Methodology

Given the objective of proposing a Quranbased diagnostic framework to organize criteria for depressive disorder, a qualitative content analysis methodology was used. The Holy Quran is a book of revelation. God has advised believers to contemplate the verses of the Quran (e.g., *Ṣād*: 29; *Muḥammad*: 24).[1] This research used the sixvolume collection *Methods for Contemplating the Holy Quran* (Okhovvat, 2013/1392a–e). The general topics include thinkingbased, wordbased, surahbased, Quranbased, and literary contemplations, each introducing detailed sets of contemplation methods (Okhovvat, 2013/1392a–e).

Because the Holy Quran is a divinely revealed scripture and the word of God, it is fundamentally distinct from all other texts. The Quran repeatedly commands people to engage in *tadabbur* (deep, reflective contemplation) of its verses. *Tadabbur* signifies comprehending the ultimate meaning and consequences of its teachings. This process of reflection entails specific prerequisites and unique characteristics, setting it apart from content analysis applied to other texts. This distinctive method has been elaborated in numerous studies and has also been used by various psychologists in diverse research. The research process was carried out in the following order:

1. The concept of *shākilah* was explored in the Quran, a conceptual network was developed, and the main components of the notion were defined.

2. Based on the verses of the Quran, all human beings act according to their innate disposition or foundational nature (*shākilah*). This foundational concept also encompasses the state of disorder. The definition of *shākilah* was derived from relevant Quranic verses. Subsequently, the conceptualization of the "disposition toward disorder" (*shākilah* of disorders) was investigated across all 114 surahs. From this comprehensive review, two

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1. "[This is] a blessed Book that We have sent down to you, so that they may contemplate its signs, and that those who possess intellect may take admonition" (Ṣād: 29). "Do they not contemplate the Quran, or are there locks on the hearts?" (Muḥammad: 24).

surahs—Surah alMuzzammil and Surah alInsān—were selected for indepth analysis because the concept of a disordered disposition and its characteristics were explicitly articulated within specific verses of these two surahs. Through this methodological approach, two distinct models or patterns of the disordered disposition (*shākilah* of disorders) were identified.

3. Components of *shākilah* of disorder were developed based on each surah separately, as two diagnostic models.

4. Six types of depression were captured and defined based on the diagnostic structure of Surah alInsān.

3. Findings

3.1 What is a shākilah?

According to the Holy Quran, everyone acts based on their *shākilah* (alIsrā': 84) and is bound within it. The Quran further explains that one's actions directly influence access to guidance or misguidedness, and that some *shākilahs* call for guidance while others lead to misguidedness. Ṭabāṭabā'ī, the Quranic exegete, explains this verse as follows: "In this verse, the Prophet is told to answer them by saying, 'Everyone acts according to his character,' to convey that God does not discriminate among people, but they themselves act differently based on their *shākilah* and inner occupations. Thus, attaining the Truth, righteous deeds, and faith will be easier for one with a balanced *shākilah*. But this does not mean it will be impossible for one who has a *shākilah* of wrong and rebellion. He might also attain the Truth and faith, but the path will be unsmooth for him. Therefore, he is more likely not to take the path of faith and thereby face increasing loss when presented with the word of religion" (Ṭabāṭabā'ī, 1995/1374, vol. 13, p. 267). Human free will plays an important role in shaping, maintaining, or changing a *shākilah*, adding weight to the notion as a topic of consideration.

The conceptual network of the word *shākilah* (the relations between the word and other words in different verses) revealed that the leading theme, as stated in verse 84 of Surah alIsrā', is that action is influenced by *shākilah*, so actions change when the *shākilah* changes. The next relevant theme is guidance. According to the verse, a *shākilah* can

move an individual closer to guidance or draw them away from it. Verses 83 and 84 together suggest that humans have traits that influence their *shākilah*, and verses 82 and 84 indicate that how people face and are touched by the word of revelation depends on their *shākilah*. Regard and disregard for God create two fundamentally different *shākilahs* and thereby two different reactions to revelation.

The study of all words related to *shākilah* in Surah alIsrā' led to the following definition: "*Shākilah* is the control of the self over one's actions, which determines the scope of an action and makes it possible and easy. The control stems from numerous traits, which together form characteristics of the self and allow for a certain scope of action."

Two types of *shākilah* can be defined: (1) Natural shākilah refers to limitations caused by human natural characteristics, which influence one's level of obligation in practicing religion. For example, human avidity for what is perceived as good and haste (introduced in this surah)[1] are natural characteristics of all humans, but their degree differs across people and they can be further affected by an individual's obedience *shākilah*. (2) Obedience shākilah refers to limitations caused by factors outside humans, which appear as imperatives for the individual and are reflected in practice by performing or not performing certain actions. An individual's general direction in obedience can be toward God or toward other than God. Every individual's *shākilah* (i.e., the self's *shākilah*) is formed by some combination of their natural and obedience *shākilahs*. An individual's growth is a function of their obedience *shākilah*. In other words, one's capacity increases by directing their obedience *shākilah* in the right direction. Such an adjustment also creates the possibility of overcoming one's natural *shākilah*—which sometimes blocks growth. This can be done by increasing one's knowledge of God's commands. Verses 26 to 37 state some practicalities that set the individual on the right path. An important factor in changing a *shākilah* is one's will and determination. One needs to understand that a *shākilah* is not a set of fixed limitations and that an individual has the choice to set themselves on a path (*sabīl*)—either toward guidance or misguidedness.[2]

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1. "Man prays for ill as avidly as he prays for good, and man is overhasty" (al Isrā': 11).
2. "Whoever desires the Hereafter and strives for it with an endeavour worthy of it, should he be faithful, the endeavour of such will be well appreciated" (al Isrā': 19).

3.2 What is meant by shākilah of disorder?

When directed toward misguidedness, the control of the self over action creates a *shākilah* of disorder. The *shākilah* of disorder denies access to guidance by sustaining patterns of understandings, thoughts, motivations, behaviors, and attentions over time until they turn into traits. The individual then suffers from visible or invisible symptoms. Based on Surah alIsrā', human *shākilah* can be directed toward guidance or misguidedness.[1] That is, some *shākilahs* are more guided than others, as understood from the clause "better guided" (*'ahdā*). Real guidance is possible only by following the word of revelation and the Holy Quran.[2] This is the only way to direct the *shākilah* to the correct way, safe from disruption. But if abilities and talents are used in a different direction than God's path, disorders will definitely develop—unless the individual manages to change direction. This is further explained in Surah alInsān, where God states that He has created the human from a drop of seminal fluid, with different talents, and He has prepared what he needs for guidance, so he may choose whether to be grateful or ungrateful.[3] A life of gratitude is one that God's best servants live, a life filled with obedience to God and realization of every talent and ability, whereas a life of ingratitude is full of chaos, where one's capacity for obedience to God is not activated, and where discrepancies, anxiety, unhappiness, and hardship rule over life.

According to the Holy Quran, the mission of the prophets and the purpose of revelation of the Book is to warn people to change their *shākilahs* that lead to misguidedness. All surahs provide clear advice on how to change such *shākilahs*. The most important threat to a *shākilah* is fixation and losing flexibility for change and growth. The self reaches a state of stability, all focused on everyday life and stagnant against change and growth. The Holy Quran refers to this state as a hardened or sealed heart.[4] *Shākilahs* whose direction is toward misguidedness are *shākilahs* of disorder.

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1. "Say, 'Everyone acts according to his character. Your Lord knows best who is better guided with regard to the way'" (al Isrā': 84).
2. "Indeed this Quran guides to what is most upright, and gives the good news to the faithful who do righteous deeds that there is a great reward for them" (al Isrā': 9).
3. "Indeed We have guided him to the way, be he grateful or ungrateful" (al Insān: 3).
4. "Is someone whose breast God has opened to Islam so that he follows a light from his Lord...? So woe to those whose hearts have been hardened to the remembrance of God. They are in manifest error" (al Zumar: 22).

3.3 What are general shākilahs of disorder in Surah alMuzzammil and Surah alInsān?

On the Day of Judgment, the truth of every *shākilah* will be unveiled and a range of rewards and punishments revealed. The variety of rewards and punishments is due to the variety of guided and misguided *shākilahs* in this world. A study of the verses that describe Heaven and Hell creates an understanding of the positive and negative traits of a *shākilah*, which can then be categorized and elaborated. As research in this line, the *shākilahs* with problems (*shākilah* of disorder) were studied in Surah alMuzzammil and Surah alInsān. The resulting components were then used to propose two diagnostic models. The two keywords studied in these surahs were guidance (*hidāyah*) and misguidedness (*ḍalālah*), as the key criteria for determining the health or disorder of a *shākilah*. The terms *salāsil* (chains), *aghāl* (iron collars), and *saʿīr* (blaze) in Surah alInsān, and *ankāl* (heavy fetters), *jaḥīm* (fierce fire), *ṭaʿām dhā ghussah* (food that chokes), and *ʿadhāb alīm* (painful punishment) in Surah alMuzzammil, were chosen as semantic units for studying *shākilahs* of disorder.

3.4 Shākilahs of disorder in Surah alInsān

The *alTaḥqīq* glossary of Quranic terms (Muṣṭafawī, 1981/1360) provides the following core meanings for the three terms describing *shākilahs* of disorder in Surah alInsān:

• **Salāsil (chains):** Plural of *silsilah*, from the root "*slsl*," conveying continuity in the link between parts of something, or a chainlike connection that has order and continuity. It connotes the existence of a lasting object or continuity in having order and connection between parts.

• **Aghlāl (iron collars):** Plural of *ghull*, from the root "*ghll*," conveying a collar used for restraining the neck or hands or both, limiting movement or change by pressure and force. It can refer to anything that creates restraint and limit.

• **Saʿīr (blaze):** From the root "*sʿr*," conveying intensity of heat along with flush and inflammation. It refers to a fierce heat that imposes suffering.

The words *salāsil*, *aghlāl*, and *saʿīr* were further expanded by exploring their corresponding premises, necessities, and conclusions to arrive at procedural meanings. A procedural definition is the product of an intellectual analysis of a notion that is congruent

with its conceptual definition. Premises are prerequisites for realization of a concept; necessities are components semantically needed for its realization; and conclusions are the outcomes of realization (Okhovvat, 2013/1392d). Premises, necessities, and conclusions expand the domain of study of a notion and allow for understanding a semantic root or procedure, which is necessary for finding instances of a concept.

Tables 1 and 2 summarize the conceptual and procedural meanings of *shākilah* of disorder.

Table 1 – Premises, necessities, and conclusions for words related to shākilah of disorder in Surah alInsān

Concept	Premises	Necessities	Conclusions
salāsil (chains)	Concealing the truth of sin; unequipped with true listening and seeing; disregard for social good; disregard for others' needs and circumstances (e.g., poverty)	Continuity; vicious cycles; chains of weaknesses; connections among weaknesses	Aggravation of anguish and trouble; aggravation of weaknesses; increased chains of weaknesses; disappointment
aghlāl (iron collars)	Concealing the truth of sin; unequipped with true listening and seeing; disregard for social good; disregard for others' needs and circumstances (e.g., lack of freedom)	Limit and restraint; deficiency in action and shifting; trouble and burden	Pain and suffering; great frustration; despair
saʿīr (blaze)	Concealing the truth of sins; unequipped with true listening and seeing; disregard for social good; disregard for others' needs and circumstances (e.g., lacking support)	Deprivation; burning; disturbance and upset	Great anguish; feeling distant and forlorn

Table 2 – Semantic interpretations of salāsil, aghlāl, and saʿīr

Term	Semantic interpretation
salāsil	Chains; vicious cycles of beliefs and traits; selfenduring cycles; endurance and connection of deficits
aghlāl	Action limitations; unjustified constraints; impenetrable areas and boundaries; baseless rigid rules
saʿīr	Intolerable signs; negative revealed outcomes; severe discomfort and anguish; burning and bad ending; feelings of deprivation and regret

The following cycle illustrates the aspects of a disorder. Causations initiate disturbances in functioning, which create negative symptoms and emotions.

Figure 1 – The cycle of shākilah of disorder in Surah alInsān

(Figure would show: Causations → Vicious cycles, constraints, limitations → Disturbances in functioning → Negative symptoms and emotions)

Figure 2 – The cycle of shākilah of disorder in the human structure of existence

(Figure would show the relationships between Cognitive system, Behavioral system, and Emotiveattentional system)

3.5 Shākilahs of disorder in Surah alMuzzammil

Based on verses 12 and 13, four components can be understood for a *shākilah* of disorder, with the following lexical meanings (Muṣṭafawī, 1981/1360):

1. Ankāl (heavy fetters): Plural of *nkl*, from the root "*nkl*," conveying a constraint or anything that restricts the individual as pressure or punishment. The pressure can be physical or nonphysical, manifesting in the hereafter as restraints. Pressures can trouble the soul in this world as well and deny attention to spiritual aspects of life.

2. Jaḥīm (fierce fire): From the root "*jhm*," conveying severity of heat and flames. A *jaḥīm* is a blazing fire or a place holding a blazing fire. The fire can be both material and abstract—the result of bad deeds or intentions.

3. Ṭaʿām dhā ghussah (food that chokes): *Ṭaʿām* means something eaten or drunk with desire. It may also refer to nonmaterial food. *Dhā ghussah*, from the root "*ghss*," means something difficult to ingest.

4. ʿAdhāb alīm (painful punishment): From the root "ʿ*dhb*," conveying something that troubles one's nature; the Arabic pattern conveys continuity. *Alīm*, from the root "ʿ*lm*," conveys great pain, suggesting severity and painfulness.

With reference to their lexical meanings, the four types of punishment described in Surah alMuzzammil refer to outcomes of actions, each corresponding to the individual's actions in this world, faced in the Hereafter. To understand the *shākilahs* of disorder each punishment describes, one needs to analyze the verses and their context in addition to lexical meanings. These procedural meanings are shown below.

Table 3 – Premises, necessities, and conclusions for words related to shākilah of disorder in Surah alMuzzammil

Concept	Premises	Necessities	Conclusions
ankāl (heavy fetters)	Attachment and desires deviating from the Truth; failing to use prosperities properly	Selfcreated constraints; fake limitations, enduring and strong; actualized punishment for intentions and actions	Entanglement; enslavement; lack of movement
jaḥīm (fierce fire)	Wrong intentions and actions; failing to use prosperities properly	Overwhelming burning; aggravation; surrounding	Deprivation; unhappiness; nonfulfillment
ṭa'ām dhā ghussah (food that chokes)	Input; receiving; inability to take in or digest	Lack of satisfaction from what is received; lack of perception of joy and prosperity; inability to understand, analyze, and properly use what is received; failing to use prosperities properly	Feelings of choking and sorrow; regret; hunger; failing to satisfy needs; failing to use prosperities properly
'adhāb alīm (painful punishment)	Wrong intentions and actions; denying the Truth; failing to use prosperities properly	Permanent pain; adverse outcomes of intentions and actions	Endurance of pain and suffering

Based on their lexical and procedural meanings, the components of *shākilah* of disorder in Surah alMuzzammil can be considered in the human structure of existence (Okhovvat, 2011/1390):

• Ankāl (heavy fetters) and the beliefstraits system: Constraints and restrictions imposed by beliefs and traits that prevent right actions and trouble the individual when facing external events.

• Jaḥīm (fierce fire) and social contexts: A feeling of burning that the individual experiences when facing external events, resulting from selfpresumed constraints that turn events and circumstances into agonizing contexts.

• Ṭa'ām dhā ghussah (food that chokes) and the cognitiveprocessing system: A set of wrong and useless cognitions resulting from deficits in processing external events, en-

tailing nothing but sadness. Such thoughts block perceiving one's blessings and wrongly create a sense of deprivation and regret. This is also highlighted in Surah alGhāshiyah, where the individual eats ḍ*arī*ʿ (cactus), which does not nourish or even satisfy hunger.[1]

• ʿAdhāb alīm (painful punishment) and symptoms of pain and suffering: Understandings and perceptions repeated in the attention system create feelings of pain, suffering, pressure, and misery.

3.6 Concluding the two models

The degree of a disorder can be assessed by evaluating the *shākilah* of disorder using the following factors:

A. Based on the Surah alInsān model:

Level of causation chains of the disorder (*salāsil*)

Level of limits shaped by the disorder (*aghlāl*)

Level of the patient's disturbance and complaint

B. Based on the Surah alMuzzammil model:

Level of fixated wrong mentalities and beliefs (*ankāl*)

Level of feelings of failure and breakdowns (*jaḥīm*)

Level of disheartening perceptions and convictions (ṭa*ʿām dhā ghussah*)

Level of trouble, pain, and unhappiness (*ʿadhāb alīm*)

Based on these seven components, the degree of a disorder can be determined using the following factors:

1. Presence or absence of components: If all components are present, the disorder is more severe. Absence of each component reduces severity.

2. Durability of components: Severity is affected by regularity of presence. More regular and longer presence indicates higher severity.

3. Intensity of components: Each component has its own detrimental consequences. More disturbance indicates higher severity. In evaluating severity, the causation dimen-

1. "They will have no food except cactus, neither nourishing nor of avail against hunger" (al Ghāshiyah: 6–7).

sion (including connections of negative traits and fixated wrong mentalities and beliefs) carries more importance.

4. Diagnostic structure of types of depression from the Quranic perspective based on the Surah alInsān model of shākilah of disorder

The six types of depression based on the Holy Quran (Bahrami Ehsan, Okhovvat, & Fayyaz, 2016/1395) were conceptualized and developed using the Surah alInsān theoretical model of *shākilah* of disorder. In this diagnostic structure, the three components of the model are described separately for each depression type: *salāsil* (interrelatedness of traits and causal chains), *aghlāl* (impaired behavioral functions), and *saʿīr* (adverse cues). Because *saʿīr* and *aghlāl* are identified more readily in the initial interview (through asking about symptoms and behavioral disturbances), they precede *salāsil* in the structure. The cues must be present for at least 40 days to be counted as belonging to a *shākilah* of disorder. Furthermore, a depression diagnostic questionnaire based on these components has been designed and normalized (Fayyaz et al., 2015/1394).

4.1 Shākilah of insubordination depression

Saʿīr (disorder symptoms):

1. Overwhelming sadness and gloomy moods
2. Lack of joy
3. Feelings of great frustration
4. Feelings of unexpected lowliness and inferiority
5. Overwhelming feeling of loneliness
6. Deep and almost daily insecurity
7. Overwhelming feeling of emptiness
8. Grim face
9. Feelings of failure and acting in vain (unfulfillment)
10. Feeling of falling off a cliff

Aghlāl (functioning disturbances): Significant disturbance in one or more of: personal functions; family functions; occupational/job functions; close relationships functions; social relationships functions. The major disruptions are in social relationships, particularly

with reference figures who clarify what one should or should not do (e.g., father, teacher, religious leader). Because this type affects attitudes toward accepting society's reference figures, it might be identified as a social (political) depression exclusive to religious societies. Personal, family, occupational, and close relationship functioning may also be affected by repeated experiences of disappointment and failure resulting from misplaced trust in wrong reference figures. Depressive symptoms extend to all aspects of life, creating general, overwhelming hopelessness and distress, so that the individual may fail even basic tasks. Lack of trust, loneliness, and insecurity are characteristic.

Salāsil (causations): The need for attachment and trust with a superior power that gives meaning to life is primordial. All humans naturally seek peace and comfort with a person or object, initiating feelings of attachment to parents, friends, teachers, spouse, social groups, religious groups, and professional groups throughout life. However, if one fails to find trust in God, who is the true independent being of the universe and the most trustworthy, they become entangled in a vicious cycle that only increases feelings of failure, misery, sadness, and uselessness of actions. Behavior based on whims nurtures hard feelings, indolence toward religious practice, unforgivingness, lack of piety, hypocrisy, and opportunism. The individual finds trust in fake sources of power and is occupied with affairs whose scope does not go beyond this world. Through this cycle, they may experience deprivations and breaches of trust that create visible depressive symptoms. Yet such breakdowns may not be experienced in this world or may be obscured or wrongly justified by the individual entangled in their vicious circle. This type is very common among famous, rich, or powerful people (politicians, social figures, soccer stars, singers, actors). Based on Surah alFalaq (from which a classification of different domains of disorder can be understood), symptoms or dysfunctions may result from factors related to contexts (e.g., family, society), what one possesses, or one's affairs. A general (not exclusive) treatment should be given; symptoms might include physical illness, social factors, biological impairments, dysfunction in daily tasks, or diminished performance of the sensory system.

4.2 Shākilah of stinting depression

Sa'īr (disorder symptoms): Overwhelming feeling of inferiority (worthlessness and lack of selfvalue); sadness and lack of joy; overwhelming feeling of being troubled; perceiving restrictions in performing actions; strong feeling of nonfulfillment; strong experiences of anger and aggressive behaviors; strong opposing stance toward others.

Aghlāl (functioning disturbances): Significant disturbance in one or more domains. Disturbance is due to lack of respect for others' rights, often in mutual relationships where there are both rights and obligations (family, friendships, workplace). The individual irritates others while being angry and unhappy themselves, believing others fail to respect their rights properly. Functioning may also be disturbed by overwhelming feelings of nonfulfillment, worthlessness, and failure resulting from repeated experiences of nonfulfillment.

Salāsil (causations): An enduring selfishness and selfabsorbed trait can be consistently present or show up in certain situations or with certain people. The individual may respect others' rights in ordinary situations but become heedless in particular circumstances (money, power, facilities, fame). They react strongly when their own right is violated but disregard obligations toward others. They behave as if always right, always unhappy with how others fail to recognize them fully, often scolding and angry. This type has a social and transactional aspect; common behaviors include arrogance, insult, and mockery. The individual never experiences real wellbeing or happiness. Greed for gain provokes fear of loss, leading to constant unhappiness, taking things for granted, and complaining. If they gain intended benefits, they continue selfish behavior even more, driven by greed to look for more—which makes them feel small and troubled inside. Severe symptoms show up when they face failure. They think they have not invested enough effort, strengthening the opportunistic attitude and vicious cycle produced by miserliness, greed, and selfishness. Based on Surah alFalaq, a general treatment should be given.

4.3 Shākilah of contrastingisolative depression

Sa'īr (disorder symptoms): Stern and rough face; overwhelming sadness; lack of joy; frequent crying; deep regrets about the past; ruminations about others' abilities and compar-

ing oneself to others; jealousy; feelings of failure; excessive guilt; depression for depression; diminished concentration; extreme social isolation; indolence or trouble performing actions.

Aghlāl (functioning disturbances): Significant disturbance in one or more domains. Close interpersonal relationships are disturbed. Friendships are formed and maintained only with affluent and arrogant people for material or nonmaterial gains. The individual avoids friendships with modest, hardworking, Godminding people. Because relationships are ruled by comparison, jealousy, and bonuses, many disappointments lead to isolation. Isolation begins with inclination toward the affluent and distancing from the hardworking, but eventually ends in full solitude and visible depression symptoms.

Salāsil (causations): Vulnerability increases with inclination toward affluent individuals (people of knowledge, power, social status, wealth) who show selfcomplacence toward God, and avoidance of weaker individuals who work hard and mind God. Because failure in starting relationships with the affluent is probable, development of symptoms is predictable. Signs of disappointment, isolation, and constraint in relationships appear, and the individual experiences hopelessness and limited relationships, resulting in indolence and lack of action. If the individual does not face failure, the vicious cycle continues: depressive symptoms remain invisible until a serious failure occurs. Based on Surah alFalaq, a general treatment should be given.

4.4 Shākilah of spiritual depression

Saʿīr (disorder symptoms): Feeling of misery; overwhelming sadness; lack of joy; extreme dissatisfaction with what one has; extreme regret for what one does not have; feelings of trouble and pressure in life; feelings of worthlessness and lack of value; pessimism; great despair and hopelessness; trouble in performance (indolence, boredom); problems in normal life functioning.

Aghlāl (functioning disturbances): Significant disturbance in one or more domains. Negative effects extend to all aspects of life. Lack of spirituality affects all activities in both quantity and quality. The individual feels troubled and unmotivated in occupational functioning; personal, family, close, and social relationships are adversely affected due to lack of joy and feelings of being troubled.

Salāsil (causations): Neglect of God and the way of guidance activates negative traits and beliefs. Forgetting God's will and believing gain and loss are brought by people, objects, and events highlights worldly matters, encouraging jealousy, demandingness, and greed. The individual becomes occupied with worldly affairs. Inattention to the inauthenticity of one's belongings (given and taken by God to test people) may further encourage materialistic orientation and discourage remembrance of God, prayer, and humbleness. The individual has little capacity for accepting the unfulfilling nature of the world, hence is deeply distressed by loss and overwhelmed by misery. Based on Surah alFalaq, a general treatment should be given.

4.5 Shākilah of inferiority depression

Saʿīr (disorder symptoms): This type involves cycles of grandiosity and worthlessness. Abrupt mood changes occur as the individual experiences access or privation. Instability (high association of internal moods with external events) is a main characteristic.

Symptoms when perceiving access and prosperity: high vitality; elevated selfesteem and grandiosity. Symptoms when perceiving privation and scarcity: overwhelming sadness; worthlessness and lack of selfvalue; increased restlessness; unhappiness and frequent complaining.

Aghlāl (functioning disturbances): Significant disturbance in one or more domains. The individual's relationship with phenomena and events is disturbed, affecting other aspects of life. Episodic mood changes influence all relationships. The depressive episode may distress others. Functioning is episodic, ranging from high to poor performance, with periods of wellworking and difficult relationships in family, workplace, society, and with close people.

Salāsil (causations): Excessive desire for wealth and worldly gains activates beliefs and traits that create depression. This world inevitably has an unfulfilling nature, so privation is unavoidable despite all efforts. If the individual does not view gains and losses as tests from God to make us grow stronger, attachment to worldly gains increases and many failures become imminent. Desire for more deeply influences relationships, making the individual indifferent to the needs of the poor and weak. They deny favors to those

who need them while regarding the same behavior toward themselves as an insult. If circumstances are favorable, they are highly happy and lively; if life becomes hard, they are overwhelmed by deep sorrow, revealing feelings of inferiority, worthlessness, and restlessness. Confused beliefs about value based on worldly criteria (wealth, looks, approval of others, conventions, social status) create overwhelming sorrow and worthlessness in the face of unfavorable events. Because their criteria are shaky, they themselves are shaky and vulnerable to change. Based on Surah alFalaq, a general treatment should be given.

4.6 Shākilah of embarrassment depression

Saʿīr (disorder symptoms): Overwhelming sadness; lack of joy; disturbed concentration and thinking; fatigue and decreased strength; unhappiness and complaint; strong sense of worthlessness; strong sense of failure; ruminations about failure; strong sense of deprivation and loneliness; hopelessness and sense of emptiness.

Aghlāl (functioning disturbances): Significant disturbance in one or more domains. The major disturbance is often in the individual's relationship with themselves. They are highly dissatisfied with their own performance, and dissatisfaction may extend to all social aspects of life.

Salāsil (causations): Improper thinking inputs or wrong thoughts nurture feelings of failure and emptiness, sometimes through inappropriate knowledge and action, sometimes through knowledge overbalancing action. Weakness in thinking is an important reason for imitating others or being unduly influenced by them. Personality dependence can create feelings of failure and disappointment and deny satisfaction from what one does. The individual may perform actions only for approval or to avoid punishment. Lacking goals or failing to choose reasonable, real, and accessible goals are instances of knowledge that does not benefit. When the individual chooses improper goals or plans without informed thinking, they increasingly feel they are doing much but gaining little, only exhausting themselves. Weakness in thinking and resourcefulness in reaching goals, as well as haste, are other reasons for repeated failure. Disregard for considering God in daily life and planning based on religious teachings aggravates the condition, causing repeated failure and indifference to the afterlife (which would

otherwise regulate thinking and action). Based on Surah alFalaq, a general treatment should be given.

5. Discussion and Conclusion

Accurate diagnosis that minimizes false positives for normal individuals and false negatives for abnormal individuals is central to mental health and therapy, as a correct diagnosis determines the presence or absence of a disorder and its severity. Numerous diagnostic systems have been developed based on empirical evidence and symptombased criteria. The DSM is widely used by clinical psychologists and other mental health practitioners. In DSM5, efforts have been made to address shortcomings (e.g., new evidence to improve criteria, alteration of some classifications, introduction of dimensionality to supplement the categorical approach), but important criticisms remain—conceptualization of disorder, the classification approach, and failure to capture subthreshold disorders (e.g., Sartorius, 2015; First & Wakefield, 2013; Wakefield, 2015).

The nature and definition of disorder in the Holy Quran is fundamentally different from that in psychology, while the instances are largely the same. Based on the Quran, disorders are patterns of understandings, thoughts, beliefs, motivations, behaviors, and attentions that deviate from the Truth, are changeable, block access to guidance if sustained over time, and develop visible or invisible symptoms. According to the Quran, a disorder develops in the opposite direction of guidance and is subject to free will. Thus, a wide range of disorders with different degrees of severity can be defined, whose severity is conditioned by lack of guidance. The forms of disorders vary depending on their *shākilah*. Therefore, each *shākilah* has its own causes and symptoms. In this study, depressive disorder as formulated by Bahrami Ehsan et al. (2016/1395) based on the Quran was conceptualized using a diagnostic model from Surah alInsān. The results indicate that proposing diagnostic structures based on theoretical foundations drawn from the Holy Quran is possible. Two diagnostic structures—based on Surah alMuzzammil and Surah alInsān—provide fresh descriptions of criteria. According to the description of *shākilah* of disorder in Surah alInsān (verse 4), actions and beliefs of an affected individual are revealed to them as vicious cycles (*salāsil*), restraints and limitations (*aghlāl*),

and agonizing signs (*sa'īr*). According to Ṭabāṭabā'ī (1995/1374, vol. 20, p. 199), *salāsil* are chains for restraining the hands and feet of a guilty person, *aghlāl* are what entangle body parts, and *sa'īr* is a blazing fire. These three forms of punishment in the hereafter were defined as diagnostic components describing causal chains, behavioral limitations, and visible symptoms respectively. The six types of depression were then conceptualized based on these components.

The diagnostic criteria from both surahs suggest that causal chains are more important than symptoms. Thus, a diagnosis may be made even when symptoms are not visible. In this approach, causal chains and the set of traits that create the disorder carry more weight in diagnosis than behavioral limitations, which come next, and visible symptoms, which carry the least significance. This framework therefore allows for clearer distinctions and more accurate diagnoses. Because the criteria include causal cues and not merely signs and symptoms, the risk of false positive or false negative diagnosis is minimized. The effectiveness of treatment strategies can be studied by pre and posttests. Moreover, this framework transforms diagnosis into causationbased, making diagnosis and treatment more convenient.

In the DSM and ICD, the individual's experience of distress and inability are two important diagnostic criteria. However, focusing mainly on visible symptoms and distress obscures many actual disorders because, based on the Holy Quran (alQalam: 44–45), some people do not face outcomes of their thoughts and actions immediately or in the short term. Such focus may also lead to evaluating a disorder as severe based on symptoms when causation would suggest otherwise. An important aspect of assessing severity includes evaluating the presence of causing traits and cognitive triggers, referred to as *ankāl* (Surah alMuzzammil) or *salāsil* (Surah alInsān). Sometimes strong causations exist without fully developed or significantly distressing symptoms. A symptombased diagnosis would not capture the disorder, but this framework will. This problem was another shortcoming that called for revision of the DSM, as evidence showed that many individuals with subthreshold disorders struggled with more problems and suffering than those above threshold. For example, individuals not clinically diagnosed with depression were reported to have thought about or committed suicide more than patients diagnosed

with depression (Judd, Schetler, & Akiskal, 2002). The introduction of dimensionality in DSM5 was another attempt to address shortcomings (Sartorius, 2015). The basis of diagnostic manuals like the DSM is collecting and reporting symptoms. They are not informed by the ontological reality of human beings. This is why, for example, homosexuality was classified as a disorder in one period and omitted in the next (Sartorius, 2015).

Despite differences between the Quranbased approach and the DSM, a comparison is useful. This study's diagnostic structure acknowledges sadness and lack of joy (in the *sa'īr* dimension) as the two commonly accepted symptoms (Dobson & Dozois, 2011), but provides an exclusive set of other criteria for each depression type (in the *salāsil*-causation and *aghlāl*disturbance dimensions). Exclusive symptoms are provided: for embarrassment depression (strong hopelessness, emptiness, ruminations about failure); for inferiority depression (worthlessness, changing moods); for spiritual depression (misery, trouble in daily routines, pessimism, regret, dissatisfaction); for contrastingisolative depression (stern face, jealousy, ruminations, lack of selfvalue, frequent crying, excessive sorrow, social isolation, concentration problems); for stinting depression (limited scope for action, frequent anger, nonfulfillment, general pressure); and for insubordination depression (falling off a cliff, strong insecurity, sad face, feeling effort in vain). Despite distinctive symptoms, the present structure does not treat them as primary diagnostic criteria, unlike the DSM. Primary reliance on symptoms is shaky, as symptoms change over time and differ across communities or genders. Moreover, a symptom can be common to several disorders, making differentiation errorprone. The present approach bases diagnosis primarily on the presence, interaction, and types of causations. Causations also mark different degrees of severity: insubordination depression is the most severe, embarrassment depression the mildest. An individual might score high in causations but show few distressing symptoms, indicating a hidden depressive disorder that may surface at any time. If the DSM system were used, such an individual would not be diagnosed. In contrast, almost all DSMdiagnosed depressive disorders will be captured by one or more depression types in this structure. The criteria provided are not only more inclusive but also more accurate and systematic than those of the DSM, helping reduce false positive and false negative diagnoses.

An important result regarding *shākilah* of disorder was that (based on Surah alIsrā', verses 72 and 84) the diagnostic approach is spectrumbased. This is readily understood from the words *ahdā* (better guided) and *aḍall* (more misguided), whose Arabic pattern is comparative, indicating different degrees of a notion. A *shākilah* is formed by a set of traits, and basic traits form other traits (Okhovvat & Ghasemi, 2015/1394). Disorders are also the outcome of coupling and parenting of traits with negative directions, creating spectrums of negative traits. For example, *shakk*, *rayb*, and *imtirā*' all fall on the spectrum of doubt but differ in severity. A brief Quranbased research thus produced a spectrum approach to disorder, whereas the DSM introduced dimensionality only in its fifth revision. Future research can study basic traits of *shākilahs* of disorders and present classifications and spectrums. Further fieldwork is needed to implement the present structure on a larger scale.

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