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FROM *BĪMĀRISTĀN* TO CLINIC: ISLĀMIC PERSPECTIVES ON SOUND-BASED THERAPY AND MENTAL HEALTHCARE

G. Hussein Rassool*

Abstract: Sound-based interventions have long featured in diverse healing traditions, yet their role within spirituality and mental health literature remains overlooked. This article examines the historical foundations of classical *bīmāristāns*, theological frameworks for permissible sound, and contemporary evidence for Islāmic-informed sound-based therapy. Drawing on classical sources, theological discourse, and emerging empirical research, it identifies precedents for permissible therapeutic sound-based practices and synthesises evidence for benefits in mental health interventions. Results indicate classical physicians used sound-based therapies. Emerging evidence suggests the efficacy of sound-based interventions for anxiety and depression when aligned with the client's spiritual values. Clinicians may benefit from understanding the historical precedents and evidence-based applications of permissible sound modalities for clinical practice.

Keywords: *sound-based therapy*, *spirituality*, *mental health*, *music therapy*, *historically informed care*, *faith-congruent interventions*

INTRODUCTION

In the 10th-century *bīmāristān* ('hospital' or 'place of healing'), patients would recline in serene courtyards, soothed by the sounds of flowing water, birdsong, or the gentle melodies of skilled musicians. Physicians of the era recognised that sound could calm agitation, ease pain, and nurture the spirit, making music an essential element of holistic care.[1] Al-Jāḥiẓ

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1 Peter E. Pormann and Emilie Savage-Smith, *Medieval Islamic Medicine* (Edinburgh University Press, 2007), https://doi.org/10.1515/9780748629121.

likewise observed that the Persian kings (ʿ*ajam*) employed music (*samāʿ*) to uplift the melancholic (*maḥzūn*), relieve the suffering of the sick (*marīḍ*), and divert harmful or troubling thoughts.[2] Fast-forward to the present day: a client sits in a counselling room, reciting or listening to the Qur'ān before beginning therapy. The steady rhythm of the Qur'ānic recitation helps ground the client, allowing them to relax and prepare for therapeutic engagement. Across centuries, sound, whether expressed through music or Qur'ān recitation, has consistently bridged spiritual comfort and psychological healing, underlining that faith-congruent interventions have long been integral to the human pursuit of wellbeing.[3]

The *bīmāristān* was a central institution in classical Islāmic medicine: a hospital that functioned as a comprehensive centre for healing, education, and research.[4] Long before similar developments appeared in Europe, these institutions embodied a holistic approach to care, addressing physical, emotional, and spiritual needs. They offered treatment free of charge to all, regardless of social or cultural background, reflecting Islām's profound commitment to compassion and public welfare.[5] Sound-based interventions were systematically integrated into therapeutic practice within *bīmāristāns*. The use of sound as healing has deep roots across ancient civilisations, evolving into modern clinical applications such as music therapy, which is now widely recognised for treating anxiety, depression, trauma, and chronic pain.[6] Contemporary mental healthcare increasingly values spiritually integrated approaches, acknowledging the link between faith and psychological wellbeing.[7] Yet, Western scholarship has largely overlooked the systematic sound-based healing traditions of Islāmic medicine. During the Abbasid era, physicians institutionalised music therapy in hospitals, designing architecture with acoustics in mind to enhance therapeutic effects and these practices were documented for their benefits to mental health.[8] Despite growing interest in faith-integrated therapeutic approaches,[9] historical religious sound-based practices remain underrepresented in modern frameworks. Theological boundaries, such as permissible instruments, vocal styles, and content, are often neglected, highlighting the need

2 Abū ʿUthmān ʿAmr ibn Baḥr al-Jāḥiẓ, *Kitāb al-Ḥayawān* [The Book of Animals], vol. 1, ed. ʿAbd al-Salām Muḥammad Hārūn (Maktabat al-Khānjī and Dār al-Rifāʿī, 1965), 286.

3 N. Mirbagher Ajorpaz, M. Aghajani, M. S. Shahshahani, and H. Najaran, "The Effect of Quran Recitation on Anxiety in Hemodialysis Patients: A Randomized Controlled Trial," *Journal of Religion and Health* 53, no. 3 (2014).

4 Pormann and Savage-Smith, *Medieval Islamic Medicine*.

5 Michael W. Dols, *Majnūn: The Madman in Medieval Islāmic Society* (Clarendon Press, 1992).

6 American Music Therapy Association, "Definition and Quotes about Music Therapy," accessed May 12, 2026, https://www.musictherapy.org/about/quotes/; World Federation of Music Therapy, "About Us," accessed May 12, 2026, https://www.wfmt.info/about.

7 Kenneth I. Pargament, *Spiritually Integrated Psychotherapy: Understanding and Addressing the Sacred* (Guilford Press, 2011), 31; Kate Milner et al., "The Experiences of Spirituality among Adults with Mental Health Difficulties: A Qualitative Systematic Review," *Epidemiology and Psychiatric Sciences* 29 (2020): https://doi.org/10.1017/S2045796019000234.

8 Sezer Erer and Elif Atıcı, "Selçuklu ve Osmanlılarda Müzikle Tedavi Yapılan Hastaneler" [Hospitals Using Music Therapy in Seljuks and Ottomans], *Uludağ Üniversitesi Tıp Fakültesi Dergisi* 36, no. 1 (2010); Rania Awaad and Merve Nursoy-Demir, *Maristāns and Islāmic Psychology: A Historical Model for Modern Implementation* (Routledge, 2025).

9 G. Hussein Rassool, *Exploring the Intersection of Islāmic Spiritual and Psychotherapy: Healing the Soul* (Springer, 2024); G. Hussein Rassool, *Islāmic Counselling & Psychotherapy*, 2nd ed. (Routledge, 2025).

for faith-congruent therapeutic options that respect religious traditions while ensuring clinical efficacy.

The American Music Therapy Association defines clinical music therapy as a professional, evidence-based discipline applying scientific principles to the creative and emotional qualities of music for therapeutic and educational outcomes.[10] The World Federation of Music Therapy similarly describes it as the professional use of music and its elements across medical, educational, and everyday contexts to enhance quality of life and promote physical, social, communicative, emotional, intellectual, and spiritual health.[11] Both highlight music therapy as a structured, evidence-based practice that harnesses music's power to achieve holistic wellbeing.

In this article, "sound" is defined broadly to include instrumental music, melodic compositions, human voice in song, birdsong, flowing water, and sacred auditory traditions such as the *adhān* (Islāmic call to prayer) and Qur'ānic recitation. Two key terms are clarified: Islāmic-informed interventions, which draw on Qur'ānic principles, Prophetic teachings, classical scholarship, and historical practices while integrating psychospiritual strategies consistent with Islāmic beliefs; and spiritually permissible, referring to practices acceptable within Islāmic legal and theological boundaries, with recognition of diversity across schools of thought. The aims of this article are to examine three key dimensions of sound-based therapy within the framework of Islāmic civilisation. First, it seeks to uncover its historical foundations, tracing how therapeutic uses of sound were practiced and developed in the medieval Islāmic era. Second, it examines the theological frameworks, situating sound within the broader belief system to ensure harmony with spiritual and ethical values. Third, it evaluates contemporary evidence, integrating modern scientific research and clinical findings to demonstrate the ongoing relevance and effectiveness of sound-based therapy in contemporary times.

HISTORICAL FOUNDATIONS: SOUND-BASED HEALING IN CLASSICAL ISLĀMIC MEDICINE

The foundations of sound-based healing in classical Islāmic scholarship emerged from three interconnected streams of thought. Philosophers such as Al-Kindī (801–873 CE), Al-Fārābī (870–950 CE), and Ibn al-Haytham explored the intellectual and scientific dimensions of music. Physicians like Al-Rāzī (865–925 CE) and Ibn Sīnā (980–1037 CE) applied sound therapeutically in medical treatment and healing. Theologians including Al-Ghazālī (c. 1058–1111 CE) and Safī al-Dīn al-Urmawī (1216–1294 CE) emphasised its spiritual and ethical significance. Together, these scholars shaped a holistic tradition in which sound was understood as a scientific, medical, and spiritual resource for human wellbeing.

Al-Kindī was among the earliest scholars to recognise the therapeutic potential of music and is regarded as the pioneer of sound-based therapy in the Islāmic world. Ibn al-Qifṭī's

[10] American Music Therapy Association, "Definition and Quotes about Music Therapy."
[11] World Federation of Music Therapy, "About Us."

Ikhbār al-ʿulamāʾ bi-akhbār al-ḥukamā (History of Scholars Concerning the Reports of the Wise)[12] recounts how al-Kindī attempted to treat his neighbour's son of apoplexy by ordering musicians to play in a mode he prescribed, assembling his music students to perform for the boy. As the melodies continued, the child gradually relaxed, sat upright, and even responded to his father's questions in writing. Yet, when the music ceased, he relapsed. Al-Kindī explained that no one can prolong a life beyond its Divinely appointed term, and the boy later succumbed to complications.[13] This account illustrates al-Kindī's belief in music's therapeutic influence, while affirming the theological view that ultimate outcomes rest with Divine decree. In al-Kindī's therapeutic context, music therapy was practiced as part of broader intervention strategies, often combined with aromatherapy. Music was believed to benefit "both body and soul,"[14] while aromatherapy complemented this by engaging the senses through pleasant scents from flowers, such as hyacinth and jasmine.[15]

Al-Fārābī advanced the theoretical and therapeutic understanding of sound-based therapy. In *Kitāb al-Mūsīqā al-Kabīr* (The Great Book of Music), al-Fārābī emphasised the importance of time-based therapy, observing that musical compositions could have greater impact at particular hours of the day.[16] He also highlighted the psychological effects of different *maqāms* (musical modes), linking specific modes to emotional states and times of day. This suggests that the therapeutic value of music depended on the correct application of these modes within a structured healing framework.[17] Al-Fārābī explored the emotional and spiritual effects of the *adhān* and prescribed specific *maqāms* to be used after each of the five daily prayers.[18] His approach reflected the belief that different *maqāms* could influence human emotions in distinct ways. Al-Rāzī recognised the therapeutic potential of music in alleviating emotional distress alongside physical ailments. For example, in his *Kitāb al-Manṣūrī* (The Mansurian Book of Medicine), he prescribed listening to songs for Amīr Manṣūr b. Nūḥ b. Naṣr, who suffered from chronic illness, sadness, and grief.[19]

Ibn Sīnā, a leading physician and philosopher of the Islāmic Golden Age, developed a detailed theory of music therapy in *al-Qānūn fī al-Ṭibb*[20] (The Canon of Medicine) and *Kitāb*

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12 Jamāl al-Dīn Abū al-Ḥasan ʿAlī ibn Yūsuf Ibn al-Qifṭī, *Ikhbār al-ʿUlamāʾ bi Akhbār al-Ḥukamāʾ* [History of Scholars Concerning the Reports of the Wise], ed. Julius Lippert (Dieterich'sche Verlagsbuchhandlung, 1903), 366–78.

13 Yaʿqūb ibn Isḥāq Al-Kindi, *The Philosophical Works of Al-Kindi*, ed. Peter Adamson and Peter E. Pormann (Oxford University Press, 2012), lxxi–ii.

14 Hans Hinrich Biesterfeldt, "Music for the Body, Music for the Soul," in *Arabic Humanities, Islāmic Thought: Essays in Honor of Everett K. Rowson*, ed. J. E. Lowry and S. M. Toorawa (Brill, 2017).

15 Ahmet Şahin Ak, *Avrupa ve Türk-İslâm Medeniyetinde Müzikle Tedavi: Tarihî Gelişimi ve Uygulamaları* [Historical Development and Applications of Music Therapy in European and Turkish-Islāmic Civilisation], 2nd ed. (Ötüken Neşriyat, 2006), 179.

16 Abū Naṣr Muḥammad ibn Muḥammad ibn Ṭarkhān ibn Uzlagh Al-Farābī, *Kitāb al-Mūsīqā al-Kabīr* [The Great Book of Music], ed. Ghattas Abdel Malek (Al-Maktabah al-Nahḍah al-Miṣriyyah, 1967).

17 Ibid.; Amnon Shiloah, *Music in the World of Islam: A Socio-Cultural Study* (Scolar Press, 1995).

18 Nazila Isgandarova, "Music in Islamic Spiritual Care: A Review of Classical Sources," *Religious Studies and Theology* 34, no. 1 (2015): 107.

19 Ibid., 105.

20 Ibn Sīnā, *Al-Qānūn fī al-Ṭibb* [The Canon of Medicine], trans. L. Bakhtiar (Kazi Publications, 1999).

al-Shifāʾ[21] (The Book of Healing). While the *Canon* focuses on medical science and the *Shifāʾ* on philosophy and natural sciences, both works highlight his view that listening to music was among the most effective therapeutic methods. He recommended it for conditions such as lovesickness, which he regarded as a psychological disturbance requiring a combination of sound-based therapy, dietary regulation, and counselling. In the *Canon*, Ibn Sīnā integrates music into a broader framework of healing strategies, showing how sound could be applied alongside other interventions to restore emotional and physical balance. His conceptualisation of sound-based therapy remains relevant today, influencing integrative medicine and cognitive therapy.

Al-Mājūsī and Ibn ʿImrān also recognised the therapeutic value of sound and music in treating mental health problems. In *al-Kāmil fī Ṣināʿat al-Ṭibb* (The Complete Book of the Medical Art), al-Mājūsī recommended music therapy for conditions such as melancholia and lovesickness, integrating it with baths, diet, massage, and physical therapies to calm patients and provide emotional relief.[22] Similarly, Ibn ʿImrān's *Maqālah fī al-Mālikhūliyā* (Treatise on Melancholia) prescribed music alongside dietary interventions, herbal remedies, bathing, and immersion therapy to alleviate distress and restore psychological balance.[23] The Ikhwān al-Ṣafāʾ (Brethren of Purity), a 10th-century intellectual fraternity, included a treatise on music in their *Rasāʾil* (Epistles).[24] Their work explored technical aspects such as rhythm, tone, and meter, while linking music to psychological applications through humoral theory and numerical proportions.[25] They framed music as ultimately spiritual, part of a holistic educational and therapeutic system, emphasising its role in harmonising the soul, shaping moral character, and contributing to healing when properly applied.

The approaches advocated by the classical scholars demonstrate that sound-based therapy was not the primary treatment but functioned as an adjunct. Its main role was to complement conventional therapies by alleviating symptoms, calming the patient, and providing emotional relief and distraction. Table 1 outlines the contributions of classical Islāmic scholars in applying sound-based therapy to the treatment of mental health.

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21 Abū ʿAlī al-Ḥusayn ibn ʿAbd Allāh Ibn Sīnā, *Kitāb al-Shifāʾ* [The Book of Healing] (Al-Matbaʿa al-Amīriyya, 1952).

22 Alī ibn al-ʿAbbās al-Mājūsī, *Kāmil al-Ṣināʿa al-Ṭibbiyya* [The Complete Book of the Medical Art], vol. 2 (Maṭbaʿat al-Kubrā al-ʿĀmira, 1877).

23 Isḥāq ibn ʿImrān, *Maqālah fī al-Mālikhūliyā* [Treatise on Melancholia], ed. and trans. Adel Omrani and Radhi Jazi (Maṭbaʿat al-Maghrib li al-Nashr, 2009), 1–2.

24 Ikhwān al-Ṣafāʾ, *On Music: An Arabic Critical Edition and English Translation of Epistle 5*, ed. and trans. O. Wright (Oxford University Press in association with the Institute of Ismaili Studies, 2011), 128.

25 The connection between music, humoral theory, and numerical proportions emerges from a long intellectual tradition that integrates Greek philosophy, Islāmic medicine, and medieval music theory. Put simply, this tradition views music not merely as sound, but as a force capable of influencing the body, emotions, and temperament.

Table 1: Sound as therapy: Contributions of classical Islāmic scholars to mental health treatment

Scholar / source	Major work(s)	Mental disorder/ condition	Sound-based therapy application	Complementary treatments	Key contribution
Al-Kindī (801–873 CE)	*Risālah fī al-Mūsīqā* (Treatise on Music) and other works on sound and harmony	General emotional distress	Theoretical use of music for emotional regulation	Not specified	Early theorist on psychological effects of music in healing
Al-Fārābī (870–950 CE)	*Kitāb al-Mūsīqā al-Kabīr* (The Great Book of Music)	Emotional imbalance	Use of *maqām* (musical modes) and timing	Not specified	Developed structured theory of music for therapeutic outcomes
Al-Mājūsī (d. 994 CE)	*Al-Kāmil fī Ṣināʿat al-Ṭibb* (The Complete Book of the Medical Art)	Hypochondriac, melancholia, lovesickness	Music during walks; listening to or playing ʿūd	Evacuation,[26] vein pricking, baths, massage, medication, diet, horse riding	Applied music therapy clinically and with lifestyle methods
Ibn ʻImrān (10th century)	*Maqālah fī al-Mālikhūliyā* (Treatise on Melancholia)	Melancholia	Listening to music	Diet, herbal remedies, immersion therapy, baths, massage	Holistic integration of music in medical treatment
Ibn Sīnā (980–1037 CE)	*Al-Qānūn fī al-Ṭibb* (Canon of Medicine)	Insomnia, melancholia, lovesickness	Singing, rhythmic modes, listening to music	Diet, baths, oils, opium, massage, cupping, recreation, counselling, evacuation	Advanced integration of music in psychological and medical care
Ikhwān al-Ṣafāʾ (10th century CE)	*Rasāʾil Ikhwān al-Ṣafāʾ* (Epistles of the Brethren of Purity)	Soul/psyche (general)	Music for spiritual harmony	Not specified	Linked music to spiritual and metaphysical healing

Bīmāristāns (also known as *māristāns*) were pioneering hospitals established across the heartlands of Islāmic civilisation during different dynasties. The earliest appeared in Damascus under Umayyad Caliph Walīd ibn ʿAbd al-Malik (r. 705–715 CE), followed by major Abbasid institutions in Baghdad during the 9th–10th centuries. In Egypt, the Qalāwūn Bīmāristān (Cairo, 1284) became renowned for advanced medical wards and mental healthcare. In Persia, centres in Rayy, Shiraz, and Isfahan integrated Persian traditions with Islāmic medical scholarship. Anatolia (Türkiye) saw hospitals such as Gevher Nesibe Darüşşifa (Kayseri, 1206 CE) and Divriği Darüşşifa (Sivas, 1228–1229 CE), which combined treatment with medical education. In North Africa, the Sidi Frej Maristān (Fez, Morocco; 1286 CE) specialised in mental health, while in Al-Andalus, the Nasrid Māristāns of Granada (r. Nasrid dynasty, 1230–1492 CE) were among Europe's first hospitals dedicated to

[26] Evacuation refers to the general therapeutic removal of excess humours from the body through methods such as laxatives (bowel purging), emetics (inducing vomiting), diuresis (urine expulsion), and sweating therapies.

psychological care. Collectively, these institutions illustrate the breadth and sophistication of the Islāmic civilisation's contributions to medicine and medical research.

Awaad and Nursoy-Demir highlight *bīmāristāns* as pioneering institutions that established the world's first dedicated centres for psychological treatment.[27] The *waqf* system (a charitable endowment in Islāmic law) played a crucial role in sustaining and advancing healthcare, with rulers funding the establishment of *bīmāristāns*.[28] These medieval hospitals functioned simultaneously as centres of patient care, medical education, and research. They provided free treatment to all, irrespective of religion, gender, or social status, and maintained extensive medical libraries that served scholars and students alike.[29] Therapeutic efficacy was tied to "healing architecture," which created multi-sensory environments combining gardens, fragrant plants, flowing water, and music to regulate patients' psychological states and humoral balance.[30] Over time, they became influential hubs of knowledge that shaped the development of European medicine.

The development of sound-based therapy in Islāmic medical institutions progressed chronologically across dynasties. It began in the Umayyad period (r. 661–750 CE) with the Maristān al-Walīd in Damascus (early 8th century CE, c. 706–715 CE), where Qurʾān recitation and basic acoustic care were used therapeutically. During the Abbasid era (r. 750–1258 CE), the Maristān al-ʿAḍudī in Baghdad (founded 978 CE under the Buyid ruler ʿAḍud al-Dawla, r. 949–983 CE) integrated live music and storytelling with medical treatments. By the Zengid period (Zengid dynasty, r. c. 1127–1250 CE), the Māristān Nūr al-Dīn in Damascus (1154 CE) incorporated water sounds, recitation, and courtyard design to enhance healing. The Seljuk Gevher Nesibe Dārüşşifā in Kayseri (1206 CE) emphasised architectural acoustics. Under the Mamluks, the Māristān al-Manṣūrī in Cairo (1284 CE) institutionalised music and Qurʾān recitation through *waqf* support. This tradition reached its peak in the Ottoman period, particularly at the Bayezid II Dārüşşifā in Edirne (1488 CE), where professional musical ensembles and *maqām*-based therapy were systematically applied. The model continued in the Süleymaniye Dārüşşifā in Istanbul (1557 CE), where dedicated music therapy practices, combined with natural and recited sounds, remained in use well into later centuries. Figure 1 outlines the evolution of sound-based therapy in *māristāns*.

27 Awaad and Nursoy-Demir, *Maristāns and Islāmic Psychology*, 4–5.
28 Ibid., 38–39.
29 Ibid., 40–46.
30 Pormann and Savage-Smith, *Medieval Islamic Medicine*, 2007; Dols, *Majnūn*, 1992.

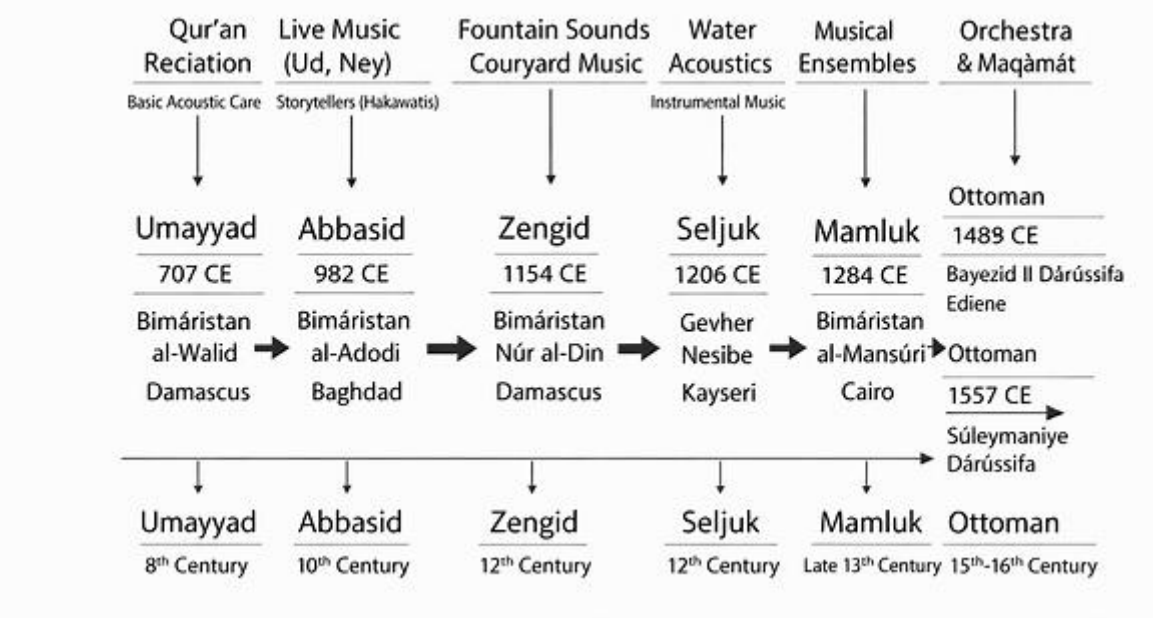

Figure 1: Evolution of sound-based therapy in *māristāns*

According to Ibn Iyās, the *waqf* stipulations of the *bīmāristān* mandated that an ensemble of musicians perform on instruments such as the oud to elevate patients' spirits, while professional Qurʾān-reciters (*qurrāʾ*) were appointed to recite verses within the *qubbah* (domed hall).[31] The presence of Qurʾān recitations within the domed hall indicates that the complex was deliberately designed for musical practices and the acoustic environment was an integral element of its therapeutic architecture.[32] Hydro-architecture was central: fountains and pools provided continuous calming soundscapes to induce tranquillity (*sukūn*).[33] In Ottoman institutions such as the Edirne Sultan Bayezid II Dārüşşifā (1488 CE), hydraulic systems channelled water beneath the dome to generate resonant ambient sound.[34] *Waqfiyyas* (endowment deeds) reveal that musicians and Qurʾān-reciters performed in synchrony with these natural acoustics, creating tailored therapeutic regimens for patients, especially those with mental health conditions.[35] By shaping buildings to carry sound and prescribing *maqāms*, Islāmic civilisation showed how architecture was part of the healing process.

Sound-based therapy in the *bīmāristān* was supported by a sophisticated body of musical theory that enabled physicians to apply treatments with precision. Ottoman medical manuscripts classified most mental illnesses as conditions of the head, while others were

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31 Muḥammad ibn Aḥmad ibn Iyās, *Badāʾiʿ al-Zuhūr fī Waqāʾiʿ al-Duhūr* [Wonders of Flowers in the Events of the Ages], ed. Muḥammad Muṣṭafā, vol. 1, pt. 1 (Franz Steiner Verlag, 1975), 594.

32 Chihiro Larissa Tsukamoto, "Apollon's Gift: Musical Therapy from Asklepieia to Bīmāristāns" (PhD diss., Yale University, 2023), 217.

33 Şükrü Aksoy, "Music Therapy in the Ottoman Empire: The Case of the Edirne Sultan Bayezid II Darüşşifası," in *Proceedings of the 9th International Congress on Turkish Art* (Comité International d'Histoire de l'Art, 2006).

34 Ayşe Pulular and Richard Levy, "The Külliye of Sultan Bayezid II – Psychiatry in History," *The British Journal of Psychiatry* 219, no. 6 (2021): 631.

35 Aksoy, "Music Therapy in the Ottoman Empire"; H. İnalcık, "The Social Role of Waqfs in the Ottoman Empire," in *An Economic and Social History of the Ottoman Empire, 1300–1914*, ed. H. İnalcık and D. Quataert (Cambridge University Press, 1992).

understood as psychosomatic disorders, such as hysteria, anxiety, or loss of appetite and sexual dysfunction linked to psychological causes.[36] Some mental illnesses were attributed to substance use, including alcohol and opium, while additional personal or behavioural disorders were studied separately. This classification system provides insight into the theoretical foundations of music therapy in the Ottoman era.[37] In institutions such as the Edirne Sultan Bayezid II Dārüşşifā, physicians were trained to select melodies according to the illness, creating individualised care based on *maqāms*. The classification of musical *maqāms* for treating specific illnesses was rooted in Ibn Sīnā's theory of the four temperaments: sanguine (*damawi*), choleric (*safrāwi*), phlegmatic (*balghami*) and melancholic (*saudāwi*).[38] Physicians observed physiological responses, such as heart rate, and adjusted the acoustic environment to aid recovery.[39] This reflects an early form of individualised medicine, where music was tailored to the patient's psychological and humoral state rather than applied universally.[40] Sound-based therapy in the *bīmāristān* was never practiced in isolation; it functioned as an integrated treatment package designed to treat the patient as a whole – body, mind, and spirit. Music therapy was often integrated with complementary treatments such as hydrotherapy, cupping, aromatherapy, herbal remedies, storytelling, exposure to pleasant landscapes, prescribed nutrition, and spiritual care.[41] Table 2 presents the use of sound as therapy in *bīmāristāns*, highlighting its historical applications and integration within the broader medical/mental health framework.

36 Nur Sari et al., "Dhikr Istighfar Therapy to Reduce OSCE Anxiety among Medical Students," *Jurnal Universitas Muhammadiyah Jakarta* 5, no. 2 (2023).

37 Rudiger Lohlker, "Music Therapy and Mental Health," Muslim Heritage, August 6, 2020, accessed May 12, 2026, https://muslimheritage.com/music-therapy-and-mental-health.

38 Ak, *Avrupa ve Türk-İslâm Medeniyetinde Müzikle*, 145.

39 Pulular and Levy, "The Külliye of Sultan Bayezid II," 631.

40 Aksoy, "Music Therapy in the Ottoman Empire," 3–12; Pormann and Savage-Smith, *Medieval Islamic Medicine*, 2007.

41 Dilek Basağaoğlu and Bülent Bakır, "Anadolu Selçuklu Darüşşifalarında Mimariyi Etkileyen Öğeler" [Factors Influencing Architecture in Anatolian Seljuk Darüşşifas], in *VIII. Türk Tıp Tarihi Kongresi, 16–18 Haziran 2004* (Türk Tıp Tarihi Yayınları, 2006), 141; Sidik et al., "Music Therapy in the Medicine of Islamic Civilization," in *Music in Health and Diseases*, ed. Amit Agrawal, Roshan Sutar and Anvesh Jallapally (IntechOpen, 2022), 9, https://www.intechopen.com/chapters/77311.

Table 2: Sound as therapy in *bīmāristāns*: Historical applications

Institution (location)	Founder (era)	Sound-based therapy	Other treatments	Conditions treated	Key point
Māristān al-Walīd (Damascus)	Umayyad, al-Walīd I (c. 707)	Qurʾān recitation (general therapeutic environment)	Isolation, hygiene, caregiver support	Leprosy, chronic illness, mental illness	Early institutional care with humane treatment[42]
Māristān al-ʿAḍudī (Baghdad)	Abbasid, ʿAḍud al-Dawla (982)	Music and auditory therapies reported in hospitals	Pharmacy, dietetics, baths, massage	Melancholia, physical illness	Major teaching hospital; integrated therapies[43]
Māristān Nūr al-Dīn (Damascus)	Zengid, Nūr al-Dīn (1154)	Water sounds and recitation (healing environment)	Hydrotherapy, aromatics, diet	Mental distress, fever	Architecture used sensory healing (sound, space)[44]
Māristān al-Manṣūrī (Cairo)	Mamluk, Qalāwūn (1284)	Qurʾān recitation; auditory care supported by waqf	Baths, diet, pharmacy, wards	Mental illness, chronic disease	One of the most advanced hospitals of its time[45]
Dārüşşifā of Gevher Nesibe (Kayseri)	Seljuk (c. 1206)	Use of calming sound environments (inferred from design)	Surgery, teaching, diet	Mental and physical illness	Early hospital-medical school complex[46]
Edirne Bayezid II Dārüşşifā (Edirne)	Ottoman, Bayezid II (1488)	Documented use of music therapy and *maqāms*	Hydrotherapy, aromatherapy, occupation	Mental illness, insomnia	Most explicit historical evidence of structured music therapy
Süleymaniye Dārüşşifā (Istanbul)	Ottoman, Suleiman (1557)	Continued use of music and recitation	Advanced medical care, pharmacy	Neurological and mental disorders	Institutional continuation of Ottoman therapeutic model[47]

The establishment of the *bīmāristān* demonstrates that a multidimensional approach to health, embracing spiritual, psychological, and physical dimensions, was not only possible but represented the prevailing standard of care in the medieval Islāmic world. Although such

42 Sami K. Hamarneh, "Development of Hospitals in Islam," *Journal of the History of Medicine and Allied Sciences* 17, no. 3 (1962): 366–84.

43 Robert Hillenbrand, *Islamic Architecture: Form, Function, and Meaning* (Edinburgh University Press, 1994).

44 Aksoy, "Music Therapy in the Ottoman Empire."

45 Hillenbrand, *Islamic Architecture*.

46 Nil Sarı, Osmanlı Hekimliğinde Tıp Ahlâkı [Medical Ethics in Ottoman Medicine], in *Osmanlılarda Sağlık* (Biofarma İlaç Sanayi ve Ticaret A.Ş., 2006).

47 Hillenbrand, *Islamic Architecture*; Sidik et al., "Music Therapy in the Medicine of Islamic Civilization."

institutions no longer exist today, they remain an enduring part of Islāmic civilisation's cultural heritage, having pioneered and applied sound-based therapy as an adjunct therapeutic intervention.

CONCEPT OF MUSIC AND THERAPEUTIC SOUND: ISLĀMIC PERSPECTIVES

In Islāmic jurisprudence, a distinction is made between music (*mūsīqā*) and therapeutic sound (*ṣawt ʿilājī*). Music is generally defined by prohibitive scholars as organised sound produced by instruments such as strings, winds, or percussion other than the duff (a simple hand-drum without rattles), intended for entertainment or emotional arousal and thus considered *ḥarām* due to its potential to distract from God or incite immoral behaviour.[48] In contrast, therapeutic sound encompasses auditory practices that are intrinsically permissible (*mubāḥ*) or recommended (*mandūb*), including Qur'ān recitation, *dhikr* (remembrance of Allāh), *duʿā'* (supplication) the *adhān*, and neutral sounds like nature or rhythmic patterns, which are viewed as spiritually and psychologically beneficial.

Al-Faruqi suggests that music therapy is the art and science of combining sounds, vocal tones, or instrumental sounds or tones to create expressions that fulfil emotional, aesthetic, and structural needs within a culture's underlying belief system.[49] Al-Faruqi's definition highlights three dimensions: the therapeutic use of sound, voice, and instruments; the capacity of music to meet emotional and aesthetic needs; and its alignment with the values and purposes of a culture's belief system.

THEOLOGICAL FRAMEWORKS: LEGALITY AND PERMISSIBILITY OF MUSIC AND SOUND IN ISLĀM

Theological debates on music and sound in Islām revolve around questions of legality (*ḥalāl/ḥarām*) and permissibility (*mubāḥ*). In Islāmic jurisprudence, discussions on music often reference the Qurʾān's ethical guidance regarding distractions that lead people away from God's path. In the Qurʾān, Sūrah Luqman addresses guidance on wisdom, moral conduct, and avoidance of distractions that lead people away from God's path:

وَمِنَ النَّاسِ مَنْ يَشْتَرِي لَهْوَ الْحَدِيثِ لِيُضِلَّ عَن سَبِيلِ اللَّهِ بِغَيْرِ عِلْمٍ وَيَتَّخِذَهَا هُزُوًا ۚ أُولَٰئِكَ لَهُمْ عَذَابٌ مُّهِينٌ

> And of the people is he who buys idle talk (*lahw al-ḥadīth*) to mislead from the path of Allāh without knowledge and takes it in ridicule. For those there will be a humiliating punishment.[50]

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48 Taqī al-Dīn Aḥmad ibn ʿAbd al-Ḥalīm Ibn Taymiyyah, *Majmūʿ al-Fatāwā* [The Collected Legal Opinions], ed. ʿAbd al-Raḥmān ibn Muḥammad ibn Qāsim, vol. 30 (Majmaʿ al-Malik Fahd li-Tibaʿat al-Mushaf al-Sharif, 1995); Al-Qurṭubī, *Al-Jāmiʿ li-Aḥkām al-Qurʾān* [The Compendium of Qurʾānic Rulings] (Dār al-Kutub al-Miṣriyyah, 2003).

49 Lois Lamya al-Faruqi, "The Shari'ah on Music and Musicians," *al-'Ilm* 9 (1989): 30.

50 Qurʾān 31:6, interpretation of the meaning.

Sūrah Luqman 31:6 has been interpreted by classical and contemporary scholars as a caution against speech or entertainment that distracts from Divine guidance. Classical commentators who cite *lahw al-ḥadīth* as evidence for the prohibition of music include several of the Companions (*Ṣaḥābah*). Foremost among them are ʿAbdullāh ibn ʿAbbās, ʿAbdullāh ibn Masʿūd, and ʿAbdullāh ibn ʿUmar (may Allāh be pleased with them), who interpreted the verse as referring to singing and musical entertainment that distracts from the remembrance of Allāh. Their authority is significant because they were closest to the Prophet (ﷺ), witnessed revelation, and understood the Qurʾān in its original linguistic and cultural context.[51] Classical exegetes such as Ibn Kathīr[52] and al Jalālayn[53] understood *lahw al ḥadīth* ("idle talk") to include singing and music, often citing early authorities like Ibn ʿAbbās and Mujāhid who linked the verse to frivolous tales and songs used to divert people from the Qurʾān. Ibn Ḥajar al Haytamī reinforced this restrictive view in his treatise against musical instruments.[54]

Contemporary scholars such as Sayyid Abul A'lā Maududi addressed Sūrah Luqman 31:6 in his *Tafhīm al-Qur'ān*:[55]

> The expression *lahw al-ḥadīth* ("idle talk") encompasses all forms of amusement, such as music, song, dance, and frivolous storytelling, that divert the heart from the Qur'ān and righteous action. The early Companions, including Ibn Masʿūd and Ibn ʿAbbās, understood this phrase to denote singing and musical instruments.[56]

Mufti Shafiʿ Usmani, in his widely respected *Maʿāriful Qurʾān*, interprets the term *lahw al-ḥadīth* in a broad sense that includes music, vocal and instrumental, as well as other forms of diversion that distract from the remembrance and worship of Allah. This understanding also extends to frivolous or morally inappropriate narratives and entertainment. He thereby affirms that *lahw al-ḥadīth* refers to music and similar distractions that divert a person from spiritual devotion.[57] This reflects a contemporary expansion of the classical *tafsīr* tradition, positioning the verse within the challenges of modern cultural life.

Several authentic ḥadīths address music and singing, with most classical scholars interpreting them as evidence of restriction, though some narrations also highlight limited allowances, such as the use of the duff in celebrations. Abu Hurayrah (may Allāh be pleased with him) reported the Apostle of Allāh (ﷺ) as saying "The bell is a wooden wind musical

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51 IslamQA, "He is Arguing about the Prohibition on Singing, and Claims that Songs do not do any Harm," October 16, 2016, accessed May 12, 2026, https://islamqa.info/en/answers/122790/he-is-arguing-about-the-prohibition-on-singing-and-claims-that-songs-do-not-do-any-harm.

52 Ismāʿīl ibn ʿUmar Ibn Kathīr, *Tafsīr al-Qurʾān al-ʿAẓīm* [Exegesis of the Great Qurʾān] (Dārussalām, 2000)

53 Jalāl al-Dīn al-Maḥallī and Jalāl al-Dīn al-Suyūṭī, *Tafsīr al-Jalālayn* (Royal Aal al-Bayt Institute, 2007).

54 Shihāb al-Dīn Aḥmad ibn ʿAlī Ibn Ḥajar al-ʿAsqalānī, *Fatḥ al-Bārī bi Sharḥ Ṣaḥīḥ al-Bukhārī* [The Victory of the Creator: Commentary on *Ṣaḥīḥ al-Bukhārī*], ed. Muḥammad Fuʾād ʿAbd al-Bāqī and Muḥibb al-Dīn al-Khaṭīb (Majmaʿ al-Malik Fahd li-Ṭibāʿat al-Muṣḥaf al-Sharīf, 1995), 9:226

55 Sayyid Abū al-Aʿlā Maudūdī, *Tafhīm al-Qur'ān: Towards Understanding the Qur'ān*, trans. Zafar Ishaq Ansari et al. (Islāmic Publications, 1988), 4:34.

56 Ibid.

57 Muḥammad Shafiʿ ʿUthmānī, *Maʿārif al-Qurʾān* [The Exegesis of the Qurʾān], vol. 7 (Maktaba Maʿārif al-Qurʾān, 2005), 26–28.

instrument of Satan."[58] It was narrated from Abu Malik Ash'ari (may Allāh be pleased with him) that the Messenger of Allāh (ﷺ) said: "People among my nation will drink wine, calling it by another name, and musical instruments will be played for them and singing girls (will sing for them."[59] Drawing from *al-Silsilah al-Ṣaḥīḥah min al-Aḥādīth al-Nabawiyyah* (The Authentic Prophetic Ḥadīth) Al-Albani highlights two proofs within this hadīth that make musical instruments and music listening *harām*:[60]

> In this hadīth are two clear proofs for the prohibition of musical instruments: first, their explicit mention among prohibited things; second, their coupling with other forbidden matters like adultery and intoxicants, which indicates they share the same ruling of prohibition."[61]

In contrast to the prohibition argued by Al-Albani, classical and modern scholars such as Ibn Hazm, al-Ghazālī, and Yūsuf al-Qaraḍāwī argued that the prohibition of music in the hadīth tradition is not absolute but conditional on its association with immoral contexts. Ibn Hazm challenged the authenticity of prohibitive narrations and argued that the prohibitive narrations regarding music possess broken chains of transmission, rendering them legally insufficient.[62] Meanwhile Al-Ghazālī framed music as a neutral tool, with its value dependent on the listener's intention. Drawing on several narrations, he concluded that music is permissible.[63] Building on this, Yūsuf al-Qaraḍāwī argued that the religious texts cited to support the claim that singing is *ḥarām* are ambiguous or inauthentic. None of the ḥadīths attributed to Prophet Muḥammad (ﷺ) provide valid evidence for prohibition, and many have been classified as 'weak' by scholars such as Ibn Ḥazm, Mālik, Ibn Ḥanbal, and al-Shāfiʿī. He also stated that, without the presence of vice (e.g., alcohol, illicit mixing, vulgar lyrics), music reverts to its default state of permissibility (*ibahah*), rendering the prohibition conditional rather than absolute.[64] Together, these references highlight a contextualist approach: music is not inherently *harām*, but its ruling depends on how and where it is used.

The only exception in the use of musical instrument mentioned in authentic reports is the use of the duff, which is permitted for women during occasions of joy such as weddings and the two Eids [Eid al-Fitr (celebrated at the end of Ramadan) and Eid al-Adha]. It was narrated that Muhammad bin Hatib (may Allāh be pleased with him) said: "The Messenger of Allāh (ﷺ) said: 'What differentiates between the lawful and the unlawful is the *duff*, and the voice

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58 Sulaymān ibn al-Ashʿath abū Dāwūd, *Sunan Abī Dāwūd*, no. 2556, book 15, hadith 80 (English trans., book 14, hadith 2550), graded *sahîh* by al-Albānī, https://sunnah.com/abudawud:2556.

59 Muḥammad ibn Yazīd ibn Mājah al-Qazwīnī, *Sunan Ibn Mājah*, no. 4020, book 36, hadith 95 (English trans., vol. 5, book 36, hadith 4020), graded *ḥasan* (Dārussalām), https://sunnah.com/ibnmajah:4020.

60 Muḥammad Nāṣir al-Dīn al-Albānī, *al-Silsilah al-Ṣaḥīḥah min al-Aḥādīth al-Nabawiyyah* [The Authentic Series of Prophetic Hadith], 7 vols. (al-Maktab al-Islāmī, 1950s–1990s).

61 Ibid, 1:138–40.

62 Abū Muḥammad ʿAlī ibn Aḥmad Ibn Ḥazm, *al-Muḥallā bi'l-Āthār* [The Adorned (or Embellished) Book with Prophetic Reports] (Dār al-Fikr, n.d.), 9:59.

63 Abū Ḥāmid Al-Ghazālī, *Iḥyāʾ ʿUlūm al-Dīn* [The Revival of the Religious Sciences], trans. Maulana Fazlul Karim (Kitab Bhavan, 1992), vol. 2, 207–16.

64 Islamic Text Institute, "On Music and Singing – Fatwa by Shaykh Yusuf al-Qaradawi," accessed June 29, 2026, https://islamictext.wordpress.com/on-music-and-singing-fatwa-by-shaykh-yusuf-al-qaradawi/; Yūsuf al-Qaraḍāwī, *The Lawful and the Prohibited in Islam*, trans. K. El-Helbawy, M. M. Siddiqui, and S. Shobokshi (American Trust Publications, 1994), 293.

(singing) for the wedding.'"[65] Ibn Taymiyyah argued that while the Prophet (ﷺ) permitted women to use the *duff* at weddings, men were strictly prohibited from playing instruments or clapping. He cited the Prophetic tradition that 'clapping is for women' and asserted that male participation in singing and instrument-playing constituted forbidden imitation of women (*tashabbuh*), leading the early generations (*salaf*) to label such men as *mukhannathun* (effeminate).[66]

The permissibility of music in Islām has been a topic of scholarly debate for centuries, with opinions varying across the major Sunni legal schools (*madhāhib*), Shīʿah jurisprudence, and contemporary scholars. Each school developed distinct methodologies for interpreting the Qurʾān and hadīth, leading to rulings that varied according to the type of instrument, nature of vocalisation (*ghināʾ*), and social context of the performance. The four Sunni *madhāhib*, Ḥanafī, Mālikī, Shāfiʿī, and Ḥanbalī, articulated rulings on the use of music and musical instruments, balancing concerns about distraction from worship with limited allowances such as the *duff* in celebratory contexts. Shīʿah (Twelver - *Ithnā ʿAshariyyah*/ Jaʿfarī) jurisprudence similarly distinguished between music that promotes immorality and sound that is ethical or devotional.

While Al-Ghazālī offered a spiritual defence of listening to religious songs (*sama*),[67] later Shāfiʿī authorities like Ibn Ḥajar al-Haytamī[68] wrote extensive treatises (*Kaff al-raʿāʿ*) explicitly refuting these permissive views and reaffirming a strict prohibition on all musical instruments. Prohibitionist scholars assert a historical consensus on the issue. Ibn Taymiyyah stated, "The view of the four imāms is that all musical instruments are prohibited…and none of the followers of the imāms mentioned any dispute concerning musical instruments."[69] This position was echoed by Al-Albani, who argued that the four *madhhabs* are unified in their prohibition,[70] and by Ibn al-Qayyim who described music as "the symbol of evildoers and drinkers of alcohol."[71] However, it is important to note that this claimed consensus is contested by other classical and contemporary jurists who point to exceptions within the same legal traditions.

The Islāmic perspective does not reject sound-based therapy; it refines it. By distinguishing between entertainment music and healing sound, Islāmic psychotherapy offers a rich toolkit of permissible interventions, such as Qur'ān, *dhikr*, *nasheed,* and nature sounds, that align with faith while delivering proven psychological benefits. The permissibility of *nasheeds* (defined as the beautiful, gentle vocal recitation of verse, whether performed

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65 Aḥmad ibn Shuʿayb al-Nasāʾī, *Sunan an-Nasa'i* 3369, Book 26, Hadith 174, English trans., vol. 4, Book 26, Hadith 3371, graded Hasan by Darussalam, accessed May 20, 2026, Sunnah.com

66 Ibn Taymiyyah, *Majmūʿ al-fatāwā*, 11:565–566.

67 Al-Ghazālī, *Iḥyāʾ ʿUlūm al-Dīn*, 207–16.

68 Aḥmad ibn Muḥammad Ibn Ḥajar al-Haytamī, *Kaff al-raʿāʿ ʿan muḥarramāt al-lahw wa al-samāʿ* [Restraining the Ignorant from the Prohibitions of Frivolity and Listening] (Dār al-Āfāq al-Jadīdah, 1994), 45–47.

69 Ibn Taymiyyah, *Majmūʿ al-Fatāwā*, 11:566-567.

70 Muḥammad Nāṣir al-Dīn al-Albānī, *Silsilat al-Aḥādīth al-Ṣaḥīḥah* [The Series of Authentic Hadiths] (Maktabat al-Maʿārif, 1985), 1:228.

71 Muḥammad ibn Abī Bakr Ibn Qayyim al-Jawziyyah, *Ighāthat al-Lahfān fī Maṣāyid al-Shayṭān* [Relief for the Distressed], vol. 1 (Dār Ibn al-Jawzī, 2002), 228.

individually or in unison) depends on the adherence to ethical and spiritual boundaries. To remain lawful, these vocal performances must be entirely free of forbidden musical instruments and artificial vocal effects that mimic such instruments, while avoiding melodies so captivating that they intoxicate the listener or obscure the lyrics' meaningful content. Furthermore, the practice must not become an obsession that distracts from obligatory religious duties, must exclude female performers in public contexts, and must maintain lyrical purity by rejecting obscene or immoral themes, ensuring that the style does not resemble the tunes associated with promiscuity or immorality.[72] For the observant Muslim, healing is not found in the forbidden notes of an instrument, but in the revealed words of the Creator, the rhythmic remembrance of His names, and the permissible rhythms He has allowed. Table 3 summarises a comparative analysis of Islāmic legal positions on music/sound.

Table 3: Comparative analysis of Islāmic legal positions on music/sound

School/scholar	General position	Exceptions/nuances	Key scholars
Ḥanafī	Prohibits musical instruments (*maʿāzif*) generally.	Permits *duff* at weddings. Later jurists allowed limited exceptions depending on context.	Al-Kasani (1986) Ibn ʿĀbidīn (2003)
Mālikī	Generally restrictive toward instruments.	Permits *duff* for weddings and Eid; allows singing without instruments if content is moral.	Al-Dardīr (1992) Al-Qarāfi (1994)
Shāfiʿī	Often discourages or prohibits instruments.	Conditional permissibility in some cases (e.g., spiritual effect, no sinful elements).	An-Nawawī (2003) Al-Ghazālī (2000)
Ḥanbalī	Strong prohibition of instruments and entertainment music.	Permits *duff* at weddings; stricter interpretations emphasise moral risks.	Ibn Taymiyyah (1995) Ibn Qayyim (2002)
Shīʿah (Twelver)	Prohibits *ghināʾ* and instruments tied to *lahw* (vain amusement).	Strict position on music, generally prohibiting it except in limited circumstances: Qurʾān recitation, religious chants, or culturally neutral melodies.	Al Khuʾī (1992) Al-Sīstānī (n.d.)
Contemporary moderate	Music not inherently *ḥarām*.	Permissible if content and context are ethical and not distracting from duties.	Al-Qaradāwī (1994) European Council for Fatwa and Research (2017)
Contemporary academic	Recognises valid *ikhtilāf* (scholarly disagreement).	Avoids absolutism; focuses on interpretation and impact.	Qadhi (2018)
Contemporary restrictive	Views most modern music as harmful or distracting.	Allows *duff* and vocal-only nasheeds.	Menk (n.d.)
Salafi/ traditional	Instruments broadly *ḥarām* based on hadith.	Only *duff* permitted in limited cases (e.g., weddings).	Ibn Bāz (1996) Ibn ʿUthaymīn (2000)

Across Islāmic scholarship, the dominant classical view is restrictive toward music, especially instrumental forms, with most schools allowing limited exceptions like the *duff* at

72 Ibn Ḥajar, *Fatḥ al-Bārī*, 9:226.

weddings. However, there is no consensus, as recognised within Islāmic jurisprudence. A minority of scholars, most notably Al-Ghazālī,[73] permitted music conditionally based on its content, context, and spiritual effect, while others such as Ibn Taymiyyah[74] maintained a stricter prohibition. This reflects a deep divide between those who judge music by its form (instruments) and those who assess its function and impact. In modern discussions, the debate has shifted toward a context-based approach, where scholars evaluate music by its lyrics, setting, and impact on one's faith and behaviour rather than issuing blanket rulings.

As a result, contemporary perspectives vary between restrictive and permissive positions, as reflected by scholars such as Yusuf al-Qaradāwī[75] and Yasir Qadhi.[76] In contrast, more conservative Salafi legal opinions, including Ibn Baz,[77] on music often rely on ḥadīth literature and claims of early juristic consensus to argue for its prohibition. Overall, most agree that music associated with immoral environments or distraction from religious duties remains discouraged, keeping the issue within the bounds of legitimate scholarly disagreement (*ikhtilāf*). It was narrated that Abu Al-Hawra' As-Sa'di (may Allāh be pleased with him) said: "Leave that which makes you doubt for that which does not make you doubt."[78] Imām an-Nawawī (may Allāh have mercy on him) explained the hadīth as a directive to refrain from matters where one is uncertain about whether they are good or bad, lawful (*ḥalāl*) or unlawful (*ḥarām*).[79] In his commentary, he emphasised that the believer should choose clarity and certainty over ambiguity, thereby safeguarding faith and conscience by avoiding doubtful matters.

SPIRITUALLY PERMISSIBLE SOUND-BASED INTERVENTIONS

Beyond secular and Sufi music (which are beyond the scope of this article), Islāmic traditions recognise sacred forms of sound including Qur'ānic recitation and the practice of *dhikr* (remembrance of Allāh) as having therapeutic potential, integrating spiritual devotion with psychological healing. Their status is unique because they carry no theological controversy within Islāmic jurisprudence: they are not debated as music but are recognised as acts of worship and spiritual medicine in the form of sound-based therapy. This dual nature, as a core religious practice and validated therapeutic tool, makes them the foundational pillars of integrating sound into spiritually permissible sound interventions for mental healthcare. The Qur'ān provides the primary theological justification, describing Divine revelation as

73 Al-Ghazālī, *Iḥyāʾ ʿUlūm al-Dīn*, 207–16.
74 Ibn Taymiyyah, *Majmūʿ al-Fatāwā*, 11:566–67.
75 Al-Qaraḍāwī, *The Lawful and the Prohibited in Islam*, 293.
76 Yasir Qadhi, "The Ruling on Music: A Balanced Perspective," lecture transcript, Yaqeen Institute for Islamic Research, November 15, 2018, https://yaqeeninstitute.org.
77 Abd al-ʿAzīz ibn ʿAbd Allāh Ibn Bāz, *Majmūʿ Fatāwā wa-Maqālāt Mutanawwiʿah* [Collected Fatwas and Various Articles] (Dār al-Watan, li-l-Nashr, 1996), 4:148.
78 Al-Nasāʾī, *Sunan al-Nasāʾī*, no. 5711, book 51, hadith 173 (English trans., vol. 6, book 51, hadith 5714), graded *ṣaḥīḥ* (Dārussalām), https://sunnah.com/nasai:5711.
79 Yaḥyā ibn Sharaf al-Nawawī, *Riyāḍ al-ṣāliḥīn min kalām sayyid al-mursalīn* [The Gardens of the Righteous from the Sayings of the Master of the Messengers], ed. Māhir Yāsīn al-Faḥl (Dār Ibn Kathīr, 2003), hadith 33, 45.

"healing and mercy for the believers" and stating that hearts are assured by the remembrance of Allāh:

وَنُنَزِّلُ مِنَ ٱلْقُرْآنِ مَا هُوَ شِفَاءٌ وَرَحْمَةٌ لِّلْمُؤْمِنِينَ

And We send down of the Qur'ān that which is healing and mercy for the believers.[80]

أَلَا بِذِكْرِ اللَّهِ تَطْمَئِنُّ الْقُلُوبُ

Indeed, in the remembrance of Allāh do hearts find peace.[81]

Together, these verses emphasise that emotional stability and tranquillity for believers arise from engaging with Divine remembrance, whether through recitation, supplication, or reflection, thereby integrating spiritual devotion with psychological resilience.

The evidence base for Qur'ān recitation is robust, particularly concerning its impact on anxiety and psychological distress. Multiple studies have documented its efficacy across diverse clinical populations. Clinical studies consistently report that listening to or reciting the Qur'ān reduces anxiety, stress and depression.[82] It has also been described as a simple, affordable, and practical treatment for depression and anxiety.[83] Listening to the Qur'ān promotes relaxation and calming of the heart,[84] improves mood and attention,[85] reduces the heart rate and increases muscle relaxation,[86] enhances meditative effectiveness and relaxation,[87] supplies peace, reduces fear, gains closeness to Allāh, and strengthens moral

80 Qurʾān 17:82, interpretation of the meaning.

81 Qurʾān 13:28, interpretation of the meaning.

82 Mohammed Baqer Abbas Al-Jubouri et al., "Recitation of Qur'ān and Music to Reduce Chemotherapy-Induced Anxiety among Adult Patients with Cancer," *Nursing Open* 8, no. 4 (2021), https://doi.org/10.1002/nop2.781; Rina Ernawati et al., "The Effectiveness of Qur'ān Recitation Therapy and Aromatherapy on Cancer Patients' Stress Level," *Malaysian Journal of Medicine and Health Sciences* 16, no. 3 (2020); Batool Jabbari et al., "The Effect of Holy Qur'ān Recitation on Stress, Anxiety, and Depression during Pregnancy," *Journal of Religion and Health* 59, no. 1 (2020); Mohamed S. El-Saleh et al., "Effects of Listening to Qur'ān Recitation on Psychological Variables," *Academic Journal of Interdisciplinary Studies* 10, no. 4 (2021); Yuliana Irmawati et al., "The Effect of Listening to the Recitation of Qur'ān (Murottal Ar-Rahman Surah) on the Level of Anxiety of Pregnant Women," *Enfermería Clínica* 30 (2020); Khadijeh Moulaei et al., "The Effect of the Holy Qur'ān Recitation and Listening on Anxiety, Stress, and Depression: A Scoping Review on Outcomes," *Health Science Reports* 6, no. 12 (2023), https://doi.org/10.1002/; Yalda Raziani et al., "The Positive Effects of Religiosity and Holy Qur'ān Recitation on Stress and Anxiety in Cancer Patients: A Systematic Review of Clinical Trials," *Journal of Psychiatry Depression & Anxiety* (2025); Mohammed Yadak et al., "The Effect of Listening to Holy Qur'ān Recitation on ICU Patients," *Journal of Religion and Health* 58, no. 1 (2019); Eka V. Yuniarti, et al., "The Influence of Recitation (Murrotal) Al-Qur'ān on Anxiety Level of Pre-Surgery Patients," *Indian Journal of Public Health Research & Development* 10, no. 8 (2019); Rukhsana Rafique et al., "Efficacy of Surah Al-Rahman in Managing Depression," *Journal of Religion and Health* 58, no. 2 (2019); Özlem Öztürk et al., "Religious Attitudes and Depression in Qur'ān Course Students," *Psychiatria Danubina* 28, no. 4 (2016); Hamid Babamohamadi et al., "The Effect of Holy Qur'ān Recitation on Depressive Symptoms," *Journal of Religion and Health* 56, no. 1 (2017).

83 Babamohamadi et al., "Holy Qurʾān Recitation on Depressive Symptoms"; Hamid Babamohamadi et al., "The Effect of Holy Qur'ān Recitation on Anxiety in Hemodialysis Patients," *Journal of Religion and Health* 54, no. 5 (2015).

84 Yuniarti et al., "Influence of Recitation on Anxiety."

85 El-Saleh et al., "Effects of Listening to Qurʾān Recitation."

86 Ibid.

87 Ibid.

belief.[88] These evaluations and findings indicate that, while Qur'ānic recitation demonstrates consistent short-term benefits for anxiety, stress, and depression, the longest documented intervention period in the literature is limited to six months.[89]

Several studies have demonstrated that contemporary stressors are intricately linked to religious behaviours,[90] and individuals who engage in practices such as *dhikr*, prayer, and Qur'ān recitation experience lower levels of stress in their personal and social lives.[91] The findings of a study by Sadeghi showed that religious behaviours such as listening to the Qur'ān and/or reciting it can reduce stress and anxiety among hospitalised patients.[92] There is also evidence to suggest that listening and/or reciting Sūrah Fātiḥah (Chapter 1) and Sūrah Yāsīn (Chapter 36) significantly reduced the stress level of patients admitted to the intensive care unit.[93] Thus, the therapeutic effect reflects the Qur'ān's dual role as spiritual guidance and psychological healing, offering believers a pathway to inner peace and emotional balance. *Dhikr*, the repetitive utterance of God's names or praises, is a central spiritual practice in Islām that serves devotional and therapeutic purposes. Its theological basis is rooted in the Qur'ānic verse, "Indeed, in the remembrance of Allāh do hearts find peace,"[94] which positions it as a direct remedy to anxiety and agitation. Common phrases include *Subḥān Allāh* (Glory be to God), *Al-ḥamdu lillāh* (Praise be to God), *Allāhu Akbar* (God is Greatest), and *Lā ilāha illā Allāh* (There is no god but Allāh). In therapeutic contexts, it has been explored as a culturally congruent intervention for Muslim clients, helping to reduce anxiety, enhance focus, and strengthen resilience by grounding individuals in Divine remembrance.

Recent studies provide growing evidence that *dhikr*-based interventions can reduce psychological distress and enhance wellbeing across different populations. Research with students shows that *dhikr* counselling and relaxation therapy lower academic anxiety and exam-related stress, fostering calmness, focus, and tranquillity (*sakīnah*).[95] Among the elderly in Aceh, participation in *Majelis Zikir* (*dhikr*) assemblies was significantly associated with better mental health outcomes.[96] Clinical applications also demonstrate benefits: mindfulness-based *dhikr* breathing therapy improved sleep quality for individuals with

88 Yuniarti et al., "Influence of Recitation on Anxiety."
89 Ozturk et al., "Religious Attitudes and Depression"; Ernawati et al., "Effectiveness of Qurʾān Recitation Therapy and Aromatherapy."
90 Chathurani K. Perera. et al., "Role of Religion and Spirituality in Stress Management among Nurses," *Psychological Studies* 63, no. 2 (2018).
91 Mohamad Achour et al., "An Islamic Perspective on Coping with Life Stressors," *Applied Research in Quality of Life* 11, no. 3 (2016).
92 Hossein Reza Sadeghi, "Voice of Qurʾān and Health: A Review of Performed Studies in Iran," *Qurʾān and Medicine* 1, no. 1 (2011).
93 Siti A. A. Bakar, "Effects of Holy Qurʾān Listening on Physiological Stress Response among Muslim Patients in Intensive Care Unit," *Journal of Management and Muamalah* 5, no. 1 (2015).
94 Qurʾān 13:28, interpretation of the meaning.
95 Sari et al., "Dhikr Istighfar Therapy."
96 R. Anwar et al., "The Effect of Majelis Zikir Participation on Mental Health among the Elderly in Aceh, Indonesia," *Health SA Gesondheid* 29 (2024).

insomnia,[97] while cancer patients reported enhanced physical, emotional, and spiritual quality of life through structured *dhikr* practices.[98] In occupational contexts, nurses working in high-intensity emergency room and intensive care unit environments experienced reduced anxiety through *dhikr* relaxation therapy.[99] Collectively, these findings highlight its versatility as a culturally congruent intervention that supports mental, emotional, and spiritual health. However, most studies to date have methodological limitations, including small samples and heterogeneous outcome measures, stressing the need for rigorous randomised controlled trials to establish causal therapeutic effects. Nayef and Wahab investigated the effects of Qur'ān recitation on human emotions and found that listening to the Qur'ān can positively influence physiological and psychological states, including heart rate, breathing, and emotional regulation.[100] Their findings support the idea that Qur'ān recitation reduces anxiety, fatigue, and boredom, thereby promoting relaxation.

The systematic scoping review by Owens et al. provides strong evidence that Qur'ân-based interventions, including recitation, memorisation, supplicant prayer, and *dhikr*, are effective in reducing symptoms of anxiety, depression, and stress among Muslim populations.[101] The review highlights that these practices not only alleviate psychological distress but also enhance coping mechanisms and improve overall quality of life. Importantly, the findings emphasise that Qur'ān-centred interventions contribute to holistic wellbeing by integrating spiritual, emotional, and psychological dimensions. This positions Qur'ānic recitation and *dhikr* as culturally congruent therapeutic tools that can complement conventional mental healthcare, particularly for Muslim clients seeking faith-aligned approaches.

Nasheeds, Islāmic vocal songs often performed without instruments, are culturally and spiritually significant for many Muslims. Although empirical evidence on their direct mental health effects is limited, they are widely experienced as uplifting, calming, and affirming of identity. Within Islāmic psychotherapy, *nasheeds* may be part of a continuum of sound-based practice, alongside Qur'ān recitation and *dhikr,* that support emotional regulation, spiritual connection, and resilience. Therapeutically, they share similarities with music therapy by offering rhythm, lyrical meaning, and emotional resonance, but are distinguished by their religious content and acceptability in Muslim contexts.

The literature on the *adhān* as part of sound-based therapy is limited. Rather than being studied as a direct clinical intervention, it is more often understood as a psychological and

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97 Agus Purwanto et al., "Mindfulness-Based Dhikr Breathing Therapy for Insomnia: Development and Validation," *Indonesian Journal of Public Health* 18, no. 2 (2023).

98 Ahmad Syahri et al., "The Effectiveness of Psychological Dhikr Therapy in Improving the Quality of Life of Cancer Patients Undergoing Chemotherapy," *Jurnal Ilmiah Perawat Manado* 12, no. 2 (2024).

99 Nur Baroroh and Rina A'yuni, "Dhikr Relaxation Therapy to Reduce Anxiety among ER and ICU Nurses," *E-Journal UIN Maulana Malik Ibrahim Malang* 14, no. 1 (2024).

100 Eman Ghanem Nayef and Muhammad Nubli Abdul Wahab, "The Effect of Recitation of the Qurʾān on Human Emotions," *International Journal of Academic Research in Business and Social Sciences* 8, no. 2 (2018).

101 Janine Owens et al., "Interventions Using the Qurʾān to Promote Mental Health: A Systematic Scoping Review," *Journal of Mental Health* 32, no. 4 (2023).

sociological cue. Psychologically, its effect can be explained through classical conditioning, the repeated association of the call with prayer times, and its spiritual meaning, which evokes contemplation, tranquillity, and readiness for prayer. From a psychosocial perspective, the *adhān* strengthens communal identity and reinforces the shared rhythm of life, offering a sense of belonging and continuity. This collective dimension can be protective in mental health contexts, even if the *adhān* has not yet been systematically tested as a therapeutic tool.

Most of the existing evidence on neutral auditory interventions, like rain, flowing water, and birdsong, comes from studies conducted with non-Muslim populations in Western contexts (e.g., Sweden, UK). For instance, Alvarsson et al. demonstrated faster recovery of sympathetic arousal with nature sounds compared to traffic noise,[102] and Annerstedt et al. found enhanced parasympathetic activation in a virtual reality forest setting.[103] Ratcliffe et al. reported that bird sounds were perceived as restorative, linked to affective and cognitive associations.[104] While these findings are promising, they are based on general populations rather than Muslim participants. This means the results may not fully capture how such neutral auditory stimuli interact with religious or cultural frameworks in Muslim communities.

In Islāmic psychotherapy, sound-based practices like *dhikr*, Qur'ān recitation, *nasheeds*, and the *adhān* are valued because they provide spiritual meaning and communal resonance. Neutral sounds like rain or birdsong, while created by Allāh, function differently: they promote relaxation and stress relief. Therefore, while nature sounds remain a low-risk, culturally neutral option, further research is needed to explore their effectiveness among Muslim populations, and whether combining them with Islāmic auditory practices could enhance psychospiritual care.

CONCLUSION: IMPLICATIONS FOR SPIRITUALLY INFORMED PRACTICE

From the *bīmāristāns* of the medieval Islāmic world, where music therapy, Qurʾānic recitation, and the *adhān* were integrated with patient care, to contemporary research on Qurʾānic recitation, there is sustained evidence that sound-based interventions can function as psychological and spiritual support in the healing process. As this article has demonstrated, Qurʾānic recitation, *dhikr* practices, and ethically grounded sound-based therapies offer empirically supported approaches for alleviating anxiety, depression, and trauma, while upholding the ethical principles of Islāmic tradition. Historically, the incorporation of Qurʾānic recitation, *dhikr*, and devotional practices not only reduced psychological distress but also reinforced religious identity, communal belonging, and moral grounding. These

[102] Jesper J. Alvarsson. et al., "Stress Recovery during Exposure to Nature Sound and Environmental Noise," *International Journal of Environmental Research and Public Health* 7, no. 3 (2010).

[103] Marcus Annerstedt et al., "Inducing Physiological Stress Recovery with Sounds of Nature in a Virtual Reality Forest—Results from a Pilot Study," *Physiology & Behavior* 118 (2013).

[104] Eleanor Ratcliffe et al., "Bird Sounds and Their Contributions to Perceived Attention Restoration and Stress Recovery," *Journal of Environmental Psychology* 36 (2013).

practices indicate that therapeutic effects operate not only at a physiological level but also across psychosocial and spiritual dimensions, thereby enhancing resilience and coping capacity among patients.

Contemporary studies suggest that Qurʾānic recitation may help reduce anxiety, depression, and stress among clinical populations, functioning as a contemplative practice that fosters mental clarity and emotional regulation. Although rigorous empirical research remains limited, particularly across diverse Muslim populations, preliminary findings correspond with broader studies in auditory therapy, indicating that rhythmic, melodic, and meaningful sound experiences can stimulate neural pathways associated with relaxation, attentional focus, and positive emotional states. Moreover, devotional forms such as *nasheeds*, though comparatively underexamined, may provide culturally grounded therapeutic interventions that integrate spiritual values, social cohesion, and emotional uplift, thereby offering a distinctive mode of healing that extends beyond purely secular therapeutic frameworks.

The implications for clinical practice are considerable. Islāmic psychotherapists and counsellors, and mental health professionals working with Muslim clients may benefit from incorporating spiritually permissible sound-based interventions into the therapeutic processes. Such integration requires not only an understanding of the therapeutic potential of sound, recitation, and devotional practices, but also sensitivity to religious norms, theological diversity, and individual client preferences. Interventions such as guided Qurʾānic recitation, exposure to *nasheeds*, or the incorporation of religious auditory environments may complement conventional psychotherapeutic approaches, potentially enhancing emotional regulation, treatment adherence, and overall therapeutic efficacy. At the same time, the ethical implementation of these practices requires careful clinical judgment and cultural competence. Training programmes for psychologists, counsellors, and healthcare practitioners should therefore include modules on spiritually informed care, culturally responsive therapeutic models, ethical boundaries, and the historical foundations of Islāmic healing traditions. Such preparation would enable practitioners to provide care that is evidence-informed and respectful of the religious and cultural identities of Muslim patients.

Finally, the field would benefit from further empirical investigation aimed at establishing standardised therapeutic protocols, evaluating outcomes across diverse Muslim communities, and examining the mechanisms through which spiritually oriented auditory practices contribute to mental wellbeing. By drawing on the historical legacy of the *bīmāristāns* and contemporary clinical research, practitioners may develop interventions that balance scientific rigour with cultural and spiritual authenticity. The integration of sound-based therapies and spirituality into mental healthcare therefore presents a promising framework for holistic treatment, fostering psychological, emotional, and spiritual resilience in culturally congruent ways. From an Islāmic perspective, for Muslim practitioners and patients, therapeutic practices should remain within the ethical and theological boundaries of Islām. In matters of uncertainty or scholarly disagreement, caution is encouraged, in accordance with

the prophetic principle narrated by an-Nawawī: "Leave that which makes you doubt for that which does not make you doubt."[105] Allah knows best.

[105] Yaḥyā ibn Sharaf an-Nawawī, *Al-Arbaʿīn al-Nawawiyyah* [The Forty Hadiths of Imam Nawawi], trans. Ezzeddin Ibrahim and Denys Johnson-Davies (Holy Koran Publishing House, 1977), ḥadith no. 11; also narrated in Muḥammad ibn ʿĪsā al-Tirmidhī, *Sunan al-Tirmidhī* (Dār al-Salām, 2007), no. 2518, who graded it *ḥasan ṣaḥīḥ*.

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