

## **Managing Obsessive-Compulsive Disorder through Utilizing Islamic Antidotes**

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### **Abstract**

Obsessive-compulsive disorder (OCD) is a prevalent mental health condition characterized by compulsive behaviors and irrepressible impulses. The treatment for this disorder is challenging due to its complex nature. It is occasionally linked to religious observances referred to as scrupulosity. This disorder exhibits a multitude of consequences. The manifestation of these intrusive thoughts and undesirable behaviors among students impede their ability to study efficiently and negatively impact their academic performance. Researchers and academics have put forth a range of pharmaceutical and psychological remedies and solutions for this catastrophic disorder. This research proposes potential Islamic strategies for resisting and curtailing the disorder. The research findings indicate that the Islamic antidote for managing OCD involves several spiritual and therapeutic practices such as *dhikr* (remembrance of God), *tawakkul* (trust in God), *salah* (prayer), *du'a* (supplication) and *istighfar* (seeking forgiveness). Additionally, individuals afflicted with this disorder, should employ strategies such as daily supplications, incantation (*Al-uqyah Al-Shar'iyah*) and efforts to prevent intrusive thoughts. The study effectively employed a descriptive methodology to conduct its examination.

**Keywords:** obsession, compulsion, disorder, students, Islam

## Introduction

Obsessive-compulsive disorder (OCD) is a chronic mental health condition that often begins in childhood or adolescence. According to the *Diagnostic and statistical manual of mental disorders* (DSM-5) (American Psychiatric Association, 2013), OCD is characterized by persistent obsessions and compulsions that cause significant distress and impairment in various aspects of life. Obsessions are intrusive, irrational thoughts or fears, while compulsions are repetitive behaviors performed to reduce the anxiety associated with the obsessions. For students, OCD can lead to anxiety over academic performance, social relationships and daily assignments. The condition often results in procrastination, perfectionism and avoidance behaviors, which can have a detrimental impact on educational outcomes (Abramowitz et al., 2009).

The global prevalence of OCD is estimated to be between 1 to 2 percent of the general population. According to the World Health Organization (WHO), OCD ranks among the top twenty causes of disability worldwide for individuals aged from 15 to 44 years (World Health Organization, 2021). Lifetime prevalence rates of OCD vary, but many epidemiological studies estimate a range of 1.1 percent to 2.5 percent in most populations (Fontenelle et al., 2006). The disorder often begins in childhood or adolescence and persists into adulthood if left untreated. A large-scale study conducted by Ruscio et al. (2010) using the National Comorbidity Survey Replication (NCS-R) in the United States found that the lifetime prevalence of OCD was 2.3 percent in adults. Furthermore, the 12-month prevalence of OCD in the U.S. was reported to be 1.2 percent with higher rates in females (Ruscio et al., 2010). Similar studies across Europe indicate a comparable prevalence of 1.1 percent to 1.8 percent (Torres et al., 2006). In Asian countries such as India, the lifetime prevalence of OCD is estimated at around 2.5 percent with higher rates of obsessions related to cleanliness and contamination (Reddy et al., 2010). However, research on OCD in Africa is less prevalent, though limited studies have reported significant rates. For example, Adewuya and Ola (2005) found a prevalence of 4.8 percent

among Nigerian university students exhibiting clinically significant OCD symptoms; a higher figure than the global average, possibly due to limited mental health awareness and services.

On a gender basis, OCD affects males and females differently in terms of onset and prevalence. The disorder tends to start earlier in males, particularly in childhood or adolescence, whereas females show higher rates of OCD during adulthood (Geller et al., 2001). Epidemiological data suggest that about one-third to one-half of all OCD cases develop before the age of 15 (Pinto et al., 2006). However, females tend to have higher lifetime prevalence than males, especially after adolescence (Veale & Roberts, 2014).

Additionally, obsessive-compulsive disorder involves repetitive and uncontrollable thoughts, along with ritualistic acts that serve no purpose, as indicated by Bouvard et al. (2004). Research conducted in 2017 by Mahintorabi and colleagues states that repetitive thoughts are frequently identified as the main trigger for anxiety. An example frequently observed is a strong focus on cleanliness and hygiene, resulting in frequent hand-washing, bathing, and teeth brushing to remove any potential germs or dirt (Keuthen et al., 1998). This situation has arisen due to a person's fixation on dirt and germs. Veale and Roberts (2014) found that younger children are more susceptible to this condition. While this condition can impact individuals across different age groups, it tends to be more common among younger children. As per Ansari and Shahabi (2018), dedicating a significant amount of time to this activity can lead to significant challenges in various aspects of life, affecting social and professional functioning.

Managing OCD, therefore, requires an integrative approach that addresses both the psychological and spiritual needs of the individual. Islam provides a comprehensive framework for understanding and managing psychological conditions. Mental health in Islam is seen as the harmony between the mind, body and soul. The Qur'an and *hadith* (teachings of Prophet Muhammad, peace be upon him) emphasize the importance of mental well-being, self-care and trust in God (*tawakku*).

The Quran encourages believers to seek solace in prayer (*salah*), remembrance of God (*dhikr*), and supplication (*du'a*) during times of distress (Qur'an, 2:286).

From an Islamic perspective, mental illness, including OCD, is not a punishment but a test of faith (*ibtilaa*). It is believed that enduring hardship with patience (*sabr*) and seeking healing through permissible means, including medical and psychological interventions, is a form of worship (Qur'an, 2:155). The emphasis on seeking both physical and spiritual healing is supported by Islamic jurisprudence, which encourages Muslims to seek medical treatment alongside spiritual remedies (Hadith Sahih Bukhari, 7.71:582).

This topic has intrigued experts from various disciplines, leading them to write articles exploring the condition from multiple perspectives. Through an Islamic lens, GH Rassool and colleagues (2019) have made noteworthy contributions to the subject. The authors delve into the origins of the illness and its classification, providing an explanation of the condition. Furthermore, the authors explain the meaning and nature of the disease, along with the circumstance. They propose a viable solution to the problem, suggesting the use of *ruqyah*, an incantation, along with reciting the Qur'an, and incorporating psychological treatment. The research did not treat the issue of obsessive-compulsive disorder among students. According to Kamarul Zaman et al. (2022), obsessive-compulsive disorder is considered one of the five core types of anxiety disorders. The writers of this paper used a qualitative research methodology to assess the effectiveness of the tactics mentioned in the Qur'an for treating obsessive-compulsive disorder. There are five verses in the Qur'an dedicated to *waswas*, which is doubt that is excessive in nature. The research has demonstrated that these verses offer complementary treatments for obsessive-compulsive disorder. Obsessive-compulsive disorder can be managed by implementing Qur'anic strategies such as maintaining *ruqyah*, making declarations of *ta'awwudh* (seeking refuge from Satan), regular recitation of the Qur'an, and engaging in *dhikr* (remembrance of Allah).

Schoenfeld and Konopasek (2007) undertook a thorough examination into the efficacy of a number of pharmaceuticals that are frequently prescribed to students for the treatment of prevalent mental disorders. The purpose of this research was to ascertain the efficacy of those given medications. As a crucial component of multimodal therapy for individuals with emotional and behavioral requirements, the authors emphasize the importance of collaborative efforts to address the issues noted in the provision of medication. They argue that instructors and family members of individuals with issues should be involved in the treatment of the disorder.

This concise review clearly demonstrates that most of the previous research has primarily focused on exploring obsessive-compulsive disorder from psychological and medical viewpoints. The few research papers from an Islamic perspective have not yet delved into the topic of students dealing with obsessive-compulsive disorder. Given this, the current study seeks to investigate different approaches to a prevalent problem among students, from an Islamic viewpoint.

The core question of this research centered on whether the teachings and practices of Islam address the psychological and spiritual aspects of obsessive-compulsive disorder and, if yes, how and to what extent. The discussion below explores the Islamic beliefs and practices related to mental health, particularly obsessive-compulsive disorder, and essential Islamic approaches of treating the disorder reflecting the main goal of the research.

## **Method**

This methodology outlines the approach for collecting and selecting literature relevant to managing obsessive-compulsive disorder among students through Islamic antidotes. The research utilized several platforms, including PubMed for peer-reviewed articles on OCD management, Google Scholar for a broad range of academic resources, PsycINFO for psychological literature, ERIC for education-related studies,

and institutional repositories from local universities like Gombe State University. The literature collection yielded a total of twenty relevant sources, comprising journal articles, books on Islamic counseling, a thesis, and conference proceedings.

To further clarify the methodology for literature collection, the research utilized specific strategies for identifying and selecting relevant studies on managing obsessive-compulsive disorder (OCD) among students through Islamic antidotes. The following details expand on the process:

### ***Keywords Used***

The literature search was guided by carefully selected keywords and phrases, including:

- i. "Obsessive-Compulsive Disorder (OCD)"
- ii. "Islamic counseling approaches"
- iii. "Faith-based therapy for OCD"
- iv. "Islamic psychology and mental health"
- v. "OCD management among students"
- vi. "Quranic therapy for mental health"
- vii. "Islamic antidotes for OCD"

### ***Range of Publication Time***

The search focused on materials published between 2000 and 2024 to ensure the inclusion of contemporary studies while retaining foundational works on Islamic counseling and OCD management. This range was chosen to balance relevance with recency, as the last two decades have seen increased academic interest in integrating faith-based approaches into mental health interventions.

### ***Method of Sorting and Selection***

The collected studies were sorted and selected based on the following criteria:

1. **Relevance:** Each source had to directly address the interplay of Islamic counseling approaches and OCD management or contribute foundational knowledge to these areas.
2. **Credibility:** Only peer-reviewed articles, accredited theses, and recognized books were included. Conference proceedings were included if they were from reputable academic or professional gatherings.
3. **Contextual Applicability:** Priority was given to works focusing on students or educational settings, particularly within the context of Muslim societies or regions with significant Muslim populations.
4. **Methodological Rigor:** Sources employing empirical research methods or providing theoretical insights were favored.
5. **Duplication Check:** Duplicate or overlapping materials were removed to avoid redundancy.

The initial search identified over 100 sources. After reviewing abstracts and applying the criteria above, the selection was narrowed to 20 key sources. These 20 were chosen for their comprehensive treatment of the topic, methodological soundness, and direct relevance to the research objectives. This structured approach ensured a robust foundation for analyzing the efficacy of Islamic antidotes in managing OCD among students. In addition, a systematic review process was employed, involving initial abstract readings to determine relevance, followed by full-text reviews of the most pertinent sources. A scoring system was also used to rank the literature based on these established criteria, ensuring a comprehensive and high-quality selection for the study.

## Results and Discussion

### *Conceptualizing OCD in Islam*

Obsessive-compulsive disorder is denoted by Muslim therapists and Islamic scholars as ‘*waswas*’, a term that translates literally to ‘excessive doubts’ (Abdul Razak, 2014). According to a study by Mohd Abdul Rahman Zahir and others (Zahir et al.,2021), the correlation between obsessive-compulsive disorder and *waswas* stems from the recurring nature of unfounded beliefs and actions. The notion of *waswas*, as defined by Ibn Ashur (n.d.), pertains to the malevolent notions that comprise the devil’s caste and exist within the human spirit. Components comprising this syndrome include recurrent unsettling thoughts, movements, ideas, or beliefs that an individual would ordinarily reject and strive to overcome (Rassool et al. 2019). These are the defining features of this condition.

In Islam, there is evidence suggesting that each person in the world has a demon companion responsible for influencing the person to commit evil deeds (al-Bukhari, n.d.). The devil will use all means necessary to confuse and bewilder a person. Most cases of obsessive-compulsive disorder may be associated with intense and acute doubts, which are believed to be a mechanism by which Satan can influence human minds. This is a contributing factor to the high prevalence of OCD (Abdul Razak, 2014). Another tradition claims that demons move swiftly throughout human beings, like the flow of blood (al-Bukhari, n.d., Hadith no.2039 vol.3). If a person fails to take preventive steps against the devil’s deceitful tactics, he may find himself unable to resist falling into a condition of overwhelming uncertainty known as *waswas* (Zahir et al, 2021).

Furthermore, GH Rassool (2019) identified three sources from which *waswas* originate: the soul that commands evil called *an-nafs al-ammara bi’as-su*, the devils among the Jinn (also known as Satan or demons), and the devils among men (also known as *Shaytan al-insi*). The *Nafs*, also known as the self, the ego and the soul, is called the soul that commands evil due to its inclination towards ill things. He also states that



the *waswas* is vital and manifests in four various ways. These forms include uncertainties or intrusive thoughts related to the notions of ‘*aqīdah* (belief), ‘*ibādah* (worship), *ṭahārah* (purification) and *kwaf min fuqdān al-saytara* (fear of losing control). Thus, the *waswas* can be linked to both psychological aspects like belief and fear of losing control, as well as physical actions like worship and purification.

### ***Signs and Symptoms of Obsessive-Compulsive Disorder***

Obsessive-compulsive disorder is marked by the presence of compulsions, obsessions, or both. Ansari and Shahabi (2018) defined obsessions as recurrent thoughts, desires, or mental images that are associated with anxious emotions. The following are examples of common obsessions: apprehension regarding germs or contamination; anxiety regarding forgetfulness or misplacement; distress over losing behavioral control; hostile thoughts toward oneself or others; unwelcome thoughts concerning sexuality, religion, or harm; and an insatiable desire for symmetry or orderliness (Gillan & Robbins, 2019). Gehring et al. (2000) defined compulsions as behaviors that individuals are repeatedly obligated to perform as a result of an obsessive thought. Common compulsions include the following: excessive cleaning or hand washing; meticulous item organization; repetitive inspection of secured doors or turned-off furnaces; and compulsive counting.

### ***Causes of Obsessive-Compulsive Disorder***

A number of characteristics have been connected to an increased risk of developing obsessive-compulsive disorder, although the precise etiology of the condition remains obscure. Kamarul Zaman et al. (2022) posit that heredity is one of the determinants of obsessive-compulsive disorder. Research has indicated that an elevated risk of developing obsessive-compulsive disorder is associated with having a first-degree relative (self-affected sibling, parent, or child) diagnosed with the disorder. Despite the absence of a singular gene or set of genes that

confirm OCD as its definitive cause, researchers are presently conducting investigations into the genetic component of the disorder.

There may be other biological factors at play, beyond genetics, contributing to this phenomenon (Zaman et al., 2022). Studies using brain imaging have shown that people with obsessive-compulsive disorder often exhibit differences in the frontal cortex and subcortical structures of the brain. These brain regions are crucial for regulating behavior and emotional responses, as noted by Schoenfeld and Konopasek (2007). Studies have revealed that various brain regions, networks and biological processes are all crucial in the formation of compulsive behaviors, obsessive thoughts and the related feelings of dread and anxiety. Various social factors can contribute to the development of obsessive-compulsive disorder, as discussed by Mohd Rahman Zahir et al. (2021). These encompass negative past experiences like bitter memories, feelings of sadness or stress, and various conflicts such as separation, family problems, or loss.

### ***Students and Obsessive-Compulsive disorder***

Research has shown that individuals with obsessive-compulsive disorder are significantly impacted by the condition in various ways. Due to these effects, the students' academic performance decreases significantly, leading them to reconsider their learning methods or stop learning altogether. Most of the time, it hinders students from focusing on their studies or giving their complete attention to learning. Typically, this is the scenario in most instances. When individuals are engaged in studying or listening to a lecture, it can be difficult for them to absorb information due to recurring distracting thoughts beyond their control. It will be challenging for them to acquire the necessary knowledge. It will also be hard for them to stay focused on the subject matter because of this. Due to that effect, their ability to absorb information will be more challenging than usual, which badly affects their overall learning experience.

Moreover, engaging in an excessive quantity of cross-checking will inevitably consume a substantial portion of their time, thereby disrupting their study schedule or academic task completion. Furthermore, humans afflicted with obsessive-compulsive disorder are prone to participating in compulsive and/or habitual behaviors, which may require an exceptionally extended duration to accomplish. According to Choate-Summers et al. (2008), such behavior may ultimately result in inadequate time management, which may negatively impact students' attendance or tardiness in class, and their ability to meet assignment due dates. Obsessive-compulsive disorder is additionally associated with an increased susceptibility to social anxiety, a condition characterized by social withdrawal (Veale & Roberts, 2014). This characteristic is worrisome. They encounter challenges when it comes to engaging in extracurricular activities or tasks that require collaborative efforts.

People afflicted with obsessive-compulsive disorder are perpetually troubled by the dread of committing errors; consequently, they frequently refrain from engaging in activities so as to avoid committing errors (Moran, 2016). This constitutes a unique aspect of the disease. Pupils will have less confidence in taking risks to acquire new skills or improve those they have already acquired as a result of this characteristic. As a result, the tendency to engage in risk-taking activities will be significantly reduced, which will substantially impact their ability to refine taught concepts. Whenever an individual experiences anxiety due to compulsive concerns regarding their performance on a test or examination, there is a likelihood that this apprehension will impair their capacity to achieve optimal results. This phenomenon impairs their cognitive functioning, thereby impeding their ability to retain information and generate solutions to problems. Moreover, it possesses the capacity to heighten their tension level, consequently augmenting the likelihood that they will commit errors while responding to the evaluation inquiries.

In essence, students with OCD may academically struggle to concentrate on their studies due to intrusive thoughts or spend excessive time performing rituals, such as checking and rechecking assignments or organizing materials meticulously. This can lead to difficulty completing

assignments on time, lower grades and heightened stress levels. Fear of making mistakes or not meeting self-imposed standards can also be a significant source of anxiety for students with OCD, potentially leading to academic imperfections. Socially, OCD may impact students' relationships with peers. They may avoid social situations to prevent triggers or rituals from being noticed, leading to isolation and loneliness. Additionally, the need for orderliness or specific routines may disrupt group activities or cause frustration among classmates who do not understand the student's behaviors.

Managing OCD in the academic setting requires a comprehensive approach involving collaboration between students, parents, educators and mental health professionals. Generally, supporting students with OCD requires a collaborative and compassionate approach that addresses their unique needs and challenges. By fostering awareness, understanding and effective coping strategies, educators and mental health professionals can help students thrive academically and socially despite the challenges posed by OCD.

### ***Managing Obsessive-Compulsive Disorder from an Islamic Perspective***

Managing obsessive-compulsive disorder through an Islamic lens involves integrating spiritual practices, psychological techniques and community support to address the symptoms effectively. This synthesis draws on various scholarly sources, highlighting key Islamic principles and therapeutic approaches that can be utilized in the management of OCD.

#### ***1. Understanding OCD in an Islamic Context***

Literature emphasizes that OCD can be understood through both psychological and spiritual frameworks. Qur'anic verses indicate the need for Muslims to build strong trust and confidence in Allah so that they will be free from mental and psychological distress (Qur'an 65:2-3). Therefore these thoughts can be addressed through Islamic teachings.

## 2. Role of Spiritual Practices

Spiritual practices play a critical role in managing OCD symptoms. Prayer (*salah*) is highlighted as a powerful tool for fostering mindfulness and reducing anxiety (Qur'an 29:35). In addition, Allah informed that the Qur'an is a cure and mercy for believers. It takes away whatever is in their hearts of doubts, hypocrisy, shirk, confusion and inclination towards falsehood. 'We send down the Qur'an as a healing and mercy for the believers, but it only increases the wrongdoers in loss' (Qur'an, 17:82)

The prescribed Islamic methods for curing OCD consist of preventive measures as well as the corrective. Also, there are some exclusive methods for treating scrupulosity distinct from the general OCD. The preventive measures include constant recitation of Qur'an, especially *Surah Al-aqarah*, remembrance of Allah (*ad-dhikr*), and pronouncement of *ta'awwudh* (seeking refuge of Allah from the devil) (Zaman et al., 2022). The importance of recitation of *baqarah* in combating the effect of the devil's tricks and whispers is emphasized in the prophetic traditions: 'do not turn your house graveyards. Verily Satan flees from the house in which *surah al-baqarah* is recited' (Muslim, n. d., Ḥadith no.539 vol.1). Similarly, the Qur'an mentions the significance of *ta'awwudh* pronouncement in shielding a person from the negative effects of Satan and recommends the pronouncement at the beginning of Qur'anic recitation. 'So when you recite the Qur'an, (first) seek refuge in Allah from Satan, the expelled (from the mercy of Allah)' (Qur'an, 16: 98).

Other specific times for the pronouncing *ta'awwudh* have a close connection with obsessional problems such as a time when angry or or when having bad thoughts. Al-Bukhari recorded that Sulayman bin Surad said, 'Two men disputed in the presence of the Prophet while we were sitting with him. One of them was cursing the other fellow and his face turned red due to anger. The Prophet said, (I know of a statement which if he said it, will make what he feels disappear, "I seek refuge with Allah from the cursed Satan.") They said to the man, "Do you not hear what the

Messenger of Allah is saying”. He said, “I am not insane” ’ (Al-Bukhārī, n.d., Ḥadith no. 6115 vol.7)

The Qur’an also says: ‘if you are tempted with Satan, then seek refuge in Allah. Surely He is All-Hearing, All-Knowing. Indeed those who fear Allah when an impulse touches them from Satan, they remember (Him) and at once they have insight’ (Qur’an, 7:200–201).

According to Qur’anic commentator Qurtubi, the temptation of Satan mentioned in the aforesaid verse is obsession and excessive doubts (*waswas*). Thus, we can infer by this that pronouncing *ta’awwudh* is one of the strongest preventive and corrective mechanisms for fighting OCD.

Another preventive as well as corrective technique for treating OCD is remembrance of Allah dhikr day and night; the supplications popularly known as *Azkar al-Sabah wal-Masaa* (Rassool 2019).

With regard to the corrective method of fighting mental disorder Muslim scholars recommended *ruqyah* (incantation) for the treatment of OCD. *Ruqyah* consist of recitation of the Qur’an and/or other supplications with the hope that Allah will remove an ailment or disorder. This is asserted by Kamarul Zaman et al., (2022) where they maintain that *ruqyah* is divided into two categories: *ruqyah* which is compliant with the Islamic jurisprudence (*Ruqyah Ash Shariah*) and the deviant *ruqyah* which contains polytheistic practices (*Ruqyah Ash Shirkiyyah*), stressing that the former is one of the strongest way of recovering or combating any mental or psychological disorder because a specific chapter was revealed as a protection from obsession (*waswas*), that is *Suratu an-Nas* (Qur’an, chapter 114).

In addition, Abdul Razak (2014) suggested four ways of Islamic treatment of OCD, namely: Iman Restoration Therapy; knowledge instilment; inner struggle (*mujahadah*); and discipline (*riyadah*). Reviving *iman* (faith) in one’s heart can incorporate cognitive, emotive, spiritual and behavioral approaches. The light of faith will remove intrusive thoughts which are the source of OCD from a person’s heart.

Knowledge will help a person to attain certainty and by continuous inner struggle (*mujahadah*) and discipline (*riyadah*), a person will gradually transform and be free from obsessional psychosis. Therefore, through constant engagements in these acts of worship and seeking refuge students can regain their concentration and develop a greater understanding of their mental processes. These acts provide peace of mind in the time of anxiety and as such it can alleviate students' immediate obsession, thereby granting them ease to focus on study. This will help in no small measure in combating the disorder of OCD.

However, Islam deals with scrupulosity which is a kind of OCD that relates to religion and morality in a very specific manner. In scrupulosity an individual may be overpowered by religious obsessions which can lead to compulsive religious practices and rituals. Fear of committing sin or blasphemous thoughts, cleaning or washing rituals, excessive doubts in the performance of rituals, repeatedly washing of some organs during ablution and purification or ritual bath are among the common examples of scrupulosity OCD. The scrupulosity that deals with hearts, especially those that have to do with Allah, making one to be afraid and full of distress, are manageable through the Islamic way by fighting and resisting doubts from the heart and pronouncement of *ta'awwudh*. Muslims have to denounce that in their heart and with their tongue, and be those who object to it the most, for it is only whispers and thoughts that cross their mind and they also have to remember Allah and control themselves and do not continue to think of these whispers (Al-Munajjid Salih, n.d. ). This is buttressed in the Prophetic Hadith which says: 'The Satan comes to every one of you and says: Who created this and that? till he questions: Who created your Lord? When he comes to that, one should seek refuge in Allah and keep away (from such idle thoughts)' (Muslim n. d., Hadith no.214 Vol.1).

There are a number of ways to treat the scrupulosity that has to do with ritual practices (*ibadah*). Firstly, it is recommended that when a person enters the mosque he should recite a supplication that will cause Satan to flee from him. The supplication is from the prophetic tradition that When the Prophet, peace and blessings be upon him, entered the

mosque, he would say, “I seek refuge in Allah Almighty, in his noble countenance, and in his everlasting authority from the accursed Satan” (Sulayman, n.d., Hadith no. 466 Vol.1). This supplication safeguards a person from Satanic whispers in his *ibadah* (worship). In addition a person need not pay attention to the excessive *waswas* that usually comes to him during worship because it is uncertainty without any evidence or reason (Al-Munajjid Salih n. d. ).

### **3. Islamic Counseling Techniques**

Islamic counseling techniques involve integrating cognitive-behavioral strategies with spiritual practices. Ali (2020) discusses the use of cognitive restructuring, where individuals are guided to challenge their intrusive thoughts in light of Islamic teachings. This approach encourages the replacement of negative thought patterns with positive affirmations rooted in faith.

### **4. Community Support**

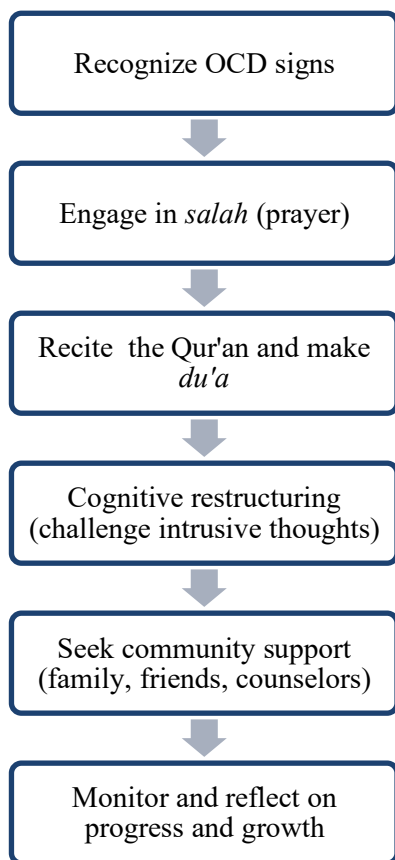
Community plays a vital role in the management of OCD within the Islamic context. Schoenfeld and Konopasek (2007) note that social support from family and peers can significantly enhance coping mechanisms. Encouraging open discussions about mental health in Islamic communities fosters understanding and reduces stigma, allowing individuals to seek help without fear of judgment.

### ***Flowchart of the OCD Handling Process from an Islamic Perspective***

The following flowchart illustrates the process of managing OCD from an Islamic perspective, integrating spiritual and psychological strategies:



**Figure 1.** OCD Handling Process from an Islamic Perspective



In summary, managing OCD from an Islamic perspective involves a holistic approach that combines spiritual practices, cognitive-behavioral techniques and community support. By engaging in prayer, reciting the Qur’an, and fostering open communication within the community, individuals can effectively navigate the challenges of OCD. This integrated method not only addresses the symptoms of OCD but also promotes overall mental well-being and spiritual growth.

The table below represents the summary of the main results of the thematic analysis:

**Table 1. Results of Thematic Analysis**

S/N	Theme	Description	Reference
1	OCD in Islam	Equate to <i>waswas</i> in Islamic context OCD due to recurring thoughts and actions	Abdul Razak (2014), MohdAbdul Rahman Zahir et al. (2021), Rassool (2019)
2	Sources of intrusive thoughts ( <i>waswas</i> )	Soul that command evil called <i>an-nafs al-ammara bi's-su</i> , the devils among the Jinn (also known as Satan or demons), and the devils among men (also known as <i>shaytan al-insi</i> )	Rasool (2019)
3	Manifestation of <i>waswas</i>	Four various ways in which intrusive thoughts manifested are in notions of <i>aqidah</i> (belief), <i>ibadah</i> (worship), <i>ṭahārah</i> (purification), and <i>kwaf min fuqdān al-saytara</i> (fear of losing control)	Rasool (2019)
4	Signs and symptoms of OCD	Obsessions: fear of germs, contamination, forgetfulness, losing control, and anxiety over harm, symmetry	Ansari and Shahabi (2018), Gillan and Robbins (2019), Gehring et al. (2000)
5	Causes of OCD	Genetic factors, negative experiences like trauma or stress and brain structural differences	Kamarul Zaman et al. (2022), Schoenfeld and Konopasek (2007), Rahman et al. (2021)
6	OCD's negative impact on students	Decreased academic performance, lack of	Choate-Summers et al. (2008), Veale &

	focus during lecture, anxiety during examination, excessive cross-checking, isolation and inability to learn from peers.	Roberts (2014), Moran (2016)
7	Islamic ways to manage OCD	It can be addressed through trust in God, recitation of the Qur'an and remembrance of Allah particularly recitation of chapter of baqarah, seeking refuge from Allah and Ruqyah Ash Shariyyah, Ibrahim (2019), Mansour & Al-Subaie (2021), Abdulaziz (2022)

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## Recommendations

1. Mental health practitioners and educators should consider integrating Islamic practices into OCD treatment programs, particularly for students from Muslim backgrounds. This integration can provide additional support and resources aligned with students' religious beliefs and practices.
2. There is a need for raising awareness among students, educators and mental health professionals about the potential efficacy of Islamic strategies in managing OCD. Educational initiatives and workshops can facilitate understanding and implementation of these practices.
3. Collaboration between religious scholars, mental health professionals and educators is essential for developing comprehensive strategies to address OCD among students. By leveraging the expertise of different stakeholders, tailored interventions can be designed to meet the unique needs of students affected by OCD.
4. Continued research is needed to explore the effectiveness and feasibility of Islamic strategies in managing OCD among students. Longitudinal studies and randomized controlled trials can provide

valuable insights into the long-term efficacy of these practices and their impact on students' academic performance and overall well-being.

5. It is crucial for interventions to be culturally sensitive and respectful of diverse religious beliefs and practices. While Islamic strategies may be effective for some students, alternative approaches should also be available to accommodate individuals with different cultural and religious backgrounds.

## Conclusion

In conclusion, this research delved into the management of obsessive-compulsive disorder among students through the utilization of Islamic antidotes. The study explored the Islamic perspective on OCD, its conceptualization within Islam, signs and symptoms, causes, and its impact on students' academic performance. Through a qualitative approach, the researchers conducted a thematic content analysis of conventional Islamic literature, books and scholarly articles to derive significant themes, concepts and practices related to OCD management within an Islamic framework. From an Islamic perspective, OCD is often referred to as *waswas*, denoting excessive doubts, which aligns closely with the diagnostic criteria of OCD in psychological literature. Islamic scholars and therapists attribute the origins of *waswas* to malevolent notions from the devil and emphasize its association with recurrent unsettling thoughts and compulsive behaviors. Various preventive and therapeutic strategies rooted in Islamic teachings were identified, including recitation of specific Qur'anic verses such as Surah Al-Baqarah and seeking refuge in Allah through *ta'awwudh*. Additionally, the practice of *ruqyah* (incantation) was highlighted as an effective approach, particularly *Al-Ruqyah Al-Shar'iyah* which aligns with Islamic law. The study emphasized the significance of integrating Islamic remedies with conventional therapeutic modalities such as cognitive-behavioral therapy and pharmacological treatments to ensure a holistic approach to OCD management. Moreover, it underscored the importance of

educators being aware of students' psychological challenges and collaborating with health care professionals and families to support students' mental well-being. Overall, the research provided valuable insights into managing OCD among students through Islamic antidotes, highlighting the complementary role of Islamic practices in alleviating symptoms and promoting mental well-being within educational settings. Further studies could explore the efficacy of integrating Islamic remedies with conventional treatments in clinical settings and educational institutions to provide comprehensive care for individuals with OCD.

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