Forensic Psychiatry

Forensic psychology is defined by the American Board of Forensic Psychology as “the application of the science and profession of law to questions and issues relating to psychology and the legal system” (American Board of Forensic Psychology, 2017). In secular legal systems, the expert testimony of a forensic psychiatrist or psychologist is utilized in cases where the psychological status of a defendant is relevant to the legal decision, including but not restricted to criminal liability, custody evaluations, and insurance claims (Goldstein, 2013). In criminal cases, such expertise is used to determine whether the defendant can be deemed “not guilty by reason of insanity” or “unfit to stand trial.”

The wider application of forensic psychiatric discussions in Islamic legal texts highlights one of the major differences between conceptualizations of forensic psychiatry in Islamic and secular legal systems. While secular courts do not concern themselves with religious personal law, the mental capacity question in Islamic jurisprudence frequently involves personal issues of ritual prayer, charity, and pilgrimage, in addition to family and civil issues, such as divorce, abortion, marriage annulment (faskh), and professional ethical considerations (breaking confidentiality), in ways that are unique to Islam. Thus, in an Islamic framework, forensic psychiatric practice extends beyond the purview of the court, prison, or even the hospital, and may be dealt with by non-official juridical authorities (muftīs) in a seminary, mosque, or clinical setting.

Given the encompassing nature of Islamic law as a religious-ethical code of conduct, the implications of an unsystematic approach to the nuances of forensic psychiatric practice within the context of Islamic law are potentially devastating, and include the possibility of denial of religious dispensations for the mentally ill in issues of ritual worship, marriage and divorce, or abortion. Unfortunately, most psychiatrists/psychologists receive little if any instruction in Islamic ethics or law as part of their training and are thus unaware of the considerations to mental status afforded by the Islamic legal tradition across issues, particularly in clinical settings where Muslim jurists are not typically involved. Further, there is also little research in forensic psychiatry and Islamic law to date, and Muslim-majority countries typically possess poorly organized forensic psychiatric services and no graduate programs or specialization in forensic psychology/psychiatry (Murad and Gordon, 2002; Okasha, 2011).
For the most part, the Islamic and Western law traditions converge on basic definitions of criminal defense and share core presumptions in forensic psychiatry, the most pivotal being the recognition of the mental element (mens rea) as a prerequisite of criminal liability and the potential for an insanity defense. While the principal differences between the systems of Islamic and Western law in issues of forensic psychiatry within a criminal context are minor, one point of comparison is the way the Islamic legal system differentiates between the rights of God (ḫuqūq Allāh) and man (ḫuqūq al-ʿibād). When dealing with the rights of man, an Islamic judge (qâdī) is generally required to investigate cases in great detail, thus warranting or even mandating the use of expert testimony. In matters of an adherent’s obligations to God (such as prayer, charity, pilgrimage, adultery, etc.), however, a judge is afforded some license to avoid the scrutiny of apparent evidence of mental incapacity in a spirit of mercy and avoid a ruling of punishment.

Another difference across the two traditions is apparent in how insanity is proven in each system. In Islamic law, if someone who is accused of a crime can present some evidence of their insanity prior to the time of the offence—which even if not of a strong nature is sufficient to cast doubt on their responsibility—they can be relieved of liability and punishment based on the prophetic legal maxim “to avoid the prescribed punishments (hudūd) whenever possible” (al-Tirmidhī, ḥadīth 1424). Even when the evidence of their insanity significantly predates the time of the offense, the legal principle of istihṣāb (the presumption of continuity) may be applied to automatically presume the insanity of the accused at the time of the crime. On the other hand, under English law, even when the time between the proven insanity and the offense is short, and even though there may be sufficient reason on the balance of probabilities to prove insanity at the time of the crime, it is fully left to the court to accept or reject the insanity defense (Sadeghi, 2012, pp. 35–36).

**Mental Competence in the Islamic Tradition**

The notion of mental competence (ʿaqīl) and sound reasoning (rushd) is key to discussions in both modern forensic psychiatry and traditional Islamic legal discourse. In Islamic law, the absence of rushd relieves the individual of legal responsibility by virtue of the inability to have deliberate intent. On the other hand, a post-pubescent (bāligh) person of assumed sound intellect (ʿaqīl) is considered fully responsible (mukallaf), capable of disposing wealth and engaging in contracts, bound to fulfill ritual obligations, and subject to criminal law. Only the mentally impaired and insane are exempt from criminal liability and subject to legal interdiction (ḥajr) (al-Sarakhsī, 2:34).

The Arabic term junūn (insanity or madness), derived from the trilateral j-n-n, denotes in its verbal form the “concealment” or “covering” of something (al-Rāghib, sub j-n-n, Ibn Manẓūr, 13:92). Muslim jurists generally agree on the broad technical definition of junūn as “the loss (zawāl) or corruption (fasād) of the intellect,” or the “loss of intellect and discernment” (al-Bazdawī, 4:263; al-Zarkashī, 5:245; al-Muṭarrizī, 1:94). Egyptian Ḥanafī jurist Zayn al-Dīn Ibn Nujaym (d. 970/1563), however, provides a slightly more elaborate definition, as he defines junūn as an “impairment in the ability to perceive general conceptions,” while Persian Shāfiʿī literary theorist ʿAbd al-Qāhir al-Jurjānī (d. 474/1078) defines it as “a mental imbalance that prevents the normal process of movement and communication” (Ibn Nujaym, 1:276; al-Jurjānī, 1:79). According to Shāfiʿī polymath Zakariyyā al-Anṣārī (d. 926/1520), junūn is the “detraction of the perceptive faculties from the heart (qalb) despite the retention of the movement and strength of the limbs (al-Anṣārī, 1:55), and in other definitions by Islamic jurists is seen as “an impairment in the ability to distinguish between good and bad and in the ability to understand or perceive the consequences of one’s actions” (al-Tahānawī, 1:597; Ibn ʿAbidīn, 3:243).

The latitude and ambiguity of the technical definitions indicate that little medical expertise is thought to be required for a judge to be able to determine legal liability. It also allows for the reasonable assumption that Muslim jurists tend to leave such definitions vague to allow flexibility in judgment and to encompass a wide plethora of abnormal behaviors, including sleep disorders, mental retardation, dissociative rage, and perhaps even personality disorders. Given the non-empirical nature of mental disability, it is useful to view this ambiguity as part of a safer ethical and epistemological approach than the alternative modern system of double
examination of the insane person’s soul by medical and juridical institutions and the often erroneous treatment by courts of transitory psychological states as permanent conditions (Mian, 2012, pp. 247–262).

**Early Evidence of Islamic Forensic Psychiatry**

One of the earliest known applications of the prophetic teachings on the treatment of the insane in a forensic setting can be found in the story of a woman who was accused of adultery during the era of the Caliph ʿUmar b. al-Khaṭṭāb (d. 23/644). When the woman’s case was presented to ʿUmar, he consulted with the people on the matter and eventually sentenced the woman to be punished. Thereupon, ʿAlī b. Abī Ṭālib (d. 40/661) passed by and enquired, “What is the issue with her?” The people said, “A mentally disturbed woman from such and such tribe committed adultery, whereupon ʿUmar ordered her to be stoned.” ʿAlī exclaimed, “Return with her,” and then approaching ʿUmar he remarked, “O Leader of the Believers! Do you not know that the Pen has been lifted from three: from the child until he reaches puberty, from the asleep until he wakes, and from the mentally impaired (maʿtūh) until he recovers! Certainly, this [woman] is an insane woman from such and such tribe. Perhaps she committed what she committed in the state that she was afflicted [by insanity].” ʿUmar replied, “I do not know.” So ʿAlī responded also, “I also do not know” (Abū Dāwūd, ḥadīth 4390–4394). According to the ḥadīth commentators, the woman was not perpetually insane. Rather, she was afflicted with temporary bouts of insanity, hence the reason ʿUmar responded that he “did not know” for certain whether she had committed the transgression when afflicted with insanity, while ʿAlī retorted that he “did not know” for certain that she was not insane at the time. Convinced of the argument for reasonable doubt, ʿUmar rescinded his previous judgment, applying the prophetic injunction to “avoid the prescribed punishments as much as possible” (al-Khaṭṭābī, ḥadīth 4393).

The proof ʿAlī b. Abī Ṭālib presented to ʿUmar was in fact a narration of the well-known prophetic statement: “The Pen is lifted from three: the asleep until they wake, the child until they reach majority, and the insane who are afflicted in their intellect until they recover” (Aḥmad, 41:224, ḥadīth 24242; Abū Dāwūd, ḥadīth 4394). Of particular note in the tradition is the subtle implication of the possibility of recovery and the existence of transitory states of madness, underlying a crucial ethic of compassion that dictates the Islamic approach to interacting with the mentally incapacitated.

**Categories of Mental Status in Islamic Law**

Islamic legal texts identify at least three lesser mental conditions of varying severities in addition to insanity (junūn), namely mental impairment (ʿatāh), sudden disorientation (dahsh), and financial improvidence (safah). Muslim jurists, in defining these categories, demonstrate a perception of mental disability largely as cognitive defects rather than psychic or emotive disabilities. They also acknowledge that such defects are observable through speech and behavior. ʿAtāh, for example, denotes in the eyes of the Muslim jurists, a level of mental impairment lesser than insanity, in which some degree of rational faculties remains unimpaired, that is observable through disorganized speech and abnormal behavior. A mentally impaired person’s (maʿtūh) behavior does not include physical violence or severe cursing as they are behaviors exclusively associated with insanity (Ibn ʿĀbidīn,3:243). Modern diagnostic categories of dementia, schizophreniform disorder, and mental retardation may fall under this category. The Ḥanafis consider the maʿtūh the legal equivalent of a child of the age of discernment (ṣabī mumayyiz), although the legal theorist Abū Zayd al-Dabūsī (d. 430/1039) rules that out of precaution the acts of ritual worship will still be binding upon the maʿtūh unlike the majnūn or the minor (from Ibn ʿĀbidīn, 3:243). According to the Ottoman civil law code, or al-Mejelle, identifying this distinction means that the maʿtūh is assumed to have the ability to understand the difference between buying and selling, interpreted by the ability to give up and purchase property, as well as the ability to distinguish between excessive and slight injuries (The Mejelle, 2003, p. 150).
The term *dahsh* (lit. the state of being stunned, perplexed, or startled) is used by jurists to refer to sudden loss of reason as a result of being perplexed or alarmed. The Ḥanafīs consider the person afflicted by sudden perplexity (*madhūsh*) as legally insane for the length of time they remain in such a state and treat the *madhūsh* as a category of the *majnūn* (Ibn ʿAbidīn, 3:243). The description of *dahsh* by scholars as a type of dissociative state in which the mind (reasoning faculty) becomes temporarily beyond voluntary control allows for its inclusion under the rubric of what secular law terms “irresistible impulse” and “temporary insanity,” conditions leading to impairment of the “ability to refrain” within the context that serves as a key consideration in the insanity defense (Chaleby, 2001, p. 25).

A lighter degree of mental illness is *safah* (literally foolishness), defined by some legal experts as “a weakness in mind that leads a person to mismanage their wealth, that is, contrary to the dictates of reason or law, despite an otherwise normal presence of intellect” and is often juxtaposed with *rushd* (sound judgment). The *safih* (financially improvident or spendthrift) may possess sufficient cognitive faculties but also an impulse disorder, such as bipolar or intermittent explosive disorders or borderline personality disorder according to modern psychiatric criteria of diagnosis. In a non-legal sense, the *safih* is simply a person of “obscene language whose speech is shameful” (al-Qalyūbī, 364). Ḥanafīs consider the state of *safah* as minor, insufficient to be considered a mental deficiency (*khalal*), and not preventive of legal responsibility (Ibn ʿAbidīn, 3:239; al-Bukhārī, 4:369).

Islamic jurisprudence further classifies insanity on the basis of its stability, inherence, and possibility of recovery. Permanent insanity (*ašřī*) as opposed to intermittent insanity (*ʿāriḍī*), assumes a continuity in the complete loss of the faculty of reason after its inception, be it congenital or acquired, and is viewed as both stable and resistant to treatment. This may involve various types of cognitive faculty dysfunctions, although its severity is less defining than its continuity. Intermittent insanity (*ʿāriḍī*), on the other hand, assumes a person oscillates between normal function and complete or partial loss of mental faculties. This is thought to be caused by any number of environmental factors, is considered treatable, and the legal capacity of the afflicted is suspended only until recovery (al-Bukhārī, 4:263-266). This second category of intermittent insanity produces a wide range of divergent and complex legal verdicts based on the varying durations of remission, as bouts of insanity are understood to potentially range from days to months or even years.

**Implications on Ritual and Family Law**

In ritual law, Muslim jurists unanimously agree that during a period of insanity the *majnūn* is relieved of the legal responsibility to perform any of the acts of worship. Differences among the jurists only arise regarding the clinically insane who can recover, temporarily or permanently, from their insanity during the period of *taklīf* (legal responsibility) (Ibn ʿAbidīn, 2:247; al-Mawsīlī, 5:41). For the ritual prayer, a complete day of uninterrupted insanity is necessary for the individual to be classified as continuously (*muṭbiq*) insane and therefore absolved of the responsibility to pray, while for fasting the minimum is a month and in charity a year (al-Bukhārī, 4:264). Regardless of the duration of insanity, the *majnūn* is to be treated as exempt from liability and legal responsibility with the exception of cases of damage to property or body, where the guardian (*walī*) of the insane is obligated to compensate for damages or pay blood-money (*diyya*) from their wealth. (al-Mawsīlī, 5:41; al-Kalbī, 1:228; al-Maqdisī, 8:383). With the exception of the Ḥanafīs, Muslim jurists also rule that the obligatory charity (*zakāt*) must be taken from the *majnūn*’s wealth by their guardian (al-Nawawī, 2:149).

Insanity also affects issues of personal status, including marriage, divorce, and child custody. Insanity is generally considered grounds for annulling a marriage contract. Some jurists set a condition of continuity and permanence of the insanity. Others, like the Mālikīs, stipulate for annulment that the insanity must have been present at the time of the marriage contract, regardless of the husband’s knowledge of it, while the Shāfiʿīs and Ḥanbālī schools rule that there are no grounds for annulment if the wife was aware of the husband’s insanity at the time of marriage. The Ḥanafīs rule that insanity may be grounds for separation if there is fear of serious harm (Ibn ʿAbidīn, *Radd al-Muṭḥar*, 3:501; Ibn al-Humām, 4:303–306). By juristic consensus, however, a mentally ill husband is considered incapable of deciding on a divorce (*ṭalāq*) or even mutual annulment (*khulʿ*), and some
even claim a consensus on the similar disqualification of a husband who is affected by rage so severe that it renders him completely unaware of the meaning and import of his statements (Chaleby, 2001, p. 58).

Consensus is likewise invoked on the issue of child custody and legal guardianship, as virtually all Islamic jurists appear to agree that a child’s custodian has to be sane and mentally competent. Insanity may be grounds to revoke the right of child custody for the duration of the madness (Ibn ‘Ābidīn, 3:556; al-Zurqānī, 4:475; al-Bahūṭī, 5:498–499; al-Shirbīnī, 5:198).

The majnūn is also incapable of serving as a witness in court (shāhid), making a bequest (waṣiyya) from their own wealth, serving as a guardian (wali) or legal representative (wakīl) or even as a judge (qāḍī) or manager of an endowment (waqf) (al-Ramlī, 8:292; Ibn ‘Ābidīn, 5:486, 417; al-Mawṣilī, 2:163; al-Kalbī, 1:207).

### Legal Restrictions and Interdiction

For the permanently insane, restriction upon the ability to deal with some or all interpersonal transactions, or interdiction (ḥajr), is automatic, although opinions diverge as to how the interdiction is to be decided and publicly declared. The legal guardian bears the responsibility for approving commercial transactions and the personal affairs of the interdicted in the Ḥanafī and Mālikī schools, whereas the Shāfiʿī and Ḥanbalī schools restrict the interdiction to monetary transactions. All generally agree that restrictions are to be placed on such a majnūn in their disposing wealth and property, bequeathing part of their estate, and general engagement in any legal activity that could work contrary to the interdicted person’s interest. The objective of ḥajr with the insane, as it is with minors, is to protect the defenseless and transfer their legal capacity, in the absence of mental competency, to a guardian.

### Post-trial Insanity

While the four Sunnī legal schools unanimously agree that a person who is insane while committing a forbidden act is not criminally liable, they differ when the offense is committed by someone who is sane at the time of the act, but becomes insane before the trial. According to the Ḥanafīs and Mālikīs, the offender will not be tried both because their confession is inadmissible and because they are no longer capable of presenting a sound legal defense. The Shāfiʿīs and Ḥanbalīs, however, suggest that such an offender may be tried and punished if the truth of the case can be properly ascertained through other reliable means (ʿAwdah, 1:596–598). If the offender becomes insane after being tried, the Shāfiʿīs and Ḥanbalīs argue that the punishment must be enforced as there is no reason to delay the punishment until the offender regains sanity once it has been established that the punishment is due (al-Bahūṭī, 6:78; Ibn Qudāmah, 9:85).

### Expert Testimony

Islamic law generally acknowledges the validity of both general and specific expert testimony in court cases, the distinction being that if the testimony is general and not case-specific, it may not require two witnesses, for example, the testimony of a single gynecologist or specialist in female-specific cases. General testimony may also be accepted from a non-Muslim if the testimony is general and no Muslim expert is available to testify to the same matter (al-Wansharīsī, 10:17).

### Modern Practices

Currently, Turkey is the only Muslim-majority country with mental health legislation (Ministry of Health, 2006), which is in compliance with the United Nations Human Rights Code and the World Health Organization (Cifter, 1993). Although most countries in the Muslim world consider insanity and mental status in legal decision-making,
there are limited training opportunities in forensic psychology that prepare practitioners to address the complex legal referrals in these countries, referrals which require a specificity in understanding psychological manifestations as they apply within the Islamic legal context (Al-Issa, 2000).

Countries that claim to apply the shari‘a on a state level, such as Iran and Saudi Arabia, typically take into consideration severe mental illness in a wide variety of legal issues, including the right to inheritance, organ donation, divorce, employment (such as that of a judge), necessity of guardianship, adoption of children, criminal liability, exemption from the death penalty, ability to attain a sex change given the presence of gender-identity disorder, right to abort a child with the presence of sufficient distress, and entitlement to employment benefits (Saberi et al., 2012).

In these countries, if a crime committed by a person found legally liable falls into the category of divinely ordained punishments (ḥudūd), no discretion is afforded to the judge to modify the ruling, such as in the case of lashing for consumption of wine or the death penalty for adultery, otherwise the punishment prescribed by a judge is considered discretionary (ta‘zīr) (Al-Muhairi, 1997). However, in cases of insanity, an argument for diminished responsibility or a recommendation for treatment may be presented. In Saudi Arabia, courts are operated by religiously trained jurists who decide based on recommendations from a forensic committee, such as that in the Taif Psychiatric hospital and Al-Amal complex for Mental Health, which receives approximately a thousand cases annually for assessment conducted by a multidisciplinary team including psychiatrists, psychologists, social workers, and nurses (El-Sayed, Al-Zahrani, and Rashad, 2010). If the referring authority issues a decision of diminished responsibility, the patient is removed from the prisoners’ ward to a non-criminal ward. The decision of involuntary confinement of psychiatric patients is left up to the family, however, as they are seen as responsible over the mentally ill patient (Al-Radi, 1993).

**Next Steps**

The importance of accurate and thorough, as well as culturally and religiously appropriate, modes of psychological assessment in the context of Islamic jurisprudence cannot be understated wherever Islamic law plays a central role in the lives of Muslims. The relative novelty of forensic psychiatric practice in Islamic settings necessitates a more comprehensive examination of both Islamic law and psychiatry by experts in their respective fields in order to develop congruent guidelines and standards for practice that are globally applicable for both the court and clinical setting.

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