

# THE NEXUS BETWEEN DEPRESSION AND LEGAL COMPETENCE (*AL-AHLIYYAH*): A JURISPRUDENTIAL ANALYSIS OF WORSHIP RESPONSIBILITIES

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## ABSTRACT

*Depression is a psychological state that harbours the potential to influence emotional regulation, cognitive functions, and daily functioning. It adversely affects cognitive processes, compromising the capacity for reasoned judgment and logical thinking. Consequently, these cognitive implications have far-*

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*reaching consequences for the ahliyyah al-adā’ (active legal capacity and competence) of the mukallaf, especially in areas related to worship performance. This research seeks to evaluate the legal competence of individuals undergoing depression by utilising the clinical depression assessment scale, the Patient Health Questionnaire-9 (PHQ-9). A documentary methodology is employed, integrating library research and the referencing of primary sources in psychology, medicine, uṣūl al-fiqh, and contemporary fiqh. Complementary to this, field research is executed through interviews with experts in medicine and Shariah to establish a comprehensive correlation between ‘awāriḍ al-ahliyyah (impediments to legal competence) and depression symptoms as quantified by the PHQ-9 scale. Following data collection, thematic and comparative methods are applied for analysis. The study outcomes suggest a categorisation of depression into three main levels: mild, moderate, and severe. Mild depression is linked to impediments in legal competence attributed to al-marad (sickness), while moderate depression is associated with al-‘atah (cognitive impairment), and severe depression demonstrates a correlation with al-junūn (insanity). Depression symptoms closely correspond to impediments in legal competence, significantly impacting the capacity to fulfil religious obligations. This influence stems from disruptions in both cognitive and physiological functions experienced by affected individuals.*

**Keywords:** *Depression, Worship, Taklīf, Ahliyyah Al-Adā’, ‘Awāriḍ Al-Ahliyyah.*

## **INTRODUCTION**

A global prevalence is observed in depression, a pervasive mental health condition, impacting more than 300 million individuals,

with a discernible increase exceeding 18% from 2005 to 2015.<sup>1</sup> The prominence of this issue has been heightened to a considerable degree on the global platform, as substantiated by recent discussions.<sup>2</sup> A noteworthy escalation in depression cases within Malaysia, impacting nearly half a million residents, is documented in the 2019 National Health and Morbidity Survey.<sup>3</sup> The research highlighted by Wan Hilmi and Hidayah Zaki suggests a multifaceted aetiology of depression, encompassing a confluence of genetic, biological, psychological, and environmental factors, in addition to its association with familial contexts and individual life experiences. Despite involving cases of considerable severity, depression is noted to be amenable to treatment.<sup>4</sup>

Alterations in thinking, emotions, and personality may be induced by depression, attributed to impaired brain function, thereby disrupting the developmental or growth processes of individuals. The presence of depression can be identified through feelings of sadness, loss of interest, self-pessimism, and, at its climax, may give rise to suicidal ideation.<sup>5</sup> Numerous studies indicate that depression can exert a substantial impact on cognitive function, influencing the patient's mental capacity for judgment,

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<sup>1</sup> "Depression," World Health Organization, accessed April 24, 2023, [https://www.who.int/mental\\_health/management/](https://www.who.int/mental_health/management/).

<sup>2</sup> Wan Hilmi Wan Abdullah and Hidayah Zaki, "Gejala kemurungan: Kaedah rawatan melalui pengubatan al-tibb al-nabawiy," *Jurnal Islam dan Masyarakat Kontemporari* 21, no.3 (2021): 215–234, <https://doi.org/10.37231/jimk.2020.21.3.509>.

<sup>3</sup> Najihah Abd Wahid et al., "Sorotan awal terhadap gejala kemurungan di Malaysia," *International Journal of Advanced Research in Islamic Studies and Education* 2, no. 2 (2022): 31–42, <https://jurnal.nung.com/index.php/arise/article/view/96>.

<sup>4</sup> "Depression," National Institute of Mental Health, accessed June 15, 2023, <https://www.nimh.nih.gov/health/topics/depression/index.shtml>.

<sup>5</sup> American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders* 5th ed., text rev. (Arlington, VA: American Psychiatric Association, 2022), 153–155. <https://doi.org/10.1176/appi.books.9780890425787>,

and in severe cases, it may even compromise the patient's sanity.<sup>6</sup> The measurement of depression symptoms, as indicated by the PHQ-9 scale<sup>7</sup> underscores cognitive function as a pivotal aspect. Diverse procedures have been devised to assess the mental capacity of patients for rendering valid declarations or transactions, recognised both legally and in accordance with Shariah. The validity of a patient, concerning certification and execution of transactions, may be subject to dispute when experiencing depressive symptoms.<sup>8</sup> Nevertheless, a comprehensive exploration of the relationship between depressive symptoms and impediments to legal competence has not been thoroughly examined, considering both Shariah and psychiatric perspectives.

Implications for the issuance of religious responsibilities and the legal competence of the *mukallaf*, particularly in matters of worship, can be influenced by impairments in cognitive aspects, given that the imposition of Shariah law is predicated on the element of *tamyīz*, involving the ability to distinguish between right and wrong.<sup>9</sup> The evaluation of symptoms and their intensity necessitates consideration within the framework of clinical depression assessment scales and alignment with impediments to legal competence from a fiqh perspective. Hence, this study seeks to identify the legal competence of individuals with depression in

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<sup>6</sup> Mary Donnelly, *Depression and Consent to Treatment: The Limit of a Capacity-Based Approach* (Oxford: Oxford University Press, 2017), 218-222.

<sup>7</sup> Patient Health Questionnaire (PHQ-9) is a widely used self-report screening and assessment tool for depression. It consists of nine questions that correspond directly to the nine diagnostic criteria for Major Depressive Disorder (MDD) in the Diagnostic and Statistical Manual of Mental Disorders (DSM).

<sup>8</sup> Thomas Hindmarch, Matthew Hotopf and Gareth S. Owen, "Depression and decision-making capacity for treatment or research: A systematic review," *BMC Medical Ethics* 14 (2013): 54, <https://doi.org/10.1186/1472-6939-14-54>.

<sup>9</sup> Syed Shahridzan Syed Mohamed, "Kedudukan Taklif dalam Pelaksanaan Ibadah bagi OKU Masalah Pembelajaran, Pelbagai dan Mental," *Journal of Fatwa Management and Research* 27, no. 4 (2022): 126–151, <https://doi.org/10.33102/jfatwa.vol27no4.467>.

fulfilling daily religious responsibilities. This involves correlating impediments to legal competence with depressive symptoms at various levels, based on the measurement of the PHQ-9 scale.

## RESEARCH METHODOLOGY

The employed methodology in this study involves the application of documentation and interviews with experts in psychiatry and Shariah. The obtained data undergo subsequent analysis utilising thematic and comparative methods rooted in fiqh and *'uṣūl al-fiqh* justifications, alongside psychiatric knowledge. The integration of psychiatric knowledge within the framework of fuqaha terminology serves as a guide for patients in fulfilling their religious responsibilities, facilitating the determination of whether they should persist or abstain based on their *taklīf* competence. From a Shariah perspective, disruptions in cognitive function can be associated with impediments to legal competence, such as *al-junūn* and *al-'atah*, which have the potential to diminish or eliminate the competence of patients in performing religious practices.<sup>10</sup> Simultaneously, disruptions in physiological aspects experienced by individuals grappling with depression, such as sleep disturbances and changes in appetite, not only impede work productivity but also present challenges for patients in maintaining their customary religious practices.<sup>11</sup> This can be associated with physical ailments that may warrant leniency in performing religious practices.<sup>12</sup>

## DEPRESSION FROM THE MEDICAL PERSPECTIVE

According to Western findings, depression is recognised as an abnormal psychological syndrome falling within the domain of the

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<sup>10</sup> Khedr Hamzah and Abdul Rahman Basyiri, "Athar al-iḍṭirābāt al-nafsiyyah 'alā ahliyyah al-adā' fī al-tasyrī' al-jazā'irī wa 'alā daw'i ilm al-ṭib al-nafsī," *Majallah al-Huquq wa al-Ulum al-Islamiah* 15, no. 2 (2022): 32–52, <https://search.mandumah.com/Record/1270022>.

<sup>11</sup> Cecily Whiteley, "Depression as a disorder of consciousness," *The British Journal for the Philosophy of Science* (2021): 1, <https://doi.org/10.1086/716838>.

<sup>12</sup> Hasan al-Kāf, *al-Taqrīrāt al-Sadīdah* (Madinah: Dār al-Mūrāth al-Nabawī, 2003), 1:322.

most critical stress components, specifically hyper-stress.<sup>13</sup> It represents a sombre and intricate emotional state, signalling profound feelings of despondency.<sup>14</sup> From a psychological standpoint, depression is categorised as an emotional disorder or psychological disturbance involving disruptions in emotional reactions.<sup>15</sup>

According to the Ministry of Health Malaysia, depression is a mood disorder characterised by severe symptoms that can impact thought patterns, emotions, and daily activities. Inherent to human nature, individuals may undergo phases of sadness across different life stages. However, clinical depression, as defined by the Ministry of Health Malaysia, pertains to excessive and prolonged sadness disrupting the functioning of life.<sup>16</sup> Serious consequences may also be precipitated by depression, including a disorganised and unmanaged lifestyle, and, in more chronic instances, the potential for suicide if left untreated.<sup>17</sup> Individuals with severe depression may also experience hallucinations, delusions, and severe psychological issues.<sup>18</sup> Under certain circumstances, criminal activities such as alcohol abuse, susceptibility to external manipulation, such as financial fraud, and harm to others can be induced by depression. These situations may arise when patients

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<sup>13</sup> Nor Saleha Mohd Salleh, "Teori kemurungan al-Kindi – Kajian dan terjemahan risalah al-hilah daf'i al-ahzan" (Doctoral dissertation, Universiti Kebangsaan Malaysia, 2005), 84.

<sup>14</sup> Nur Ashidah Yahya and Fariza Md Sham, "Sejarah dan simptom kemurungan: Kajian literature," *Sains Insani* 5, no. 1 (2020): 34–42, <https://doi.org/10.33102/sainsinsani.vol5no1.130>.

<sup>15</sup> Affizal Ahmad, *Kemurungan Mengancam Kehidupan* (Kuala Lumpur: Dewan Bahasa dan Pustaka, 2017), 24-30.

<sup>16</sup> "Kemurungan, apa yang ada perlu tahu," Ministry of Health Malaysia, accessed February 11, 2023, <https://www.moh.gov.my/moh/resources/Penerbitan/Rujukan/NCD/Kesihatan%20Mental/Kemurungan - Apa Yang Anda Perlu Tahu.pdf>.

<sup>17</sup> Najihah Abd Wahid et al., "Sorotan awal terhadap gejala kemurungan di Malaysia," *International Journal of Advanced Research in Islamic Studies and Education* 2, no. 2 (2022): 31–42, <https://jurnal.nung.com/index.php/arise/article/view/96>.

<sup>18</sup> Tim Bayne and Olivia Carter, "Dimensions of consciousness and the psychedelic state," *Neuroscience of Consciousness* no. 1 (2018): 1–8, <https://doi.org/10.1093/nc/niy008>.

experience psychotic symptoms, leading to the loss of their sanity and connection with reality.<sup>19</sup>

### **Affective Symptoms**

Affective symptoms include disturbances in the emotional and affective aspects, involving elements of values, sentiments, and inclinations toward the performance of certain activities.<sup>20</sup> Profound sadness and anhedonia (loss of interest) in previously enjoyable activities are primary indicators of depression. In such situations, feelings of guilt, a sense of not being appreciated by those around them and despair are frequently experienced by patients. These aspects are accompanied by persistent feelings of pessimism, apprehension and continuous anxiety.<sup>21</sup> In this condition, self-confidence is already lost by the patient, impairing their ability to perform tasks due to heightened feelings of low self-esteem.<sup>22</sup>

### **Cognitive Symptoms**

The manifestation of cognitive symptoms is observed in the disruption of thinking, concentration, and mental capacity, exerting an impact on the processes of judgment and perception of oneself and the surrounding environment.<sup>23</sup> The presence of these symptoms is frequently parallel with negative ideation, wherein individuals perceive themselves as consistently failing, encounter difficulties in maintaining concentration, and grapple with memory-

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<sup>19</sup> Kinyanjui Mungai and Amiena Bayat, "An overview of trends in depressive symptoms in South Africa," *South African Journal of Psychology* 49, no. 4 (2019): 518–535, <https://doi.org/10.1177/0081246318823580>.

<sup>20</sup> Rose Fazilah Ismail et al., "Wanita dan kemurungan dari perspektif jurang gender: Simptom dan faktor," *The Malaysian Journal of Social Administration* 13, no. 1 (2015): 78–100, [https://myjurnal.mohe.gov.my/filebank/published\\_article/75884/5.pdf](https://myjurnal.mohe.gov.my/filebank/published_article/75884/5.pdf).

<sup>21</sup> Danial Chaleshi et al, "Depressive symptom level, sleep quality, and internet addiction among medical students in home quarantine during the COVID-19 pandemic," *Mental Illness*, (2023), Article 1787947, <https://doi.org/10.1155/2023/1787947>.

<sup>22</sup> Mohd Hussain Habil and Ahmad Hatim Sulaiman, *Kemurungan: Punca dan Rawatan* (Kuala Lumpur: Universiti Malaya Press, 2006), 30-34.

<sup>23</sup> Nur Ashidah Yahya and Fariza Md Sham, "Sejarah dan simptom kemurungan: Kajian literatur," *Sains Insani* 5, no. 1 (2020): 34–42, <https://doi.org/10.33102/sainsinsani.vol5no1.130>.

related challenges.<sup>24</sup> According to Kennedy, individuals undergoing recurrent depressive episodes are prone to experiencing substantial disruptions in the executive functions of the brain, memory impairment, and psychomotor slowing.<sup>25</sup>

The susceptibility to manipulation is facilitated by compromised concentration, judgment, and memory in the affected individuals. The culmination of such negative cognitive patterns becomes particularly pronounced when individuals perceive their lives as devoid of purpose, leading to contemplation and, in some cases, attempts at self-harm.<sup>26</sup> This indirectly endangers their lives and may result in financial losses.

### **Behavioral Symptoms**

One indicator of depression is the alteration of behaviour, characterised by passive conduct, a decline in the quality of work, and a lack of interest in participating in public activities.<sup>27</sup> On occasion, shifts in behavioural patterns may give rise to aggression, as evidenced by escapist tendencies such as substance abuse and engagement in gambling activities.<sup>28</sup> Changes in self-care practices may also be observed, with a decreased emphasis on cleanliness and personal appearance.<sup>29</sup> Patients further experience psychomotor disturbances, leading to speech that is slowed or hesitant,

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<sup>24</sup> Affizal Ahmad, *Kemurungan Mengancam Kehidupan* (Kuala Lumpur: Dewan Bahasa dan Pustaka, 2017), 24-30.

<sup>25</sup> Sidney H. Kennedy, "Core symptoms of major depressive disorder: Relevance to diagnosis and treatment," *Dialogues in Clinical Neuroscience* 10, no. 3 (2008): 271–277, <https://doi.org/10.31887/DCNS.2008.10.3/shkennedy>.

<sup>26</sup> Mohammad Arif Johari, Sa'odah Ahmad and Zanariah Ismail, "Perkaitan antara sokongan sosial keluarga dengan kemurungan dalam kalangan anggota polis Jabatan Siasatan Jenayah, Selangor," *Malaysian Journal of Social Sciences and Humanities (MJSSH)* 6, no. 9 (2021): 154–165, <https://doi.org/10.47405/mjssh.v6i9.1012>.

<sup>27</sup> Affizal Ahmad, *Kemurungan Mengancam Kehidupan*, 24-30.

<sup>28</sup> "Depression," National Institute of Mental Health, accessed June 15, 2023, <https://www.nimh.nih.gov/health/topics/depression/index.shtml>.

<sup>29</sup> Affizal Ahmad, *Kemurungan Mengancam Kehidupan*, 24-30.

characterised by weak vocal intonation and responses incongruent with given directions.<sup>30</sup>

### **Physiological Symptoms**

Psychological disturbances, including alterations in appetite and disruptions in sleep patterns, are contributed to by depression.<sup>31</sup> Other health issues, such as headaches, bodily pains, and disturbances in the digestive system, are also experienced by patients.<sup>32</sup> Reduced energy levels below normal thresholds are encountered by patients, thereby impeding daily task functions.<sup>33</sup> According to the DSM-5, fatigue and lethargy are experienced almost daily by individuals with depression, even when engaged in light tasks or routines.<sup>34</sup>

In conclusion, individuals with depression experience a persistent and significant decline in overall functioning, which may be long-lasting in nature. This deterioration is commonly manifested through four main domains of symptoms, namely affective, cognitive, behavioural, and physiological symptoms. Taken together, these multidimensional impairments indicate a substantial decline in the individual's psychological and functional capacity, which may affect daily responsibilities and quality of life.

From a treatment perspective, depression requires a comprehensive and integrated approach involving pharmacological intervention, psychological therapy, and, in certain cases, rehabilitative support. Such multimodal management is essential to address both the biological and psychosocial dimensions of the

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<sup>30</sup> Azizi Yahaya and Tengku Sarina Aini Tengku Kasim, *Kesihatan Mental* (Johor Bahru: UTM Press, 2007), 53-56.

<sup>31</sup> Cecily Whiteley, "Depression as a disorder of consciousness," *The British Journal for the Philosophy of Science* (2021), <https://doi.org/10.1086/716838>.

<sup>32</sup> Ahmad Munawar Khir et al., "Sokongan sosial, penghargaan sendiri dan kemurungan dalam kalangan mahasiswa di universiti," *Malaysian Journal of Social Sciences and Humanities (MJSSH)* 5, no. 11 (2020): 33-42, <https://doi.org/10.47405/mjssh.v5i11.547>.

<sup>33</sup> Cecily Whiteley, "Depression as a disorder of consciousness," *The British Journal for the Philosophy of Science* (2021), <https://doi.org/10.1086/716838>.

<sup>34</sup> American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders* 5th ed., text rev, 153-155.

disorder, to restore emotional stability, improve cognitive and behavioural functioning, and enhance overall well-being. For depression, commonly used medications include antidepressants that help regulate brain neurotransmitters, such as Fluoxetine, Sertraline, Escitalopram, Venlafaxine, Duloxetine, and Amitriptyline. The choice of medication depends on the patient's clinical condition and the assessment of a psychiatrist. In most cases, pharmacological treatment is combined with psychological interventions such as cognitive behavioural therapy (CBT) to enhance overall therapeutic effectiveness.<sup>35</sup>

### Depression Based on the PHQ-9 Scale

According to Norhafizah et al, depression is categorised into three primary stages: mild, moderate, and severe.<sup>36</sup> The determination of symptom severity involves consideration of the number of symptoms, the frequency of symptoms (occurring every day, or only a few days), the persistence of symptoms (constantly present, rarely, or intermittently), and the intensity of symptoms.<sup>37</sup>

The variation in these categories reflects conditions that exert distinct impacts on the quality of life, psychosocial disruption, hospital admission rates, reasonable consideration, and suicide risk.<sup>38</sup> Depression symptoms can be observed through alterations in four fundamental aspects of human life, including emotional, attitudinal, cognitive, and physiological changes. The subsequent

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<sup>35</sup> Pim Cuijpers et al., "Psychological Treatment of Depression: A Systematic Overview of a 'Meta-Analytic Research Domain,'" *Journal of Affective Disorders* 335 (2023): 141–151, <https://doi.org/10.1016/j.jad.2023.05.011>.

<sup>36</sup> Norhafizah Sahril et al., "Depression severity and its associated factors among school-going adolescents in Malaysia," *Journal of Depression and Anxiety* 8, no. 4 (2019): 1–8, <https://doi.org/10.35248/2167-1044.19.8.350>.

<sup>37</sup> Gudisa Bereda, "Types of depression," *Journal Clinical Psychiatry Neuroscience* 6, no. 1 (2023): 72–74, <https://www.pulsus.com/scholarly-articles/types-of-depression-11855.html>.

<sup>38</sup> Kinyanjui Mungai and Amienna Bayat, "An overview of trends in depressive symptoms in South Africa," *South African Journal of Psychology* 49, no. 4 (2019): 518–535, <https://doi.org/10.1177/0081246318823580>.

breakdown outlines the levels of depression based on the symptomatology experienced by patients:

Table 1.0: Disruption of emotional, attitudinal, cognitive, and physiological aspects according to levels of depression

Changes	Levels of Depression		
	Mild	Moderate	Severe
Emotion	<ul style="list-style-type: none"> <li>▪ Experiencing mild sadness that quickly resolves.</li> <li>▪ Occasional feelings of anxiety and restlessness.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Experiencing widespread and persistent feelings of sadness and depression.</li> <li>▪ Continuous feelings of anxiety and persistent restlessness.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Experiencing enduring feelings of sadness and persistent depression</li> <li>▪ Heightened feelings of anxiety, panic, and restlessness almost all the time.</li> </ul>
Attitude	<ul style="list-style-type: none"> <li>▪ Experiencing slight difficulty initiating daily activities.</li> <li>▪ Reduced interest in the environment and social interactions.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Encountering difficulty in performing light activities and initiating daily tasks.</li> <li>▪ Loss of interest in the environment and social interactions.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Experiencing an inability to perform daily activities without assistance from others.</li> <li>▪ Complete loss of interest to the extent of feeling no anger, sadness, or joy.</li> </ul>

Thoughts	<ul style="list-style-type: none"> <li>▪ Experiencing occasional difficulty focusing attention.</li> <li>▪ Pessimistic thoughts about oneself and low self-esteem.</li> <li>▪ Occasional suicidal thoughts.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Experiencing difficulty focusing attention and maintaining focus in activities.</li> <li>▪ Frequent self-blame and self-criticism.</li> <li>▪ Frequent suicidal thoughts.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Experiencing an inability to read, speak, and respond appropriately.</li> <li>▪ Experiencing delusions, extreme regret, and irredeemable guilt.</li> <li>▪ Having structured thoughts and preparations for suicide.</li> </ul>
Physiology	<ul style="list-style-type: none"> <li>▪ Experiencing difficulty sleeping.</li> <li>▪ Slightly reduced appetite.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Experiencing reduced sleep time with waking every two (2) hours.</li> <li>▪ No appetite and a diminished sense of taste.</li> </ul>	<p>Sleeping only around 2-3 hours.          Loss of appetite that necessitates force-feeding.</p>
<b>Conclusion</b>	<ul style="list-style-type: none"> <li>▪ Under control, capable of managing work, interacting with society, and self-care</li> </ul>	<ul style="list-style-type: none"> <li>▪ Under control, but a decline in work quality, social interactions, and self-care has occurred</li> </ul>	<p>Out of control, continuous deterioration in work, unable to manage oneself, and experiencing</p>

			psychotic symptoms
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Source: Byatt et al., 2017.

Referring to Table 1.0 above, transient depression frequently manifests in individuals as a response to challenges and pressures encountered in daily life. This depressive phase customarily resolves within a brief timeframe, commonly lasting only a few days. However, the duration of this phase may exhibit variability among individuals, with some experiencing a comparatively protracted recovery period extending to several weeks. This variant of depression is classified as mild depression.<sup>39</sup> Throughout this stage, patients encounter minimal symptoms that remain manageable, albeit potentially influencing social and occupational functions.<sup>40</sup>

If mild depression persists, it may progress to the stage of moderate depression. In this phase, emotional disturbances are typically endured by patients for a duration exceeding two weeks, extending potentially over two years. Within this stage, a certain degree of emotional control is maintained by patients, albeit accompanied by a potential decline in the quality of their social and occupational functions.<sup>41</sup> Subsequently, in the ensuing phase, if patients encounter hallucinations or delusions, the transition to severe depression occurs. At this point, patients are no longer

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<sup>39</sup> Mary C. Townsend, *Essentials of Psychiatric Mental Health Nursing*, 4th ed. (Philadelphia: F.A. Davis Company, 2005), 346-347.

<sup>40</sup> Mark Zimmerman, Theresa A. Morgan and Kasey Stanton, "The severity of psychiatric disorders," *World Psychiatry* 17, no. 3 (2018): 258–275. <https://doi.org/10.1002/wps.20569>.

<sup>41</sup> "How to manage moderately severe depression," HealthMatch, accessed February 3, 2023, <https://healthmatch.io/depression/moderately-severe-depression>.

capable of self-management, and there is a severe disruption in psychosocial aspects.<sup>42</sup>

## THE INTERRELATION BETWEEN DEPRESSION, *TAKLĪF*, AND LEGAL COMPETENCE

The term *al-taklīf* linguistically derives from the word *kulfah*, signifying fatigue or difficulty.<sup>43</sup> *Taklīf* is further explained by al-Mirdawī as the transfer of a burden from one party to another.<sup>44</sup> In terminological discourse, *al-taklīf* denotes a mandatory directive imposed on a responsible individual (*mukallaf*) to undertake a challenging task.<sup>45</sup> According to al-Mirdawī, *taklīf* represents a responsibility imposed on the *mukallaf* following the rules and commands of Shariah.<sup>46</sup> *Taklīf* comprehends actions dictated by Shariah to be either executed or refrained from.<sup>47</sup> Thus, *taklīf* can be comprehended as the obligation placed on the *mukallaf* to perform or abstain from a matter ordained by Shariah, grounded in evidence from primary sources, namely al-Quran, al-sunnah, ijma, and qiyas.<sup>48</sup>

There are two primary conditions within *taklīf*, specifically (i) conditions associated with the *mukallaf* and (ii) conditions linked to the *taklīf* law.<sup>49</sup> The conditions related to the *mukallaf* emphasise that a person is only subject to *taklīf* when several essential criteria

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<sup>42</sup> Mark Zimmerman, Theresa A. Morgan and Kasey Stanton, "The severity of psychiatric disorders," *World Psychiatry* 17, no. 3 (2018): 258–275, <https://doi.org/10.1002/wps.20569>.

<sup>43</sup> Muhammad bin Mukrīm Ibn Manzūr, *Lisān al-‘Arab* (Beirut: Dār Sādir, t.t.), 9:307.

<sup>44</sup> ‘Abd al-Salām al-Mirdāwī, *Tahrīr al-Manqūl wa Tahdhīb al-Uṣūl* (Kuwait: Wizārah al-Awqāf wa al-Shu’ūn al-Islāmiyyah, 2013), 119.

<sup>45</sup> ‘Abd al-Malik ibn ‘Abd Allah al-Juwaynī, *Al-Burhān fī Uṣūl al-Fiqh* (Doha: Daulah Qatar, 2008), 1:14.

<sup>46</sup> Al-Mirdāwī, *Tahrīr al-Manqūl wa Tahdhīb al-Uṣūl*, 119.

<sup>47</sup> Zakariyya al-Ansari, *Ghāyāt al-Wuṣūl fī Syarḥ Lubb al-Uṣūl* (al-Mansurah: Dār al-Ḍiyā’, 2017), 2:315.

<sup>48</sup> Maryam al-Shārikh and Abdul Muiz Hariz, "Mafhūm al-i’āqāt al-‘aqliyyah wa atharuhu fī al-taklīf al-Syar’īe," *Journal of the Islamic University of Sharia and Legal Studies* 27, no. 3 (2019): 165–183, <https://journals.iugaza.edu.ps/index.php/IUGJLS/article/view/4317/261>.

<sup>49</sup> ‘Abd al-Karīm al-Namlah, *al-Muhadhdhab fī ‘Ilm Uṣūl al-Fiqh al-Muqāran* (Riyadh: Maktabat al-Rushd, 1999), 1:334.

are fulfilled. Firstly, the individual must be mature (*bāligh*), sane, and capable of understanding the Shariah discourse. Maturity marks the beginning of religious obligation, while sound intellect includes the ability to distinguish between right and wrong, comprehend reality, and determine intentions and actions consciously. In addition, the individual must have an understanding of the Shariah obligations imposed upon them. Secondly, the *mukallaf* must possess the capacity to undertake *taklīf*, which may be in the form of complete competence (*ahliyyah al-adā' kāmilah*) or partial competence (*ahliyyah al-adā' nāqīṣah*), depending on their level of eligibility and the presence of any impediments.<sup>50</sup> The law of *taklīf* refers to Shariah rulings governing actions, including obligatory (*wājib*), recommended (*mandūb*), permissible (*mubāh*), disliked (*makrūh*), and prohibited (*ḥarām*).<sup>51</sup> Its conditions require that the individual knows the obligation, understands that it is commanded by Allah, and performs it personally, except in specific cases allowed by Shariah.<sup>52</sup>

In consideration of those conditions, it becomes apparent that *taklīf* is intricately connected to the faculty of reason. A comprehensive understanding of the Shariah requisites and proficiency in their application serves as a pivotal criterion for a *mukallaf* to be held accountable under Shariah laws.<sup>53</sup> Simultaneously, legal competence (*al-ahliyyah*) is a stipulation imposed by Shariah upon an individual, facilitating their capacity to receive directives or determinations from Shariah.<sup>54</sup> Legal competence is branched into two categories: obligatory competence (*ahliyyah al-wujūb*) and competence to perform (*ahliyyah al-adā'*). Obligatory competence pertains to the *mukallaf's* ability to assume rights and responsibilities from a Shariah standpoint.<sup>55</sup> Conversely, competence to perform defines an individual *mukallaf's* capability

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<sup>50</sup> Al-Namlah, *al-Muhadhdhab fī 'Ilm Uṣūl al-Fiqh al-Muqāran*, 334.

<sup>51</sup> *Ibid.*, 1:334-335.

<sup>52</sup> *Ibid.*, 1:335-337.

<sup>53</sup> Mohammed Ghaly, "The convention on the rights of persons with disabilities and the Islamic tradition: The question of legal capacity in focus," *Journal of Disability and Religion* 23, no. 3 (2019): 251–278, <https://doi.org/10.1080/23312521.2019.1613943>.

<sup>54</sup> Muṣṭafā Aḥmad al-Zarqā', *al-Madkhal al-Fiqhī al-Ām* (Damascus: Dār al-Qalam, 2004), 2:782.

<sup>55</sup> Al-Zarqā', *al-Madkhal al-Fiqhī al-Ām*, 2:782.

to be held accountable. Consequently, each conversation and action is scrutinised and carries implications in the eyes of Shariah.<sup>56</sup> The conditions for acquiring the competence to perform necessitate that the *mukallaf* must be a rational and discerning human being, not merely alive.<sup>57</sup>

However, the legal competence of an individual *mukallaf* may be diminished or lost if there are impediments to legal competence (*al-ahliyyah*). Impediments to legal competence pertain to prospective events affecting a *mukallaf*, capable of either nullifying or diminishing their competence, leading to alterations in legal judgments concerning them.<sup>58</sup> In the discipline of *Uṣūl al-Fiqh*, these impediments are classified into two main categories: *samāwiyyah* (beyond human control) and *kasbiyyah* (resulting from human action).<sup>59</sup> Within this framework, depression, as a biological illness, is categorised under *samāwiyyah* impediments.

In the context of depression, disruptions in emotional, cognitive, physiological, and social facets are induced by individuals undergoing depressive symptoms. Cognitive dysfunction can be associated with states of imperfect mental capacity, such as *al-junūn* and *al-‘atah*.<sup>60</sup> According to psychiatric medical theories, impairments in cognitive function can impact mental acuity.<sup>61</sup> Manifestations of such disruptions encompass an impaired ability to concentrate, inadequate responsiveness, occurrences of delusions and hallucinations, and persistent

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<sup>56</sup> ‘Abd al-Karīm Zaydān, *al-Madkhal li Dirāsāt al-Sharī‘ah al-Islāmiyyah* (Beirut: Mu’assasat al-Risālah, 2015), 72.

<sup>57</sup> Mas’ūd ibn ‘Umar al-Taftāzānī, *Sharḥ al-Talwīḥ ‘alā al-Tawḍīḥ* (Beirut: Dār al-Kutub al-‘Ilmiyyah, 1996), 2:348.

<sup>58</sup> Anhar Opir, “Athar ‘awāriḍ al-ahliyyah fī ‘aqd al-bay’” (PhD thesis, University of Jordan, 2015), 10-11, Al-Manhal. <https://platform.almanhal.com/Files/4/78565>.

<sup>59</sup> Al-Namlah, *al-Muhadhdhab fī ‘Ilm Uṣūl al-Fiqh al-Muqāran*, 1:334.

<sup>60</sup> Mohammed Ghaly, "The convention on the rights of persons with disabilities and the Islamic tradition: The question of legal capacity in focus," *Journal of Disability and Religion* 23, no. 3 (2019): 251–278, <https://doi.org/10.1080/23312521.2019.1613943>.

<sup>61</sup> Mark Zimmerman, Theresa A. Morgan and Kasey Stanton, "The severity of psychiatric disorders," *World Psychiatry* 17, no. 3 (2018): 258–275, <https://doi.org/10.1002/wps.20569>.

contemplations of self-harm or suicide.<sup>62</sup> These disturbances consequently affect *taḳlīf* by weakening the individual's cognitive capacity and intellectual functioning.<sup>63</sup> Furthermore, disruptions in physiological facets, including sleep disturbances, body aches, and muscle pain, are linked to impediments to health (*al-marād*). This association arises from the fact that physiological disturbances in the patient may hinder their capacity to perform routine activities, including participation in worship.<sup>64</sup> Accordingly, depression demonstrates a significant relationship with legal impediments that diminish rational capacity, whether by analogy to *al-junūn* and *al-'atah* or through its classification under *al-marād*.<sup>65</sup> Further elaboration is as follows:

### ***Al-Junūn (Insanity)***

Insanity is a state of mental derangement that can impede an individual from consistently engaging in actions or conversations guided by sound reasoning. As described by Ja'fūr, insanity involves a loss of the ability to discern between right and wrong, and its repercussions can either nullify the effects of an action or impair them.<sup>66</sup> This condition arises from disruptions in the brain, either congenital or induced by disturbances in the nervous system caused by diseases or external influences on individuals, such as the whispers of demons. These external influences can generate false illusions, leading to abrupt and unexplained fluctuations in emotional states, be it sudden joy or sadness.<sup>67</sup>

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<sup>62</sup> Mohammad Arif Johari, Sa'odah Ahmad and Zanariah Ismail, "Perkaitan antara sokongan sosial keluarga dengan kemurungan dalam kalangan anggota polis Jabatan Siasatan Jenayah, Selangor," *Malaysian Journal of Social Sciences and Humanities (MJSSH)* 6, no. 9 (2021): 154–165, <https://doi.org/10.47405/mjssh.v6i9.1012>.

<sup>63</sup> Mary Donnelly, *Depression and Consent to Treatment: The Limit of a Capacity-Based Approach*, 218-222.

<sup>64</sup> Wan Nor Alyaa Wan Zain, Consultant Psychiatrist, Psychiatric Department, Hospital Raja Perempuan Zainab II, Kota Bharu Kelantan, June 11, 2023.

<sup>65</sup> Khedr Hamzah and Abdul Rahman Basyiri, "Athar al-iḏṭirābāt al-nafsiyyah 'alā ahliyyah al-adā' fi al-tasyrī' al-jazā'irī wa 'alā ḍaw'i ilm al-ṭib al-nafsi," *Majallah al-Huquq wa al-Ulum al-Islamiah* 15, no. 2 (2022): 32–52, <https://search.mandumah.com/Record/1270022>.

<sup>66</sup> Muḥammad Sa'id Ja'fūr, *Madkhal ilā al-'ulūm al-qānūniyyah durūs fi nazariyyah al-haq* (Dar Hawmah li al-Nasyr wa al-Tawzi', 2011), 33.

<sup>67</sup> Al-Taftāzānī, *Sharḥ al-Talwīḥ 'alā al-Tawḍīḥ*, 2:348.

Moreover, insanity can be either continuous or temporary, within a specific period. Continuous insanity denotes a state of complete and persistent loss of sanity, applicable at all times and under all circumstances.<sup>68</sup> In contrast, temporary insanity involves a transient loss of mental capacity, with the individual potentially regaining awareness at other intervals.<sup>69</sup> The similarity in the state of mental capacity and insanity in both scenarios lies in continuity. In the context of depression, it is typically associated with temporary insanity, as most patients exhibit the potential for recovery.<sup>70</sup> Patients undergo acute symptoms for a specific duration, and as these symptoms gradually diminish, they enter the remission phase (semi-stable) before achieving stabilisation.<sup>71</sup>

Confronting contemporary psychiatric knowledge, which is both present and continually evolving, it becomes imperative to harmonise the interpretations and criteria of insanity according to Islamic jurists with modern psychiatric terminology. To achieve this alignment, certain researchers employ terms such as mental disorders, psychosis, schizophrenia, and mania.<sup>72</sup> However, a comprehensive investigation is essential to ascertain that psychiatric symptoms indicative of insanity genuinely align with the definitions and criteria of insanity as per Islamic juristic perspectives. Grounded in the concept of insanity, there exist several fundamental criteria for determining *al-junūn*, including:

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<sup>68</sup> Khaled Salim, “al-junūn wa ma yasytabihu bihi wa atharuhu fī al-taklīf,” *Majallah Kuliyyah al-Banat al-Azhariah al-Tibiyah* 3 (2019): 426-520, <https://doi.org/10.21608/jfga.2019.7633>.

<sup>69</sup> ‘Abd al-Qādir ‘Awdah, *Al-Tashrī‘ al-Jinā‘ī al-Islāmī Muqāranan bi al-Qānūn al-Waḍ‘ī* (Cairo: Dār al-Ḥadīth, 2009), 1:585-586.

<sup>70</sup> "Depression," National Institute of Mental Health, accessed June 15, 2023, <https://www.nimh.nih.gov/health/topics/depression/index.shtml>.

<sup>71</sup> Tri Prima Widayiswara and Syaifudin Zuhdi, “Konsep ahliyyah bagi ahli waris yang mengalami gangguan mental psikosis singkat” (Undergraduate thesis, Universitas Muhammadiyah Surakarta, 2023), 81-85.

<sup>72</sup> John E. Cooper and Norman Sartorius, *A Companion to the Classification of Mental Disorders* (Oxford: Oxford University Press, 2013), 204-208.

Table 2.0: Fundamental Criteria for Determining *Al-Junūn*

<b>Criteria for determining <i>al-junūn</i> (Insanity)</b>	<b>Description</b>
Limited comprehension	Existence of limitations in fully understanding information or instructions
Incoherent conversations	Speech with meaning but lacking coherence and continuity
Unreasonable considerations	Unreasonable considerations in making decisions involving personal and others' interests
Deterioration in task performance	Capable of self-management but unable to execute complex tasks

Source: Authors' Analysis and Verified by Sharia Experts, 2026.

Following the outlined criteria, a primary hallmark of insanity is the impairment of sanity, resulting in pronounced disturbances in both speech and behaviour. This is attributed to the crucial role of the brain as a vital organ that governs information processing, production, and the coordination of movements in other bodily organs.<sup>73</sup> Drawing parallels between the Shariah-based criteria for insanity and psychiatric symptoms, the criteria for insanity can be correlated with symptoms of mental disorders from a psychiatric standpoint, including:

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<sup>73</sup> Khedr Hamzah and Abdul Rahman Basyiri, "Athar al-iḍṭirābāt al-nafsiyyah 'alā ahliyyah al-adā' fi al-tasyrī' al-jazā'irī wa 'alā ḍaw'i ilm al-ṭib al-nafsī," *Majallah al-Huquq wa al-Ulum al-Islamiah* 15, no. 2 (2022): 32–52, <https://search.mandumah.com/Record/1270022>.

Figure 1.0: Symptoms of Depression Meeting Criteria for Insanity

Delusions	Hallucinations	Disorganized behavior
<ul style="list-style-type: none"> <li>False beliefs about something, such as perceiving that people around them hate and want to kill them</li> </ul>	<ul style="list-style-type: none"> <li>Perceiving things through hearing, seeing, or touching that do not exist in the actual reality. For example, patients hearing voices instructing them to jump off a building</li> </ul>	<ul style="list-style-type: none"> <li>Engaging in actions that are unusual, such as speaking incoherently, behaving strangely like speaking to oneself, laughing, or getting angry without apparent reason</li> </ul>

Source: Muhammad Najib, 3 Jun 2023.

Derived from the identified meanings and corresponding criteria within the two primary disciplines, individuals displaying symptoms outlined in Figure 1.0 may be classified as experiencing insanity, potentially impacting their capacity to engage in worship.<sup>74</sup> Those who have forfeited sanity fail to fulfil the conditions of *taklīf*, as they lack comprehension of the meanings and obligations imposed by Shariah. Their eligibility for worship diminishes while they are experiencing psychotic symptoms.<sup>75</sup> Participation in worship during such states is deemed invalid and lacks merit. An illustration of psychotic symptoms is evident in depression during its chronic phase.<sup>76</sup> Nonetheless, upon recovery or during a stable phase, their eligibility to engage in worship is reinstated, and the obligation to perform worship is incumbent upon them.<sup>77</sup>

#### ***Al-‘Atah (Lack of Intellect)***

*Al-‘atah* denotes a condition characterised by intellectual deficiency, representing a mental disorder that results in a lack of

<sup>74</sup> Syahrudin Qālah, “Ahkām ṭalāq al-mudṭarib nafsiyyan,” *Majallah al-Buhuth wa al-Dirasat* 8, no. 1 (2011): 27-58, <https://asjp.cerist.dz/en/article/25707>.

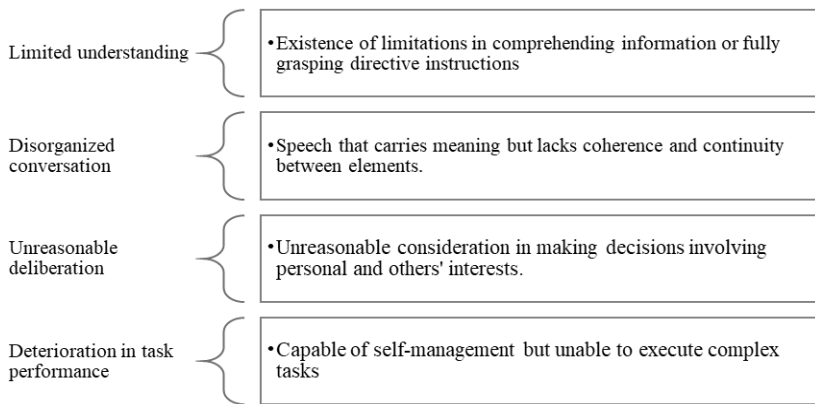
<sup>75</sup> Khaled Salim, “Al-junūn wa ma yasytabihu bihi wa atharuhu fī al-taklīf,” *Majallah Kuliyyah al-Banat al-Azhariah al-Tibiyyah* 3 (2019): 426-520, <https://doi.org/10.21608/jfga.2019.7633>.

<sup>76</sup> Muhammad Najib Mohamad Alwi, Consultant Psychiatrist, Psychiatric Department, Management and Science University Medical Centre, Shah Alam Selangor, June 3, 2023.

<sup>77</sup> Qasūs Ḥaḥṣah al-Syaimā’, “Ahkām al-marīḍ al-nafsī fī al-fiqh al-Islāmī bāb al-‘ibādāt unmūzajan,” (Master’s thesis, University of Echahid Hamma, 2022), 56-58.

comprehension, irregular communication, and irrational judgments.<sup>78</sup> Cognitive functions can be disrupted by *al-'atah*, leading to a mixture of coherent and irrational speech. The individual's conversations may exhibit moments of rationality interspersed with expressions resembling those of an individual with impaired mental faculties.<sup>79</sup> *Al-'atah* is categorised into two distinct classifications: the inability to distinguish and the ability to distinguish. The inability to distinguish is associated with legal rulings on insanity.<sup>80</sup> Conversely, *al-'atah* with the ability to distinguish entails adherence to various criteria as follows:

Figure 2.0: Criteria for *Al-'Atah*



Source: Īmān Naṣīb, 2015.

From the perspective of modern psychiatry, *al-'atah* can be linked to various manifestations of depression, involving features such as slowed thought processes, blocking and impaired judgment.<sup>81</sup> Generally, individuals exhibiting these symptoms fall within the spectrum of moderate depression. The severity of

<sup>78</sup> ‘Abd al-Wahhāb Karam, *Mu‘jam Muṣṭalaḥāt al-Sharī‘ah wa al-Qānūn*, 2nd ed. (Amman: Dār al-Thaqāfah, 1998), 280.

<sup>79</sup> Muḥammad Sa’īd Ja’fūr, *Madkhal ilā al-‘ulūm al-qānūniyah durūs fi nazariyyah al-haq* (Dar Hawmah li al-Nasyr wa al-Tawzi’, 2011), 33.

<sup>80</sup> Aḥmad Zakī Al-‘Iraqī, *Tahrīr al-Fatāwā ‘alā al-Tanbīh wa al-Minhāj wa al-Ḥāwī al-Musammā al-Nukat ‘alā Mukhtaṣarāt al-Thalāth* (Jeddah: Dār al-Minhāj, 2011), 3:46.

<sup>81</sup> KP Neeraja, *Essentials of Mental Health and Psychiatric Nursing* (New Delhi: Jaypee Brothers Medical Publishers, 2006), 1:75-80.

symptoms characteristic of moderate depression adversely affects the four components outlined in Figure 2.0 above.<sup>82</sup>

Individuals exhibiting *al-‘atah* (with the ability of *tamyīz*) may find their capacity for performance diminished, as indicated by the legal standing akin to discerning children, as per the predominant perspective among *‘uṣūl al-fiqh*.<sup>83</sup> Al-Dabbūsī asserts that, as a precautionary measure, they are compelled to engage in worship.<sup>84</sup> Although not under a strict obligation to perform worship, any such participation is deemed valid and rewarding. In this scenario, it becomes the responsibility of the guardian to oversee the individual’s worship, contingent upon their capability. However, if their capability is compromised due to the depression they are experiencing, it is considered and deemed acceptable.<sup>85</sup>

### ***Al-Maraḍ* (Sickness)**

*Al-maraḍ* is an exceptional condition that afflicts an individual. In Islamic jurisprudence, an individual affected by illness may access certain concessions, such as the performance of prayers to the best of their ability, the combination of prayers, the execution of dry ablution, and the allowance for breaking the fast.<sup>86</sup> As previously discussed, physiological disruptions experienced by individuals with depression can impede their capacity to engage in worship. For instance, a patient may find it challenging to pray while standing or adhere to the prescribed prayer times. Sickness does not diminish eligibility for performance but may influence certain legal rulings.<sup>87</sup> In this context, patients can benefit from concessions related to

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<sup>82</sup> Ṭariq Ali, *Mafāhīm al-Khāṭi‘ah ‘an al-Ṭibb al-Nafsī* (Cairo: Dār al-Ḥadārah li al-Nashr wa al-Tawzī‘, 2012), 41-42.

<sup>83</sup> Ibrāhīm al-Jawarneh and Ruba Miqdady, "The rules of autistic patients in Islamic jurisprudence: Authentic study (Ahkam marda al-tawahhud fi al-fiqh al-Islami dirasat ta‘silīyyah fiqhiyyah)," *Shariah and Law Journal* 46, no. 1 (2019): 117–142, <https://doi.org/10.35516/0272-046-985-006>.

<sup>84</sup> ‘Ubaid Allah ibn ‘Umar al-Dabbūsī, *Taqwīm al-Adillah fi Uṣūl al-Fiqh* (Beirut: Dār al-Kutub al-‘Ilmiyyah, 2001), 175-176.

<sup>85</sup> Ibrāhīm al-Jawarneh and Ruba Miqdady, "The rules of autistic patients in Islamic jurisprudence: Authentic study (Ahkam marda al-tawahhud fi al-fiqh al-Islami dirasat ta‘silīyyah fiqhiyyah)," *Shariah and Law Journal* 46, no. 1 (2019): 117–142, <https://doi.org/10.35516/0272-046-985-006>.

<sup>86</sup> Ḥasan al-Kāf, *al-Taqrīrāt al-Sadīdah*, 1:322.

<sup>87</sup> *Ibid.*, 1:322.

worship, such as praying to the best of their ability and combining prayers. However, adherence to these actions must comply with the conditions established by scholars for the performance of worship.<sup>88</sup>

In summary, the exhibition of depressive symptoms, which compromise cognitive function, is correlated with a state of derangement, thereby diminishing the individual's suitability for optimal performance. Meanwhile, symptoms of depression leading to impaired judgment and attenuated cognitive acuity are associated with *'awāriḍ al-ahliyyah*, resulting in a reduction of eligibility for effective performance.<sup>89</sup> Beyond these cognitive disruptions, the preservation of rationality and performance eligibility remains intact, contending with physiological impediments impacting their capacity for customary worship, provided that such conditions are duly acknowledged by a psychiatric specialist, who must consider the contemporary psychiatric understanding of depression symptoms.<sup>90</sup> This matter can be summarised as illustrated in the figure below:

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<sup>88</sup> *Ibid.*, 1:322.

<sup>89</sup> Nur Mardia Mazri, et al., "Pengurusan Ibadah Pesakit Kecelaruhan Mental: Kajian Dari Perspektif Qawaid Fiqhiyyah: Ibadah Treatment of Mentally Disordered Patients: A Study from Qawaid Fiqhiyyah's Perspective." *Al-Basirah Journal* 14, no. 1 (2024): 1–16. <https://doi.org/10.22452/basirah.vol14no1.1>.

<sup>90</sup> Imān Naṣīb, "Al-iḍṭirābāt al-nafsiyyah wa atharuhā fi ahkām al-zawāj wa al-ṭalāq dirāsah fiqhiyyah muqāranah" (Master's thesis, University of Echahid Hamma, 2015), 44-48.

Figure 3.0: Impediments to Legal Competence Related to Depression Disease.



Source: Authors' Analysis and verified by Sharia Experts, 2026.

## IMPLICATIONS OF DEPRESSION ON LEGAL OBLIGATIONS AND ELIGIBILITY OF PATIENTS

Based on the above discussion, the categorisation of depression entails three primary gradations: mild, moderate, and severe, as outlined by the PHQ-9 scale. Within this framework, the stratification of depression levels can be linked to distinct impediments to eligibility, thereby engendering diverse ramifications for the capacity of individuals to fulfil religious responsibilities. Deliberations in this regard necessitate meticulous scrutiny to ascertain that the criteria for eligibility impediments align appropriately with the varying levels of depression symptoms. Elaboration on this subject is provided in the subsequent details:

### Mild-level depression

In cases of mild depression, patients are considered stable with the potential for a swift recovery. The affective domain is significantly impacted, while cognitive and behavioural facets are comparatively less affected during this stage. Upon examination of the aforementioned symptoms, it is evident that individuals with mild depression do not reach the thresholds indicative of *al-junūn* or *al-*

'*atah*'.<sup>91</sup> At this stage, the sanity of patients remains uncompromised, enabling them to assess and make reasonable decisions.<sup>92</sup> Under these circumstances, patients are obligated to engage in prayer, contingent upon fulfilling requisite conditions.<sup>93</sup> Suppose patients encounter physiological disruptions hindering their worship performance, such as an inability to pray in the designated manner or at prescribed intervals. In that case, they are eligible for concessions, including praying to the best of their ability or combining prayers.<sup>94</sup> Conversely, if experienced depression has no discernible impact on physiological aspects and the accustomed ability to perform worship, the execution of worship should proceed without availing concessions, adhering to prescribed conditions.<sup>95</sup>

### **Moderate-level depression**

At the moderate level of depressive conditions in patients, there is observable evidence of diminished concentration, reduced work quality, and compromised self-care. Persistent feelings of panic permeate the patient's experience, rendering them incapable of allocating attention effectively, performing high-quality work, and increasing susceptibility to external influences. Despite these challenges, the patient's capacity for distinction (*tamyīz*) persists, allowing them to discern between reality and fantasy. Nevertheless, instances may arise where their chosen actions deviate due to the emotional pressures exerted upon them.<sup>96</sup>

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<sup>91</sup> Hānī Abdullah al-Jubayr, "Athar taṣarrufāt al-mardā al-nafsiyyin," *Majallah al-Qaḍā'iyah* 3 (2011): 40–63, <https://arabicpdfs.com/-اثر-تصرفات-المرضى-النفسيين-pdf/>.

<sup>92</sup> Muhammad Hizbi Islami, "Mawqif al-muṣāb bi al-syalāl al-dimāghī fī al-ahliyyah," *Jurnal 'Ilmiah Syariah* 18, no. 2 (2019): 153-162, <https://doi.org/10.31958/juris.v18i2.1655>.

<sup>93</sup> Muhammad Hizbi Islami, "Mawqif al-muṣāb bi al-syalāl al-dimāghī fī al-ahliyyah," *Jurnal 'Ilmiah Syariah* 18, no. 2 (2019): 153-162, <https://doi.org/10.31958/juris.v18i2.1655>.

<sup>94</sup> Nur Mardia Mazri et al., "Aplikasi Kaedah Al-Mashaqqah Tajlib Al-Taysir dalam Pengurusan Ibadah Pesakit Skizoafektif: The Application of Al-Mashaqqah Tajlib Al-Taysir Method in Worship Management of Schizo affective Patients." *Al-Qanatir: International Journal of Islamic Studies* 33, no. 5 (2024): 1–12. <https://al-qanatir.com/aq/article/view/839>.

<sup>95</sup> Hasan al-Kāf, *al-Taqrīrāt al-Sadīdah*, 1:322.

<sup>96</sup> Īmān Naṣīb, "Al-īdṭirābāt al-nafsiyyah wa atharuhā fī ahkām al-zawāj wa al-ṭalāq dirāsah fiqhīyyah muqāranah" (Master's thesis, University of Echahid Hamma, 2015), 44-48.

As indicated by the stated functional disruptions, moderate-level depression is classified as a state of partial deficiency in reason.<sup>97</sup> The characteristics of *al-‘atah*, as clarified by Zaydan, signify that patients do not experience a loss of sanity but rather demonstrate diminished comprehension, impaired judgment, and difficulties in executing complex tasks.<sup>98</sup> Consequently, individuals with symptoms of moderate depression are deemed *ma’tūh*, comparable to the legal status of discerning minors possessing the capability to perform tasks but with incomplete eligibility (*ahliyyah al-adā’ nāqiṣah*). Such patients are not obligated to participate in worship activities. Still, if they choose to do so, their worship remains valid and accumulates reward.<sup>99</sup>

### Severe-level depression

Severe depression is identified when patients manifest psychotic symptoms, thereby exposing the patient to potential harm, as self-harm instructions are often perceived through auditory hallucinations. The protracted nature of depressive symptoms at this severity level encompasses major and persistent experiences of depression. At this point, the patient’s capacity for discrimination becomes compromised, autonomy of intention is diminished, and the ability to differentiate between reality and fantasy is lost.<sup>100</sup> In such circumstances, if the impairment of intellect persists throughout the entire prayer time, the obligation to perform acts of worship such as *ṣalāh* may be lifted due to the loss of legal accountability. In summary, the gradations of depression can be correlated with impediments to competence as follows:

Table 3.0: Legal Competence Status of Depression Patients based on the PHQ-9 Scale

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<sup>97</sup> Tarīq ‘Ali, *Maḡāhīm al-Khāṭi’ah ‘an al-Ṭibb al-Nafsi*, 41-44.

<sup>98</sup> Zaydān, *al-Madkhal li Dirāsāt al-Sharī’ah al-Islāmiyyah*, 72.

<sup>99</sup> Ministry of Waqf and Islamic Affairs of Kuwait, *Al-Mawsū’ah al-Fiqhiyyah* (Kuwait: Wizārah al-Awqāf wa al-Shu’ūn al-Islāmiyyah, 1983), 5:355-361.

<sup>100</sup> Gudisa Bereda, "Types of depression," *Journal Clinical Psychiatry Neuroscience* 6, no. 1 (2023): 72–74, <https://www.pulsus.com/scholarly-articles/types-of-depression-11855.html>.

<b>Symptoms of Depression</b>	Severe	Moderate	Mild
<b>Severity of Symptoms</b>	Experiencing serious hallucinations, delusions, and persistent suicidal thoughts most of the time.	Already lost interest in daily activities.	Less severe. Mild depressive symptoms persist for more than two weeks.
<b>Effect of Depression</b>	Major disruptions in thinking, speech, and behaviour that are not in line with reality.	Disruptions in thinking, quality of speech, and behaviour, but still in line with reality.	Does not disrupt the quality of speech, thinking, and behaviour.
<b>Eligibility Impediment</b>	<i>Al-junūn</i>	<i>Al-‘atah</i>	-
<b>Ahliyyah al-Ada’</b>	<i>Muzīl Ahliyyah al-Adā’</i> (Unqualified)	<i>Ahliyyah al-Adā’ Nāqīṣah</i> (Partially Qualified)	<i>Ahliyyah al-Adā’ Kāmilah</i> (Totally Qualified)
<b>Worship Implications</b>	Not required to perform worship and not obligated to make up for missed worship.	Should instruct patients to perform worship if capable. If incapable, it is acceptable.	Required to perform worship. Can take relevant concessions if experiencing physical issues.

Source: Authors’ Analysis and verified by Sharia Experts, 2026.

Patients experiencing severe depression are classified within the domain of insanity, having forfeited both sanity and contact with reality.<sup>101</sup> In cases where this state of insanity proves transient, the patient is acknowledged as insane throughout the duration of sanity loss. Subsequently, if depressive symptoms diminish in the subsequent phase, the patient may be reclassified as exhibiting *al-'atah*. Consequently, the determination of impediments to competence necessitates an assessment of the patient's mental capacity at a specific point in time, recognising the dynamic nature of depressive symptoms, wherein patients may undergo phases of psychotic manifestations in the chronic stage but achieve stability at other intervals post-receiving targeted interventions.<sup>102</sup> Patients with severe depression may lose competence and are relieved of the obligation to engage in worship activities, as their Shariah responsibilities are not incumbent upon them in such conditions.<sup>103</sup>

Generally, it is acknowledged that establishing criteria for *al-junūn*, *al-'atah*, and *al-maraḍ* concerning depression necessitates a foundation not exclusively reliant on Fiqh standards but mandates consideration of perspectives provided by medical experts and the use of clinical depression assessment instruments such as PHQ-9.<sup>104</sup>

## CONCLUSION

The increasing prevalence of depression necessitates not only heightened awareness regarding the pursuit of treatment and family support but also calls for substantial advancements in

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<sup>101</sup> Syahrudin Qālah, "Aḥkām ṭalāq al-mudtarib nafsiyyan," *Majallah al-Buhuth wa al-Dirāsāt* 8, no. 1 (2011): 27-58, <https://asjp.cerist.dz/en/article/25707>.

<sup>102</sup> Mohammed Ghaly, "The convention on the rights of persons with disabilities and the Islamic tradition: The question of legal capacity in focus," *Journal of Disability and Religion* 23, no. 3 (2019): 251-278, <https://doi.org/10.1080/23312521.2019.1613943>.

<sup>103</sup> Zaydān, *al-Madkhal li Dirāsāt al-Sharī'ah al-Islāmiyyah*, 72.

<sup>104</sup> Khedr Hamzah and Abdul Rahman Basyiri, "Athar al-iḍṭirābāt al-nafsiyyah 'alā ahliyyah al-adā' fi al-tasyrī' al-jazā'irī wa 'alā ḍaw'i ilm al-ṭib al-nafsi," *Majallah al-Ḥuqūq wa al-Ulūm al-Islāmiyyah* 15, no. 2 (2022): 32-52, <https://search.mandumah.com/Record/1270022>.

various policies, laws, and guidelines aimed at safeguarding the rights and social needs of individuals, including the regulation of daily worship for patients. Previous studies have delved into the ramifications of depression on financial transactions, legal recognition, and criminal dimensions. However, the impact of depressive symptoms on religious obligations and worship practices, contingent upon severity levels, remains largely unexplored within the current academic discourse. This study formulates guidelines governing the obligation of worship for individuals afflicted by depression by aligning competence impediments with depressive symptoms at diverse severity levels, as measured by the PHQ-9 scale, while considering both Shariah and psychiatric perspectives. The findings derived from this research are poised to serve as a valuable resource for patients, their families, and relevant stakeholders, including hospital management and religious authorities, in effectively managing the worship activities of individuals grappling with depression.

Depression can impair cognitive function and judgment, potentially reducing or removing an individual's competence (*ahliyyah*) to perform religious duties, similar to concepts like insanity or *al-'atah* in *uṣūl al-fiqh*. In parallel, Shariah extends concessions to individuals unable to consistently engage in worship due to justifiable reasons recognised by Shariah, such as physical illness. Islam, however, provides concessions for those unable to perform worship due to valid reasons, emphasising that obligations are not imposed beyond one's capacity and depend on intellectual ability.

The study underscores the importance of integrating fiqh and medical expertise, particularly through collaboration between scholars and psychiatrists, to develop practical and compassionate guidelines. Institutions such as the Department of Islamic Development Malaysia (JAKIM) and state mufti offices are encouraged to issue more specific guidance. Further research is also needed on other mental health conditions to ensure that worship practices remain aligned with Shariah while prioritising patient well-being.

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