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FROM *JUNUN* TO *MARAD*: OBSESSIVE DOUBTS AND FAITH INFORMED PATHWAYS TO PSYCHOLOGICAL WELLBEING

Mostafa El-Gashingi*

Abstract: Intrusive and repetitive doubts (*waswas*) constitute a significant source of psychological and spiritual distress among Muslims, yet contemporary religious responses often frame such experiences through moralised or incapacitating categories that inadvertently exacerbate anxiety, guilt, and despair. This article argues that classical Islamic jurisprudence developed a far more nuanced and resilience-promoting framework for obsessive doubts, conceptualising them as a form of illness (*marad*) rather than insanity (*junun*) or moral failure. This article demonstrates how pre-modern scholars distinguished between involuntary intrusive cognition and morally accountable intention, thereby preserving religious agency (*taklif*), dignity, and spiritual participation for affected individuals. Through analysis of key legal maxims, such as prioritisation of certainty over doubt and mitigation of hardship, this article shows that Islamic law functioned not merely as a system of ritual regulation, but as a preservation of psychological resilience. Jurists explicitly discouraged excessive repetition, over-precaution, and compulsive self-surveillance, recognising their capacity to generate spiritual exhaustion and undermine wellbeing. This article further argues that contemporary evidence-based approaches like Exposure/Response Prevention closely parallel jurists' early approaches within jurisprudential frameworks. By reframing *fiqh al-muwaswas* (juristic treatments of obsessive misgivings) as a faith-informed model of mental wellbeing, this article contributes to current discussions on Islamic ethics, spiritual care, and resilience. It offers constructive implications for religious leadership, Muslim mental health practitioners, and ethical fatwa production, positioning Islamic jurisprudence as a vital, yet underused, resource for fostering psychological resilience and human flourishing within Muslim communities.

Keywords: *fiqh of mental illness, psychological wellbeing, Islamic psychology, religious scrupulosity, waswas, OCD, junun, marad*

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INTRODUCTION

For many Muslims, the most ordinary acts of devotion, such as *wudu* (ablution), *salah* (prayer) and *du'a* (supplication), are the most frequently repeated. Their repetition is meant to cultivate steadiness: a rhythm of remembrance that anchors the self through distraction, doubt, and distress. Yet for sufferers of OCD (obsessive compulsive disorder), repetition becomes the problem. What begins as conscientiousness can harden into compulsive cycles of checking, repeating, and seeking certainty: *Was the intention valid? Was there a trace of impurity? Did I pronounce the words correctly? Did I commit shirk by having that thought?* These “obsessive doubts” do not merely disrupt ritual performance; they restructure religious life around anxiety, threat, and the fear of invalidation. In such cases, the believer’s struggle is not best described as a lack of piety, but as an erosion of psychological wellbeing within the practices that are supposed to sustain it.

Contemporary clinical language offers a close description of this pattern. OCD is typically characterised by obsessions (defined as unwanted, intrusive thoughts, images, or urges) and compulsions (defined as repetitive behaviours or mental acts performed to reduce distress or prevent feared outcomes).¹ Clinical research has demonstrated that intrusive thoughts of violent, sexual, blasphemous, or morally repugnant content are nearly universal in the general population and do not, in themselves, indicate pathology.² The defining feature of OCD lies not in the presence of such intrusions, but the meaning attributed to them and the behavioural responses they elicit.³ Individuals with OCD tend to interpret intrusive thoughts as personally significant, morally revealing, or predictive of real-world harm, thereby transforming transient mental events into persistent obsessions.⁴ These interpretations activate anxiety and physiological arousal, leading to compulsive attempts at control through checking, washing, mental neutralisation, avoidance, or reassurance-seeking that temporarily reduce distress but ultimately reinforce the disorder.⁵

Within Muslim contexts, this dynamic is often intensified by religious frameworks that emphasise intentionality, purity, and moral accountability. When intrusive thoughts are misinterpreted as sinful intentions or indicators of defective faith, sufferers may experience profound guilt, shame, and fear of Divine punishment. In such cases, attempts to resolve doubt through increased ritual performance or excessive precaution may paradoxically exacerbate psychological distress and religious impairment. Scholarship in Islamic psychology highlights that religious meaning and moral interpretation play a central role in how psychological distress is understood and addressed in Muslim contexts. Amber Haque argues that Muslim experiences

¹ Jonathan S. Abramowitz, *Getting Over OCD: A 10-Step Workbook for Taking Back Your Life*, 2nd ed. (Guilford Press, 2018), 9–11.

² Stanley Rachman, “A Cognitive Theory of Obsessions,” *Behaviour Research and Therapy* 35, no. 9 (1997): 793–96.

³ Stanley Rachman and Padmal de Silva, “Abnormal and Normal Obsessions,” *Behaviour Research and Therapy* 16, no. 4 (1978): 233–35.

⁴ Rachman, “A Cognitive Theory of Obsessions,” 796.

⁵ Edna B. Foa and Michael J. Kozak, “Emotional Processing of Fear: Exposure to Corrective Information,” *Psychological Bulletin* 99, no. 1 (1986).

of distress cannot be adequately understood without reference to Islamic epistemology, moral psychology, and conceptions of the self, and approaches that neglect these dimensions risk mischaracterising suffering and recovery.⁶ Similarly, G. Hussein Rassool emphasises that Islamic counselling and psychotherapy must be grounded in a religious worldview and ethical responsibility rather than framed as a mere adaptation of secular clinical techniques.⁷ These perspectives do not advance empirical claims about prevalence or help-seeking patterns; rather, they establish that moral meaning is constitutive of distress in Muslim settings. Far less attention, however, has been paid to how classical Islamic jurisprudence, particularly its doctrines of legal capacity (*ahliyya*), responsibility (*taklif*), and illness (*marad*), functions as a framework for managing obsessive doubt and preserving religious resilience. One way to illuminate the practical significance of these juristic categories is to place them in conversation with contemporary models that explicitly address the mechanisms by which obsessive doubt is sustained or alleviated at the level of lived experience.

Within contemporary clinical psychology, obsessive doubt is understood not primarily as a problem of belief or accuracy of this belief, but as a disorder maintained through patterns of avoidance, ritualisation, and reassurance-seeking. The most empirically supported psychological treatment for OCD is cognitive behavioural therapy with exposure and response prevention (ERP).⁸ ERP deliberately targets the core of the disorder by helping sufferers encounter obsession-triggering cues (exposure) while resisting the rituals that promise immediate relief (response prevention). By interrupting the short-term anxiety-reduction loop, ERP enables new learning about uncertainty, threat, and tolerability. Even in routine clinical settings, ERP has demonstrated substantial and clinically meaningful improvements and is not limited to unusually “pure” or highly selected patient populations.⁹ At the same time, outcomes remain uneven and recovery rates are frequently modest, which has prompted ongoing investigation into refinement and augmentation of ERP.¹⁰ This clinical reality matters for Muslim contexts because religious OCD is often sustained by a powerful triad: (i) the moral weight attached to worship validity, (ii) the social availability of reassurance (family, imams, online fatwa culture), and (iii) the mistaken belief that certainty is a religious obligation rather than a psychological compulsion. ERP is therefore relevant to Islamic ethical discourse not merely as a clinical intervention, but because it operationalises principled non-engagement with doubt – an orientation that resonates strongly with longstanding juristic maxims governing certainty, hardship, and obsessive misgivings.

⁶ Amber Haque, “Psychology from Islamic Perspective: Contributions of Early Muslim Scholars and Challenges to Contemporary Muslim Psychologists,” *Journal of Religion and Health* 43, no. 4 (2004): 373–75.

⁷ G. Hussein Rassool, *Islamic Counselling and Psychotherapy: An Introduction to Theory and Practice*, 2nd ed. (Routledge, 2025), 8–12.

⁸ National Institute for Health and Care Excellence, *Obsessive-Compulsive Disorder and Body Dysmorphic Disorder: Treatment* (NICE, 2005).

⁹ Martin E. Franklin et al., “Effectiveness of Exposure and Ritual Prevention for Obsessive-Compulsive Disorder,” *Journal of Consulting and Clinical Psychology* 68, no. 4 (2000): 597–99.

¹⁰ Kim Melchior et al., “Metacognitive Therapy versus Exposure and Response Prevention for Obsessive-Compulsive Disorder,” *Trials* 20 (2019): 277.

Islamic legal and ethical tradition, however, is not silent on mental disturbance, nor does it reduce all religious difficulty to moral failure. Classical *fiqh* developed nuanced classifications of *ahliyya*, *taklif*, and the conditions under which duties are lifted, modified, or eased. Within that framework, *junun* (insanity) is typically treated as a category of profound cognitive impairment; juristic discussions commonly define it as the loss or weakening of intellect and differentiate its forms (continuous/discontinuous; congenital/acquired), precisely because different forms generate separate rulings.¹¹ The ethical stakes are immediate: *junun* affects *ahliyat al-ada'* (capacity to validly execute acts) while not necessarily negating *ahliyat al-wujub* (the attachment of certain rights/claims).¹² As a result, the legal tradition carefully distinguishes between accountability, validity, protection, and liability. In juristic language: the one described as *majnun* (insane) is not morally tasked in the same way as the *mukallaf* (morally responsible), their statements are not legally operative, and their failure to perform devotional obligations is not treated as sinful, yet harms they may cause can still generate financial liability through the principle that compensation is not contingent on moral blameworthiness.¹³

It is precisely here that the conceptual pivot of this article is located. Religious OCD, especially scrupulosity structured around purity and worship, rarely resembles *junun* as *fiqh* typically operationalises it. The scrupulous believer is often painfully aware that their repetition is excessive; they may retain full intellectual competence, employment, study, and social functionality, even while suffering intensely. If *junun* names the collapse of reason, religious OCD more often reflects the captivity of reason within an anxiety-driven demand for certainty. Notably, juristic-legal writing can describe mental disturbances in terms that resonate with intrusive-thought phenomenology: domination by a particular idea and the compelling urge to act in response to it.¹⁴ Such descriptions do not collapse premodern and modern categories into one another; rather, they show that tradition possesses conceptual resources for recognising compulsion without equating it to madness.

This article therefore argues for reframing obsessive doubts not primarily through the lens of *junun* but through the juristic ethics of *marad* (illness) and hardship – an approach that preserves moral agency while refusing moral blame. In *fiqh* terms, responsibility is tethered to capacity: duties presume *qudrah/istita'ah* (ability) such that the subject can comply “without undue hardship.”¹⁵ This is not a marginal concession; it is a structural principle by which Islamic ethics guards worship from becoming a site of harm. Closely related is the maxim “certainty cannot be overturned by doubt,” which explicitly regulates how the moral subject should treat uncertainty: religious life is not meant to be held hostage by endless suspicion and

¹¹ Marzouq Aydarus Ali Oweir, “al-Aḥkām al-Muta‘alliqa bi-al-Majnūn fi Bāb al-Nikāh: Dirāsah Fiqhiyyah Muqāranah” [Legal Rulings Relating to the Insane in the Law of Marriage: A Comparative Juristic Analysis], *Majallat al-Dirāsāt al-Ijtīmā‘iyyah* 46 (2012).

¹² *Ibid.*, 45–52.

¹³ *Ibid.*, 53–56.

¹⁴ *Ibid.*, 41–44.

¹⁵ Nuray Catic, “Islamic Ethical Considerations on Medical Decision-Making in Adolescence” (Master’s diss., The University of Western Ontario, 2023), 76–78.

imagined defect.¹⁶ When applied to obsessive doubts, these principles can function as more than abstract doctrines; they can become a pastoral-legal scaffolding for treatment adherence, helping the believer understand that resisting compulsions is not religious negligence but (often) religiously mandated restraint.

Beyond the Muslim context, scholarship in the history of psychiatry has shown that “madness” is never merely a clinical descriptor; it is also a boundary-making practice that governs who counts as rational, responsible, and socially included. Foucault’s account of confinement and the moralisation of unreason in early modern Europe remains influential precisely because it illuminates how the category of madness can operate as a technique of social order rather than a neutral diagnosis.¹⁷ While Islamic legal categories are not reducible to European histories, the methodological caution is transferable; how we name mental distress – *junun*, *marad*, “*waswas*,” “disorder” – has ethical consequences. It shapes whether sufferers receive care or condemnation, accommodation or exclusion, and whether religious authority becomes a channel for resilience or an amplifier of compulsive fear.

Accordingly, this article develops an interdisciplinary framework for “faith-informed pathways” to psychological wellbeing that is grounded in *fiqh*’s ethics and informed by evidence-based OCD treatment. It asks: What is gained and what is ethically risked when obsessive doubts are treated as *junun* rather than *marad*? How can *fiqh*’s capacity doctrines and legal maxims be mobilised to protect the believer from compulsive repetition while preserving the integrity of worship? And how might ERP be translated into Muslim religious life without secularising devotion or sacralising pathology? The argument advanced is that a robust Islamic jurisprudential ethic can do more than “permit” clinical treatment; it can actively support resilience by re-authorising uncertainty, limiting compulsive reassurance, and framing recovery as a form of religious and psychological restoration.

This article comprises four sections. The first clarifies the conceptual and juristic stakes of classifying obsessive doubt within Islamic legal theory, focusing on the distinctions between *junun*, *marad*, and grades of *ahliyya* and *taklif*. The second examines classical juristic treatments of obsessive misgivings (*fiqh al-muwaswas*), highlighting the use of legal maxims and dispensations designed to contain doubt, prevent spiritual exhaustion, and preserve religious participation. The third places these juristic insights in dialogue with contemporary clinical understandings of OCD, with attention to exposure and response prevention (ERP) as an ethically relevant model of non-engagement with obsessive doubt. The final section considers the implications of this framework for contemporary *fatwa* practice, religious leadership, and Muslim mental healthcare, arguing for a faith-informed approach to psychological wellbeing that integrates juristic ethics with evidence-based treatment.

¹⁶ Ibid., 82–85.

¹⁷ Michel Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason*, trans. Richard Howard (Vintage, 1988), 38–64.

JUNUN, MARAD, AND TAKLIFIN CLASSICAL ISLAMIC LAW

Islamic jurisprudence does not treat mental disturbance as a monolithic condition, nor does it reduce responsibility to a simple binary of sanity and insanity. Rather, classical *fiqh* developed a nuanced moral/legal architecture for assessing human agency, grounded in the concepts of *ahliyya*, *taklif*, and the contingencies that may impair their exercise.¹⁸ Central to this framework is the distinction between *junun* and *marad*, which carries profound implications for worship, liability, and ethical accountability.

Junun as a Juristic Category

In classical Islamic law, *junun* denotes a state of significant cognitive impairment characterised by the loss or severe weakening of intellect (*‘aql*). As Kamali explains, “the possession of the mental faculty of *‘aql* is the basic criterion of *taklif*,” and the law is therefore concerned with conditions that affect sanity and capacity.¹⁹ Because *taklif* presupposes the presence of sound intellect, *junun* directly affects legal responsibility by suspending or substantially modifying the individual’s standing as a *mukallaf*.²⁰

Importantly, juristic discussions of *junun* are not undifferentiated. Legal manuals and theoretical works distinguish between continuous (*junun mutbaq*) and intermittent insanity (*junun arid/munqati*), congenital (*junun asli*) and acquired forms (*junun tari*).²¹ These distinctions determine concrete legal consequences across domains, including contractual capacity, criminal liability, testimony, guardianship, and acts of worship. An individual suffering from continuous *junun*, for example, is generally considered incapable of entering binding contracts or bearing criminal responsibility, while intermittent *junun* may suspend accountability only during periods of cognitive absence.²²

Table 1: Comparative categories of *junun mutbaq* and *junun munqati*

Category	<i>Junun mutbaq</i> (continuous insanity)	<i>junun munqati</i> (intermittent insanity)
<i>Taklif</i>	None	Suspended during episodes; intact during lucidity
<i>Ibadat</i> (acts of worship)	Not obligatory; no sin for non-performance	Obligatory during lucid periods only
<i>Mu‘amalat</i> (contract law)	Contracts void; lacks active (<i>ahliyat al-ada</i>)	Valid if concluded during lucid period; void if during episode
Marriage/divorce	Marriage requires guardian; divorce invalid if pronounced during insanity	Valid if concluded during lucid interval

¹⁸ Mohammad Hashim Kamali, *Principles of Islamic Jurisprudence*, 3rd ed. (Islamic Texts Society, 2003), 410–32.

¹⁹ *Ibid.*, 305.

²⁰ *Ibid.*, 415.

²¹ Oweir, “al-Aḥkām al-Muta‘alliqa bi-al-Majnūn,” 28–45; ‘Ala’ al-Din Abu Bakr ibn Mas‘ud al-Kaasni, *Badā’i ‘al-Ṣanā’i fī Tartīb al-Sharā’i* [The Marvels of Legal Craftsmanship in the Arrangement of the Laws], ed. Shamela.ws (al-Maktabah al-Shāmilah, n.d.), accessed April 12, 2025, <https://shamela.ws/book/8183/1409>.

²² Oweir, “al-Aḥkām al-Muta‘alliqa bi-al-Majnūn,” 45–52.

Category	<i>Junun mutbaq</i> (continuous insanity)	<i>junun munqati</i> (intermittent insanity)
Liability	No criminal culpability; financial liability may still apply	No liability if act occurred during episode; full liability if during lucidity
Ahliyya	Retains <i>ahliyat al-wujub</i> , lacks <i>ahliyat al-ada'</i> (execution)	<i>Ahliyat al-ada'</i> fluctuates with cognitive state

At the same time, Islamic law does not equate suspension of moral blame with erasure of legal consequence. Even where *junun* removes culpability, jurists maintain mechanisms for financial liability (*daman*) to protect the rights of others.²³ Thus, if harm occurs, compensation may still be due, not as punishment, but as restitution, reflecting the distinction between moral blameworthiness and civil responsibility.²⁴

Crucially for the present discussion, *junun* is conceptualised as an epistemic condition. It concerns the breakdown of rational apprehension, not merely the presence of distress, compulsive behaviour, or intrusive cognition. Where reason remains intact, even if burdened, constrained, or overwhelmed, jurists are reluctant to invoke *junun* as a classificatory category.²⁵

Marad and the Ethics of Impaired Capacity

Alongside *junun*, classical Islamic jurisprudence developed a rich account of *marad* as a morally and legally significant condition. Unlike *junun*, *marad* does not abolish intellect or dissolve agency. Rather, it recognises that human capacity may be compromised in ways that render full compliance with legal obligations unduly burdensome or harmful.²⁶

Within this framework, *marad* functions as grounds for dispensation (*rukhsah*), not for the suspension of *taklif*. The individual remains a moral subject, but the form, timing, or extent of obligation may be adjusted in light of hardship (*mashaqqa*).²⁷ This logic underpins numerous juristic accommodations, including modifications to prayer, fasting, ritual purity, and participation in communal obligations.²⁸

The ethical significance of *marad* lies in its capacity-sensitive orientation. Responsibility in Islamic law is tethered not to abstract ideals of perfection, but to *qudrah* and *istita'ah*: the realistic ability to perform an act without undue harm.²⁹ Juristic maxims such as *al-mashaqqa tajlib al-taysir* (hardship brings facilitation) and *al-yaqin la yazul bi'l-shakk* (certainty is not

²³ Ibn 'Abidin, *Radd al-Muhtār 'alā al-Durr al-Mukhtār* [The Authoritative Response to *The Chosen Pearl*], vol. 1 (Dar al-Fikr, 2000), 132–33.

²⁴ Kamali, *Principles of Islamic Jurisprudence*, 421.

²⁵ Oweir, "al-Ahkām al-Muta'alliqa bi-al-Majnūn," 41–44.

²⁶ Catic, "Islamic Ethical Considerations," 70–78.

²⁷ Kamali, *Principles of Islamic Jurisprudence*, 378–85.

²⁸ Catic, "Islamic Ethical Considerations," 6–15.

²⁹ *Ibid.*, 76–80.

removed by doubt) articulate a commitment to preventing law from becoming a source of injury rather than guidance.³⁰

What is salient for obsessive doubt is that *marad* accommodates conditions that impair volitional control, emotional regulation, or behavioural restraint without negating intellectual comprehension. The law does not require the believer to transcend illness through sheer willpower; it requires the law to bend to preserve ethical coherence and human dignity.³¹

Legal Capacity (Ahliyya) as Graded, Not Binary

Underlying *junun* and *marad* is the juristic concept of *ahliyya*, which classical legal theorists consistently treat as graded rather than absolute. *Ahliyya* is conventionally divided into *ahliyat al-wujub* (capacity to hold rights and obligations) and *ahliyat al-ada'* (capacity to validly execute acts).³² While the former is generally attached to personhood, the latter is contingent on conditions such as intellect, maturity, and the absence of disabling impediments.³³ An example of both of these is a child as it possesses rights by virtue of its birth, but does not possess the legal capacity to execute acts, such as signing a contract.

This distinction allows jurists to recognise partial impairments without collapsing them into total incapacity. A person may retain *ahliyat al-wujub* while experiencing constraints on *ahliyat al-ada'*, necessitating adjustment rather than exclusion.³⁴ Such grading is essential for understanding how Islamic law addresses states of distress, compulsion, and internal constraint that fall short of *junun*.³⁵

Why Obsessive Doubt does not fit Junun

Obsessive doubt must be situated against this juristic backdrop. States characterised by intrusive thoughts, compulsive repetition, and heightened anxiety, such as religious scrupulosity, rarely resemble *junun* as classical *fiqh* understands it. The individual experiencing obsessive doubt typically retains clear intellectual awareness, recognises the excessiveness of their behaviour, and remains deeply invested in moral and religious norms.

In fact, the phenomenology of obsessive doubt is marked not by loss of reason, but by its over-engagement. Reason becomes captive to uncertainty, repeatedly mobilised in the service of eliminating doubt that cannot, by its nature, be eliminated. The sufferer does not fail to distinguish right from wrong; they are tormented by the possibility that they have failed to meet an imagined standard of certainty or purity.³⁶

³⁰ Jalal al-Din al-Suyuti, *al-Ashbāh wa-l-Nazā'ir fī Qawā'id wa Furū' Fiqh al-Shāfi'iyya* [The Similarities and Parallels in the Legal Maxims and Substantive Rulings of Shāfi'ī Jurisprudence] (Dar al-Kutub al-'Ilmiyya, 1990), 60–75.

³¹ Kamali, *Principles of Islamic Jurisprudence*, 386–92.

³² *Ibid.*, 410–15.

³³ *Ibid.*, 417–20.

³⁴ Oweir, “al-Aḥkām al-Muta'alliqa bi-al-Majnūn,” 53–56.

³⁵ Catic, “Islamic Ethical Considerations,” 82–85.

³⁶ Obsessive Compulsive Cognitions Working Group, “Cognitive Assessment of Obsessive–Compulsive Disorder,” *Behaviour Research and Therapy* 35, no. 7 (1997).

Classical juristic writing occasionally gestures toward such conditions when discussing domination by a particular thought, excessive preoccupation, or compulsive repetition beyond legal requirement.³⁷ These descriptions do not amount to a theory of OCD in the modern sense, nor should they be retrofitted as such. However, they demonstrate that jurists were attentive to forms of internal constraint that impair performance without negating intellect.

From a juristic perspective, the classification of obsessive doubt as *junun* is conceptually unstable. It collapses graded capacity into total incapacity, misidentifies the nature of impairment, and risks stripping the sufferer of moral agency in an attempt to alleviate distress. Conversely, treating obsessive doubt as *marad* allows the law to respond with facilitation rather than exclusion, accommodation rather than moralisation.³⁸

Conceptual Implications

Reframing obsessive doubt within *marad* rather than *junun* re-orientes the ethical response to suffering by preserving moral agency while legitimising restraint, dispensation, and non-engagement with compulsive demands. It also clarifies why the relevant juristic tools are legal maxims governing certainty, hardship, and doubt, rather than doctrines concerning insanity and suspension of obligation. This conceptual clarification prepares the ground for examining how jurists addressed the *muwaswas* in practice.

FIQH AL MUWASWAS AND THE JURISTIC MANAGEMENT OF OBSESSIVE DOUBT

Classical Islamic jurisprudence did not merely theorise capacity and impairment abstractly. Jurists also confronted the practical problem of believers who were overtaken by obsessive misgivings in matters of worship, purity, intention, and legal validity. These individuals were commonly described as *muwaswas*, a term denoting one afflicted by intrusive doubt and excessive scrupulosity. While jurists did not develop a unified doctrine under this label, their discussions across legal manuals, fatwa collections, and works of legal maxims reveal a consistent ethical posture toward obsessive doubt. This posture was neither punitive nor dismissive, but containment oriented, aiming to preserve religious participation while preventing worship from degenerating into spiritual exhaustion.

The Muwaswas as a Recognised Juristic Subject

Across the Sunni legal schools, jurists acknowledged the *muwaswas* as a distinct type of afflicted legal subject, particularly in chapters concerning ritual purity, prayer, and testimony. The *muwaswas* was not treated as irrational or devoid of agency, but as someone whose engagement with doubt had exceeded reasonable bounds. This recognition is significant

³⁷ See Shihab al-Din al-Qarafi, *Kitab al Dhakhira* [The Compendium], vol. 1 (Dar al Gharb al Islami, 1994), 182–85, accessed June 24, 2023, <https://shamela.ws/book/1717>; Ibn ‘Abidin, *Radd al Muhtar ala al Durr al Mukhtar*, 134–38.

³⁸ Kamali, *Principles of Islamic Jurisprudence*, 430–32.

because it situates obsessive doubt within the domain of illness and impairment rather than sin or insanity. Maliki jurists, for example, explicitly distinguished between ordinary doubt and obsessive doubt. Al-Qarafi (d. 1285) records that a person overtaken by *waswas* is excused from responding to doubts that would otherwise carry legal weight, particularly in matters of purification. Where the non-obsessive individual is instructed to repeat ablution on reasonable doubt, the *muwaswas* is commanded to ignore such doubt altogether, on the grounds that responding to it would generate harm and endless repetition.³⁹ This distinction reflects a juristic awareness that identical legal rules do not apply uniformly across differing psychological conditions.

Similar reasoning appears in the Shafi'i school: Ibn Hajar (d. 1566) and al-Shirbini (d. 1570) refer to this person as one "overcome by his 'aql"; as such, "no regard is given to them"⁴⁰ with respect to the legal consequences of their thinking.⁴¹ An example of this would be if a *muwaswas* believed they had committed apostasy – such a thought would be disregarded by the Shafi'i *madhab*'s legal framework. The concern is not merely dismissive or punitive, but the preservation of religion from becoming unbearable to the worshipper.

Hanafi jurists likewise recognised the disabling effects of obsessive misgivings. For instance, Ibn 'Abidin (d. 1836) states:

What is meant by *waswas* is that which afflicts a person in the form of doubts without any evidence. Such doubts are not to be paid attention to; rather, they must be abandoned, because occupying oneself with them leads to hardship and an increase in *waswas*.⁴²

He frames this instruction explicitly in terms of hardship and prevention of harm, invoking legal maxims that prioritise certainty and continuity of worship.

Juristic Strategies for Containing Doubt

Rather than attempting to eliminate doubt altogether, jurists developed strategies aimed at containing its authority. Central among these was the principle that "*al-yaqin la yazul bi-l-shakk*" (certainty is not removed by doubt). Al-Suyuti (d. 1505) presents this maxim as the first and primary rule in *al-Ashbah wa-l-Nazā'ir*, grounding it in multiple Prophetic reports that instruct believers to ignore unsubstantiated doubt in matters of ritual purity and prayer. The operative meaning of the maxim is clarified through the subsidiary rule "*al-aṣl baqa' ma kana 'ala ma kana*" (the default presumption is the continuation of what previously existed),⁴³ meaning, once a state is established with certainty, it remains legally operative until displaced by equal or stronger certainty. Recurrent doubt, by contrast, has no legal effect and is

³⁹ Al-Qarafi, *Kitab al-Dhakira*, 218.

⁴⁰ Muhammad ibn Khatib ash-Shirbini, *Mughni al-Muhtaj ila Marifat Ma'ani alfadh al-Minhaj* [The Sufficiency of the Seeker in Understanding the Meanings of the Words of al-Minhaj] (c. 1570; reis., Dar El-Marefah, 1997), 130.

⁴¹ Shihab al-Din Abu al-Abbas Ahmad ibn Muhammad ibn Ali ibn Hajar al-Haythami, *Tuhfat al-Muhtaj bi Sharh al-Minhaj* [The Gift for the Seeker: A Commentary on al-Minhaj] (c. 1566; reis., Dar Al-Kutub al-Ilmiyah, 2011), 345.

⁴² Ibn 'Abidin, *Radd al Muhtar ala al Durr al Mukhtar*, 132–33.

⁴³ Al-Suyuti, *al-Ashbah wa-l-Nazā'ir*, 7–12.

disregarded. This maxim functions as an epistemic boundary, limiting the extent to which intrusive misgivings may override established states. For the *muwaswas*, this boundary is enforced more strictly, precisely because the ordinary mechanisms of doubt evaluation are no longer reliable.

Al-Suyuti explicitly applies this maxim to acts of worship, ruling that a person certain of purity who doubts impurity remains pure, and that doubts regarding the number or validity of *rakat* (prayer units) do not overturn a previously established state. He further states this principle applies across all chapters of *fiqh* and asserts that juristic issues derived from it constitute three-quarters of *fiqh* or more, a claim reflecting his assessment of its generative scope rather than formal consensus. Conceptually, the maxim functions as a stabilising mechanism within the law: by privileging certainty over doubt, it prevents intrusive or recurrent uncertainty (*waswas*) from generating legal consequences, thereby preserving legal coherence and the practical viability of worship.⁴⁴

In practical terms, this meant that the obsessive individual was often instructed to act against their doubt. Jurists advised continuing prayer despite intrusive uncertainty about intention, disregarding misgivings about purity once ablution had been completed, and refusing to repeat acts of worship solely to achieve internal reassurance. Far from being framed as negligence, this refusal was presented as obedience to the law.

The refusal to indulge obsessive doubt was, therefore, not optional counsel, but in many cases a legal requirement. By commanding the *muwaswas* to ignore doubt, jurists effectively removed doubt from the domain of moral deliberation and repositioned it as a symptom to be managed rather than a signal to be obeyed.

Repetition, Intention, and the Limits of Moral Scrutiny

One of the most common manifestations of *waswas* discussed by jurists concerns intention. Excessive scrutiny of intention was widely condemned across the schools. Jurists emphasised that intention is an internal orientation, not a verbal formula requiring constant verification. Repeating prayer or ablution out of fear that intention was defective was described as an innovation that leads to corruption of worship. In addition, al-Ghazali (d. 1111) strongly condemns exaggeration and excess in ablution, criticising practices that go beyond the prescribed limits and describing such behaviour as transgression and innovation. In his discussion of purification, he contrasts prophetic and companion practices, marked by sufficiency and ease, with later tendencies toward obsessive outward cleanliness, which he presents as a misdirection of religious effort rather than genuine devotion.⁴⁵ In addressing repetition, jurists also drew attention to the ethical danger of equating excess with devotion. Excessive repetition was framed as a sign of misunderstanding the law, not heightened

⁴⁴ Ibid., 7–12.

⁴⁵ Abu Hamid al-Ghazali, *Ihyā' 'Ulūm al-Dīn* [Revival of the Religious Sciences], vol. 1, *The Book of Worship*, trans. Maulana Fazlul Karim (Darul-Isha'at, 1993), "Mysteries of Cleanliness," 122–29.

religiosity. By stripping repetition of its moral prestige, jurists undermined one of the core reinforcements of obsessive behaviour.

Ethical Implications of Juristic Non-Engagement with Waswas

The juristic treatment of the *muwaswas* reveals a consistent ethical orientation toward non-engagement with obsessive doubt. This orientation is not premised on the belief that doubt can be eliminated through reasoning, but on the recognition that reasoning has become compromised by compulsive behaviours. The solution is not further analysis, but withdrawal of authority from doubt altogether. This ethical stance aligns closely with the classification of obsessive doubt as *marad*. The law responds not by suspending obligation, but by reshaping the conditions under which obligation is enacted. The believer remains accountable but is no longer permitted to obey doubt at the expense of wellbeing.

Importantly, the jurists referenced above did not frame this approach as merely therapeutic or pragmatic. It was grounded in normative claims about the purpose of the law. Worship that generates despair, exhaustion, or paralysis was treated as contrary to the objectives of Shariah. The containment of obsessive doubt thus functioned as a means of preserving religion and the religious subject.

Preparing the Ground for Contemporary Dialogue

The juristic strategies examined here demonstrate that Islamic law possesses an internal vocabulary for addressing obsessive doubt without recourse to insanity or moral condemnation. By recognising the *muwaswas* as an afflicted subject, limiting the authority of doubt, discouraging excessive precaution, and enforcing non-engagement with intrusive misgivings, jurists articulated a resilience promoting framework long before the emergence of modern clinical categories.

These insights do not require retrofitting into contemporary diagnoses, nor do they collapse classical jurisprudence into modern psychology. Rather, they provide a lens through which contemporary treatments may be evaluated ethically. The following section places these juristic principles in dialogue with exposure and response prevention, examining how clinical non-engagement with doubt mirrors and diverges from classical legal strategies, and what this dialogue reveals about faith informed pathways to psychological wellbeing.

JURISTIC NON-ENGAGEMENT AND EXPOSURE AND RESPONSE PREVENTION

The juristic treatment of the *muwaswas* examined in the preceding section reflects a consistent ethical orientation toward non-engagement with obsessive doubt. Classical jurists did not seek to reason sufferers out of their misgivings, nor did they encourage exhaustive verification in pursuit of subjective certainty. Instead, they constrained the authority of doubt by instructing the afflicted individual to proceed with worship while refusing to respond to

intrusive uncertainty. This orientation bears a notable structural resemblance to contemporary clinical approaches to OCD, particularly exposure and response prevention. While these traditions arise from distinct epistemic foundations, their practical strategies for managing obsessive doubt converge in ways that are striking and ethically significant.

The Clinical Logic of Exposure and Response Prevention

As discussed earlier, cognitive models of OCD emphasise that intrusive thoughts are ubiquitous and not pathological in themselves. Rachman argues that pathology emerges when such intrusions are appraised as personally significant, morally revealing, or indicative of responsibility for harm; it is the *meaning* attributed to the thought, rather than its content, that transforms a transient intrusion into a persistent obsession. When intrusive doubts are treated as demanding resolution or correction, anxiety escalates and compulsive responses are recruited.⁴⁶

ERP operates by deliberately reversing this maintenance cycle. Exposure involves systematic and repeated engagement with stimuli that provoke obsessive anxiety, including external situations, internal sensations, and intrusive thoughts. Response prevention involves the deliberate refusal to engage in compulsive behaviours or mental rituals that ordinarily function to neutralise distress. By preventing the short-term reduction of anxiety through ritual, ERP facilitates new learning about safety, uncertainty, and emotional tolerability.⁴⁷ Over time, anxiety diminishes not because certainty has been achieved, but because the perceived necessity of ritual has been dismantled.⁴⁸

Importantly, ERP does not aim to eliminate intrusive thoughts or resolve their content. Rather, it targets the behavioural and attentional patterns that grant these thoughts their disruptive power. This distinction is central to understanding why ERP has demonstrated robust efficacy across diverse presentations of OCD, including religious scrupulosity.⁴⁹

Juristic Non-Engagement as Ethical Precedent

When classical jurists instructed the *muwaswas* to ignore doubt, they were not offering reassurance that doubt was unfounded. Instead, they removed doubt from the sphere of moral deliberation. This move parallels the logic of response prevention, in which the individual is instructed to refrain from ritual not because the feared outcome has been logically disproven, but because the act of responding perpetuates harm.

In both traditions, the authority of internal distress is deliberately constrained. Juristic commands to proceed with prayer despite misgivings about intention, purity, or validity mirror the ERP injunction to perform actions while tolerating anxiety. The ethical justification in *fiqh*

⁴⁶ Rachman, "A Cognitive Theory of Obsessions," 796–98.

⁴⁷ Foa and Kozak, "Emotional Processing of Fear," 21–22.

⁴⁸ Franklin et al., "Effectiveness of Exposure and Ritual Prevention."

⁴⁹ Jonathan S. Abramowitz, *The Psychological Treatment of Obsessive-Compulsive Disorder* (Guilford Press, 2006), 145–72.

rests on the prevention of hardship and preservation of worship, while the clinical justification in ERP rests on behavioural learning and symptom reduction. Yet the operational outcome is similar. Obsessive doubt is treated as a signal to be contained rather than obeyed. This stance anticipates the clinical recognition that compulsive accommodation reinforces disorder rather than alleviating it.

Avoidance, Exposure, and the Ethics of Continuity

Avoidance plays a central role in OCD and juristic discussions of *waswas*. Clinically, avoidance interferes with emotional processing by preventing the incorporation of corrective information, thereby maintaining exaggerated threat appraisals and anxiety.⁵⁰ Juristically, avoidance of worship due to obsessive fear is treated as a deviation from lawful conduct and a misunderstanding of religious obligation. The jurists cited above repeatedly warned against abandoning prayer, purification, or communal participation out of fear of invalidity. Such withdrawal was not framed as humility, but as capitulation to misgiving. Exposure in ERP directly counters avoidance by requiring engagement with feared stimuli. In religious contexts, this may involve praying without repetition, performing ablution without excessive washing, or refraining from mental checking. From a juristic perspective, such actions align with the command to act on established certainty rather than hypothetical doubt.

The convergence is not accidental. Both traditions recognise that avoidance amplifies the distress it seeks to prevent. Juristic insistence on continuity of worship functions as an ethical analogue to exposure, compelling engagement with religious acts despite internal discomfort.

Reassurance Seeking and the Limits of Moral Consolation

One of the most disabling features of religious scrupulosity is reassurance seeking. Clinically, reassurance seeking functions as a neutralising response that temporarily reduces anxiety while maintaining responsibility based appraisals and undermining confidence in one's judgement.⁵¹ ERP explicitly targets reassurance seeking by instructing patients to tolerate uncertainty without seeking confirmation. Clinical manuals emphasise that improvement depends on sustained restraint, even when anxiety remains high.⁵² This emphasis mirrors the juristic directive to continue worship without repetition or excessive precaution. In both contexts, restraint functions as the means by which agency is restored: the individual is not asked to feel certain, but to act in accordance with a standard that is independent of subjective reassurance. This refusal is not a withdrawal of care, but a deliberate ethical intervention aimed at preventing further harm.

⁵⁰ Foa and Kozak, "Emotional Processing of Fear," 28–31.

⁵¹ Paul M. Salkovskis, "Understanding and Treating Obsessive–Compulsive Disorder," *Behaviour Research and Therapy* 37, supp. 1 (1999): S31–S34, S44–S45.

⁵² Edna B. Foa, Elna Yadin, and Tracey K. Lichner, *Exposure and Response (Ritual) Prevention for Obsessive–Compulsive Disorder* (Oxford University Press, 2012), 21, 30.

ERP and *fiqh al muwaswas* recognise that reassurance undermines resilience by externalising authority and eroding agency. The believer or patient is strengthened not through certainty, but through endurance and disciplined restraint.

Religious Scrupulosity and Ethical Framing

Religious scrupulosity occupies a distinctive position within OCD, insofar as symptoms are mediated through moral and theological concerns. Clinical research indicates that, when OCD involves religious themes, symptoms are often accompanied by heightened guilt and functional impairment.⁵³ In such cases, exposure-based interventions may be misinterpreted as encouraging irreverence or carelessness in religious practice unless they are carefully framed.⁵⁴

Here, juristic ethics provides an essential scaffold. By clarifying that restraint from repetition is not negligence but obedience, *fiqh* reframes non-engagement as a moral act. This framing is critical for ethical implementation of ERP within Muslim contexts, where treatment adherence may otherwise be compromised by fears of sin or Divine displeasure.

At the same time, contemporary clinical research demonstrates that ERP is safe and serious adverse outcomes are rare when the treatment is properly delivered.⁵⁵ Ethical objections to ERP often arise from misunderstandings of intrusive thoughts rather than evidence of harm. Juristic non-engagement, therefore, functions not only as ethical justification, but as protection against misapplication.

Convergence and Limits of Integration

Placing *fiqh al muwaswas* in dialogue with ERP reveals a shared ethical logic that transcends disciplinary boundaries. Both traditions resist the moralisation of doubt, constrain the authority of internal distress, and prioritise continuity of meaningful action over subjective certainty. Where they differ is in justification rather than outcome.

This dialogue does not require the Islamisation of psychology nor the psychologisation of law. Rather, it invites mutual illumination. Juristic principles can legitimise clinical non-engagement within religious frameworks, while clinical models can clarify the mechanisms by which juristic strategies restore functioning and resilience.

The implications of this convergence extend beyond theory. They inform how fatwa are issued, how religious leaders counsel distressed believers, and how clinicians engage Muslim patients whose symptoms are inseparable from their faith commitments. These implications are taken up in the final section, which examines how a juristically informed understanding of obsessive doubt can reshape contemporary religious guidance and mental healthcare.

⁵³ Abramowitz, *The Psychological Treatment of Obsessive-Compulsive Disorder*, 154–60.

⁵⁴ *Ibid.*, 160–66.

⁵⁵ Sophie C. Schneider et al., “Serious Negative Consequences Associated with Exposure and Response Prevention for Obsessive Compulsive Disorder,” *Depression and Anxiety* 37, no. 5 (2020): 426–27.

Table 2: Comparative dimensions of *fiqh al-muwaswas* and ERP therapy

Dimension	<i>Fiqh al-muwaswas</i>	ERP
Nature of the problem	Doubt without proof that disrupts worship	Intrusive thoughts misinterpreted as threatening
Mechanism of maintenance	Repeated checking and engaging with doubt	Compulsions (checking, reassurance, avoidance)
Prescribed response	Ignore the doubt and act on certainty	Face the fear and refrain from the compulsion
Underlying rationale	Doubt has no legal authority; hardship must be prevented	Avoidance blocks corrective learning and maintains anxiety
Intended outcome	Preserve worship and moral agency	Reduce anxiety and restore functioning

IMPLICATIONS FOR FATWA, RELIGIOUS LEADERSHIP, AND MUSLIM MENTAL HEALTHCARE

The preceding analysis has direct implications for contemporary fatwa reasoning and faith-informed care. Reframing obsessive doubt (*waswas*) as *marad* rather than *junun* reshapes how responsibility, reassurance, and accommodation are ethically articulated. It also clarifies how juristic authority can intervene to prevent worship from becoming a source of harm, without collapsing moral agency or invoking categorical exemption.

Implications for Fatwa Formulation

A juristically informed reframing treats obsessive doubt as an illness that compromises volitional control while preserving intellectual capacity. This reframing carries concrete implications for fatwa formulation. First, repeated reassurance through confirmation of ritual validity should be avoided. Classical jurists addressing *waswas* explicitly instruct abandonment of obsessive doubt on the grounds that engaging with it generates hardship and increases the condition. Responding to obsessive doubt by repeated confirmation, therefore, treats it as legally operative and reinforces the dynamic the law seeks to block.

Second, fatwa should explicitly instruct non-engagement with obsessive doubt, grounding this instruction in established legal maxims concerning certainty, hardship, and harm prevention. The principle that certainty is not removed by doubt (*al-yaqin la yazul bi-l-shakk*) functions as a protective boundary, preventing settled acts of worship from being overturned by intrusive suspicion. Al-Suyuti presents this maxim as foundational and applies it systematically to cases of recurrent doubt in worship, returning the ruling to the last established state of certainty.⁵⁶ Closely related maxims concerning the removal of hardship further support restraint as a legal requirement rather than optional counsel.

Third, treatment-seeking should be legitimised as an act of ethical responsibility rather than spiritual failure, particularly where obsessive doubt has become persistent and disabling. Within a *marad* framework, seeking assistance to restore functional capacity aligns with the

⁵⁶ Al-Suyuti, *al-Ashbāh wa-l-Nazā'ir*, 7–12.

objectives of the law, which preserve worship without imposing obligations that cannot be meaningfully fulfilled. This legitimisation does not medicalise devotion; it recognises the ethical necessity of restoring agency so that worship may continue without collapse.

Implications for Faith-Informed Counselling

For faith-informed counselling, the convergence between juristic non-engagement and clinical restraint provides a coherent ethical scaffold. Islamic counselling, as articulated by Rassool, is grounded in religious worldview and ethical responsibility rather than the uncritical importation of technique.⁵⁷ Juristic categories supply a normative vocabulary that legitimises restraint as obedience to law, not negligence in religion.

From a clinical perspective, established models of OCD explain why such restraint is therapeutically effective. Avoidance, reassurance, and neutralising behaviours interfere with emotional processing by preventing the incorporation of corrective information, thereby maintaining exaggerated threat appraisals and anxiety.⁵⁸ Reassurance-seeking in particular functions as a neutralising response that temporarily reduces distress while preserving responsibility based appraisals and undermining confidence in one's judgement.⁵⁹ When juristic guidance instructs non-engagement with *waswas*, it aligns ethically with clinical strategies that aim to restore agency through restraint.

Crucially, this alignment does not collapse jurisprudence into psychotherapy. Juristic instruction addresses questions of obligation and ethical responsibility; clinical models explain mechanisms of learning and anxiety maintenance. The convergence lies at the level of practice: both restrict the authority of intrusive doubt and prohibit responses that promise relief while perpetuating harm.

Preserving Moral Agency without Exemption

A central ethical risk in misclassifying obsessive doubt as *junun* is the unnecessary erosion of moral agency. As shown in the first section, *junun* entails epistemic collapse and carries far-reaching legal consequences across domains such as marriage, guardianship, and testimony. Oweir's analysis demonstrates how the invocation of *junun* suspends legal agency and reallocates authority, emphasising the seriousness of applying this category.⁶⁰ Extending it to obsessive doubt would therefore be juristically disproportionate.

Classifying obsessive doubt as *marad* avoids this outcome. It preserves the believer's status as a moral subject while permitting accommodation and restraint. The law intervenes not by suspending obligation, but by reshaping how obligation is enacted. This preserves dignity and accountability without demanding impossible standards of certainty.

⁵⁷ Rassool, *Islamic Counselling and Psychotherapy*.

⁵⁸ Foa and Kozak, "Emotional Processing of Fear," 28–31.

⁵⁹ Salkovskis, "Understanding and Treating Obsessive–Compulsive Disorder," S31–S34, S44–S45.

⁶⁰ Oweir, "al-Aḥkām al-Muta'alliqa bi-l-Majnūn," 28–56.

Law as a Resource for Resilience

Taken together, these implications challenge the assumption that Islamic law must be suspended or bypassed in cases of psychological distress. Classical jurists were acutely aware that law which generates paralysis, despair, or abandonment of worship fails in its ethical purpose. Their treatment of *waswas* reflects a sustained concern with preserving religion and the religious subject.

By retrieving this ethical logic, contemporary juristic reasoning can function as a resource for resilience. Juristic non-engagement with obsessive doubt does not deny suffering; it limits the authority of doubt so worship remains possible. In doing so, Islamic law offers a faith-informed pathway to wellbeing that is internally coherent, normatively grounded, and humane.

CONCLUSION

This article has argued that obsessive doubt in religious practice is best understood within Islamic jurisprudence not as *junun*, nor as moral failure, but as *marad* that impairs volitional control while preserving intellectual and ethical agency. By recovering the classical juristic treatment of the *muwaswas*, the analysis has shown that Islamic law contains a coherent ethical framework for managing intrusive doubt, excessive repetition, and compulsive reassurance. This framework is grounded in graded legal capacity, facilitation under hardship, and the deliberate limitation of doubt's authority in moral deliberation.

Situating *fiqh al muwaswas* within its broader legal architecture reveals that jurists did not regard obsessive doubt as a problem to be solved through greater certainty or heightened introspection. Rather, they treated it as a condition requiring containment, restraint, and continuity of worship without repetition. The ethical logic underpinning this approach aligns closely with contemporary clinical understandings of OCD, particularly the emphasis on non-engagement with compulsive responses, tolerance of uncertainty, and resistance to reassurance seeking. Importantly, this convergence does not collapse jurisprudence into psychology, nor does it require the medicalisation of religious practice. It demonstrates instead that Islamic law and modern clinical science arrive at similar strategies for preserving human functioning and resilience under conditions of internal compulsion.

By reframing obsessive doubt as *marad*, this article challenges prevalent tendencies in contemporary fatwa discourse that moralise scrupulosity or subsume it under total incapacity. Both approaches risk eroding moral agency and exacerbating suffering. A juristically grounded alternative allows fatwa, pastoral guidance, and clinical care to operate in concert, preserving the believer's ethical standing while legitimising restraint, accommodation, and treatment seeking. In this sense, *fiqh al muwaswas* offers more than historical interest. It provides a normative vocabulary for faith-informed mental wellbeing that is internally grounded within the Islamic legal tradition.

The implications of this reframing extend beyond individual cases of religious scrupulosity. They point toward a broader methodological lesson regarding how Islamic law can be engaged

in contemporary conversations about mental health. Rather than treating *fiqh* as a static repository of rulings or an obstacle to therapeutic care, this study has shown that jurisprudence can function as an ethical resource that actively supports resilience, dignity, and human flourishing. Recovering this function requires careful attention to juristic categories of capacity and impairment, and resistance to reductive classifications that flatten complex experiences into binary judgments.

Future research may build on this framework by examining how juristic approaches to other forms of psychological distress, such as anxiety, depression, or trauma, intersect with contemporary clinical models. More immediately, however, the retrieval of *fiqh al muwaswas* invites scholars, jurists, clinicians, and religious leaders to reconsider how authority is exercised in the presence of suffering. Where law limits the authority of doubt and prioritises mercy over impossible certainty, it fulfils its ethical purpose. In doing so, it offers a faith-informed pathway to psychological wellbeing that is neither defensive nor dismissive, but grounded, coherent, and humane.

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