

## Manic-Depressive Psychosis (MDP): Western and Islamic Approach

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### ABSTRACT

*Personal ups and downs are appropriate responses to the ups and downs of life. However, some experiences emotional extremes in moods and disturbed their normal life. Individuals who have depression at times and mania or hypomania at others are called manic-depressive; and the combination is known as manic-depressive psychosis (MDP). This paper attempts to look at manic-depressive psychosis (MDP) from the western approaches as well as from the Islamic point of view. The treatments proposed by both streams are also provided.*

### ABSTRAK

*Kelonjakan kegembiraan dan kepiluan kesedihan adalah tindakbalas biasa terhadap rangsangan-rangsangan kegembiraan dan kesedihan dalam kehidupan. Namun, terdapat individu yang mempunyai emosi yang ekstrim dalam mood dan mengganggu kelancaran norma kehidupan mereka. Individu-individu yang menghadapi kemurungan (depression) pada waktu-waktu tertentu dan mania atau hypomania pada waktu yang lain dikategorikan sebagai seseorang yang 'manic-depressive'; dan gabungan kedua-dua tingkah laku abnormal ini dikenali sebagai 'manic-depressive psychosis' (MDP). Satu contoh kes MDP disediakan untuk memberikan gambaran yang lebih jelas. Justeru, artikel ini akan membincangkan 'manic-depressive psychosis' (MDP) dari sudut pendekatan barat dan Islam. Sumbangan daripada sarjana ulama terkemuka Islam seperti al-Balkhi dan Imam al-Ghazali turut diutarakan. Akhirnya, penyelesaian kaedah bagi kedua-dua aliran turut dibincangkan.*

### INTRODUCTION

Life has its ups and downs. Most of us feel elated when we have a promotion or under affection and feel down or depressed when we suffer life difficulties. Personal ups and downs are appropriate responses to the ups and downs of life. Some people, however, experience emotional extremes in moods that could lead towards severe depression when things appear to be doing well. Some even experience mood swings.

Mood disorders are emotional disorders that result in a subjective discomfort to any person or disrupt the norms of one's life, or both. Subjective discomfort and mood disorders include behaviours and actions that often lead to feelings of discomfort to a different stage compared with other individuals based on depression and mania (Sue & Sue, 1994). Depression is described by a feeling of intense sadness, hopelessness and helplessness to live and withdrawing from human interaction, while mania is represented by the extreme good mood, love to spend the money and ends up with a hyper active (Sue & Sue, 1994).

Depression is regarded as a normal reaction towards moments such as death, failure in examinations and financial problems, but it is becoming not normal if the depression lasted a long time causing a person lost weight and suffers from fever, or is unable to eat and sleep normally (Monton, 1974). Depression is often categorized into two types, namely (1) neurotic or reactive, and (2) psychotic or endogenous. The first type is a minor depression which is often the result of unhappy situations from the environment with a bit overwhelming stimuli from the individual. While the second type (endogenous; a Greek word that means "born from within") is a more severe depression in which the cause is unknown and giving direct internal impact to an individual who faced it (Nevid, 1994). In other words, the first type of depression (neurotic or reactive) is caused by external factors, while the second type of depression (psychotic or endogenous) is caused by internal factors.

Mania includes a more simple form, hypomania, which is a psychiatric disorder that is opposite to depression. It is understood by the state of excessive excitement, and is characterized by extreme active psychomotor compared to the slow psychomotor faced in depression. Individuals with mania is not feeling tired, can not sit down still and do so many things at one time with the fact that without completing any one of them. In

addition, another feature of mania also includes secretion of abundance of ideas and continuous talking about various things and exchanging the topics without any relation to each other (Nevid, 1994).

Individuals who have depression at certain times and mania or hypomania at other times were categorized as being 'manic-depressive', and the combination of both abnormalities is known as 'manic-depressive psychosis' (MDP) (Monton, 1974). In DSM-IV, 'manic-depressive psychosis' (MDP) is placed under the category of 'Bipolar Disorder' which includes a combination of mania and depression (Sue & Sue, 1994).

### **A Sample Case of MDP**

Below is an example of a case to provide an overview and better understanding of MDP:

*The case of Ali.* Ali (not his real name) is a university student. He is smart, intelligent and friendly. He faces his ordinary days as a student until one day after the new semester opens. Ali looked so much cheerful and happy at the time. He greeted everyone he met, smiled and shaking hands with them warmly. Even during the long march to register for the semester subjects, Ali managed to eliminate the boredom environment through singings. This shocked Ali's friends around him. But his friends thought that Ali could possibly have been through a very exciting semester break.

When classes start the next week, Ali showed even greater changes in his behaviour dramatically. From a diligent and conscientious student in the classroom, he turned into an active and vocal, and sometimes becoming like the 'hero' in the classes he attended. Such behaviour is also seen in other daily activities. In short, he wanted to do so many things and ended up without one thing completed. He registered a total of 28 credits in that semester, as well as computer classes and taekwondo training and even has given name to two community service programmes.

He also appeared regularly in the canteen spending out his friends. Conversation topics vary from one thing to another accounting simple matter surrounding the hostel life up to issues related to the world problems. He was also able to talk for hours without feeling tired and bored and always looked as very energetic without feeling lethargic.

Four weeks after the day of registration, Ali suddenly changed and became the opposite personality. He became easily upset over unexplained things. His limbs and joints felt tight and heavy, and he lost moods to do anything seriously. Within three days, he became very sad and depressed and his movements stop completely. At one point he seemed to be very difficult to move even to go to the canteen. He felt his legs stiff and everything around him and the whole world let him down.

Next, this paper will discuss MDP from western approach and Islamic approach.

### **MDP according to Western Approach**

Western approach to this problem provides a number of different perspectives. According to psychodynamic theory, depression is seen as within one's own anger, and 'bipolar disorder' is understood as a change in the balance between 'ego' and 'superego' (Sue & Sue, 1994). According to 'existential-humanistic', the feeling of depression reflects a lack of meaning and accuracy of one's life, while in the perspective of behavioural learning, this problem occurs due to changes reflexes in reinforcements (Nevid, 1994).

Another view is based on the individual's thoughts of the depression itself. Beck's cognitive theory (Clark, Beck, & Brown, 1989) focuses on the role of negative and pessimistic thinking in the depression makes a depressed person easier to believe the negative thoughts in one's life, the environment and the future. While from the genetic point, depression correlates with the rate of decline or lack of 'norepinephrine' and mania with an excess of the rate of 'norepinephrine' in the hormone. Socio-cultural perspective places cultural factors affecting the rate and signs of mood disorders and believes that social support could control these mood disorders (Sue & Sue, 1994).

### MDP according to Islamic Approach

Ten centuries ago, a Muslim genius named Abu Zayd al-Balkhi, in his manuscript entitled: "*Masalih al-Abdan wa'l-Anfus*", which translates into English as 'The Sustenance of Body and Soul' has classified clearly the differences between neurosis and psychosis and depression, emotional disorders in a very modern way (Badri, 1998).

His writings classified 'neurosis' into four types: (1) fear and panic (*al-khauf wa al-faza'*), (2) anger and aggression (*al-ghadhab*), (3) sadness and depression (*al-huzn wa al-faza'*) and (4) obsession (*al-waswasah*). His writing even detailing on how the rational and cognitive therapy can be used to overcome the problems presented. Al-Balkhi said that man is embodied within oneself the components of body and soul and of course there are circumstances for each component healthy or sick conditions and are situated in a state of balance and imbalance. Examples of body disorders are fever, headache and other physical pains, while examples of spirit disorders are anger, fear, sadness and other related symptoms that appear (Badri, 1998).

These aspects were also mentioned by Abu Hamid ibn Muhammad al Ghazzali (450-505H/1058-1111) who was a leading scholar of Islamic thought, not only among Muslim thinkers and philosophers, but in the history of the world thought and civilisation. He was nicknamed "*Hujjatul-Islam*" and known as Imam al-Ghazzali. Imam al-Ghazzali says that the word '*nafs*' has two purposes: (1) implies a desire (lust) or low self, and (2) desire as a comprehensive word which includes anger, arrogance, pride and the nature of the others bad behaviours (Kareem, 1991).

As mentioned by the Prophet Muhammad, "*The most important enemy of you, is located between the two sides of yourself*". This means that it is the soul, a non-material objects, as stated in the Quran, Surah al-Isra', verse 85 (17:85), which means: "And they ask thee (Muhammad) about the spirit. Say that 'spirit' is within God business, and you are not given an explanation but only a little. "

When the *nafs* is able to have peace and keep away the desire (lust), it is called *nafs mutmainnah*, as explained by Allah in the Quran (89:27), while the *nafs* that follow the devil's intention is called *nafs ammarah*, as in the Quran (12:53), while in the middle between the two is the *nafs lawwamah*.

According to al-Balkhi, when the *nafs* is in pain, the body will also feel uncomfortable and would form the bodily disease (Badri, 1998). More impressively, using its own methods and observations, al-Balkhi has classified depression into three types: the first; grief that experienced daily by all people. This type when referred to in the DSM-III-R is known as 'normal depression'. While classifications of the second and the third are something amazing, as the below:

Huzn, sadness or depression are of two types: the first is caused by the environment, for instance the loss of loved ones, or something that is appreciated by the patient. The second type has no exact cause known. It was a sudden feeling of sad - *ghummah* that caused the patient physical activity disruptions or prevented oneself from disclosing the feelings of joy and inhibit the appetite or *shahwat* (loss of appetite in food and in sex). The patient does not know the definite cause of his disturbing life. This second type is caused by impurities and changes of blood through which it passes, and medical treatments are leading to the purification of blood.

Therefore, we can see here that Islam has the answer to any matter arises, including this disorder.

### MDP: Treatment according to the western approach

There are a number of ways in providing the solutions and cures according to the western approach regarding MDP. Psychotherapy method focuses on the reduction of abnormal behaviours through psychological techniques, including 'maladaptive' behavioural change, to reduce and eliminate the environmental conditions of tension, to resolve personal conflicts, and enhance one's interpersonal skills, co-ordinate the views of oneself and to develop better self-image positively (Carson, 1988).

In psychodynamic method, more specialized treatments are applied to help patients who are depressed from occurring again, and reduce the anger within themselves, while developing ways of settling and resolving their interpersonal conflicts (Nevid, 1994).

Humanistic and existential therapists are more focused to help the depressed patients towards more awareness of understanding their true feelings to themselves and to realize their personal satisfaction. This method believed that by increasing one's values in life and understanding in oneself is the key to happiness (Nevid, 1994).

Approach among learning therapists is focused on helping to increase the frequency of depressed patients in strengthening the reinforcements in their lives by increasing pleasant activities as well as receiving the supports from surrounding communities, through the influx (*flooding technique*), *modelling*, systematic desensitization and assertive therapy (Carson, 1988).

While according to cognitive therapy, it focuses to help depressed patients to identify and correct the wrong views and thoughts and develop more compatible forms of behaviours. While the members of biomedical and biological emphasized the use of drugs (*chemotherapy*) and other biological methods such as electro-convulsive therapy (ECT) as well as controlling the content of neurotransmitters in the brain synapses (Sue & Sue, 1994). In short, the western approach has a variety of techniques and is constantly evolving and developing and the application of two or three simultaneous therapies of different streams is a common practice.

### **MDP: Treatment according to the Islamic approach**

In Islam, the pain is also a creation created by the Almighty Allah and we are obligatory in need to seek healing from Him, as Allah says in Surah Yunus, verse 57 (10:57) which means: "O mankind! there hath come to you a direction from your Lord and a healing for the (diseases) in your hearts,- and for those who believe, a guidance and a Mercy."

Human pain and struggle is a test from Allah to cleanse and improve the level of spiritual self (Badri, 1996). As explained by Allah in Surah Al-Sajadah, verse 21 (32:21) of the causes and secret of pain, which means: "And indeed We will make them taste of the Penalty of this (life) prior to the supreme Penalty, in order that they may (repent and) return."

Our heart and soul will become sick when they are no longer able to perform the tasks assigned to it; ie to search for knowledge, wisdom and love of Allah by obeying Him and remembering Him (Winter, 1995), and being a slave; according to the verses of the Quran, Sura az-Zariyat, 56 (51:56), which means: "And I have only created Jinns and men, that they may serve Me."

In another verse, Allah states clearly that only by remembering Him, the heart will be in tranquillity and calm; as in Surah Ar-Rad, v. 28 (13:28), which means: "Those who believe, and whose hearts find satisfaction in the remembrance of Allah, for without doubt in the remembrance of Allah do hearts find satisfaction and tranquillity."

Through education and the processes of purification, *tarbiyah*, *tazkiyah* and *ta'dib*, the heart and soul can be refined and nourished with true and authentic knowledge that capable to cleanse the soul. In this regard, Imam al-Ghazzali has introduced a therapy technique called 'the therapy of opposite' (Rizvi, 1989). For example, giving cooling medication to high fever, and in the case of lack of knowledge about oneself and God, then the medication is to make him know and recognize the Lord (Winter, 1995). Self -knowledge is the key to knowing God as the words of Imam al-Ghazzali: "Those who know him, he will know God" (Field, 1973).

To overcome the problem of depression, al-Balkhi suggested that early therapy is through setting the correct thoughts and feelings. This therapy is what we called today as "*the rationale cognitive therapy*" (Badri, 1998). He also has its own way of therapy for endogenous depression, which is referred to as "*al-ilaj al-nafsani*"; which is by providing environmental support from his fellow patients to the patient, through means of conversation that can reduce the patient's depressions or even into listening noble melodies. For reactive depression, al-Balkhi proposed an integrated cognitive therapy in terms of internal and external factors that can keep the harmony of the individual patient (Badri, 1998).

### **CONCLUSION**

In summary, it can be concluded that this paper attempts to understand manic-depressive psychosis (MDP) in terms of Western and Islamic approaches, based on western psychological streams as well as from the of the Islamic heritage.

Although there are many new findings discovered by the west, the comments and discussions of Islamic scholars like al-Balkhi and al-Ghazzali should not be marginalised. Al-Balkhi's writing on depression which was written ten centuries ago; alert us that Islam is truly rich with practical knowledge and applications which are reliable until today, and even becoming the basis of today's refined findings.

Even though several therapies and methods of behaviour modification and positive cognitive therapy can be done effectively, it is undeniable that the teachings of Islam based on Tawheed of Allah are the key to peace and tranquillity in this world and the hereafter. With the availability of therapies that lead towards true obedience to Allah, the Creator of the universe, all aspects of physical, spiritual, emotional and mental health can achieve ultimate peace.

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