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Mental Health, Sleep Paralysis, and Legal Responsibility in Islamic Family Law: Insights from Q.S. al-Baqarah 286

Article

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Abstract

Sleep paralysis is often interpreted along a continuum from mystical readings (spiritual disturbance) to psychological-neurophysiological explanations (sleep-wake transition, stress, anxiety-related conditions). In Muslim family settings, misinterpretation may trigger stigma, marital conflict, or neglect of proper care. This article examines the relevance of Qur'an 2:286 (Al-Baqarah) to mental health protection within Islamic family law, positioning the verse as an ethical-normative foundation for family support toward individuals experiencing sleep paralysis. This qualitative study employs a normative-doctrinal approach combined with conceptual analysis. Data are drawn from classical and contemporary exegesis of Qur'an 2:286, sleep and mental health literature, and core principles of Islamic family law (maqasid al-shari'ah, the legal maxim "no harm and no reciprocating harm," and the ideals of sakinah mawaddah rahmah). Content analysis is used to connect the verse's meaning with harm-prevention frameworks and protective mechanisms in family relations. Qur'an 2:286 emphasizes proportional responsibility (taklif) and acknowledges human limits, aligning with mental health paradigms that prioritize realistic coping, recovery, and social support. The findings suggest that mental health protection in Islamic families can be articulated as a moral-legal duty: preventing stigmatization, providing compassionate emotional and spiritual reassurance, and facilitating professional help when symptoms recur and impair daily functioning. A balanced integration of medical-psychological interventions with safe religious practices (prayer, remembrance, sleep hygiene) is framed as a family-level pursuit of welfare (maslahah). This approach strengthens marital and kinship obligations to care, reduces conflict, and promotes dignified well-being.

Keywords: Sleep Paralysis; Mental Health; Islamic Family Law; Qur'an 2:286, Maqasid Al-Syari'ah.

Introduction

Sleep paralysis often appears in Muslim social settings as an experience that is not merely physiological but existential. In communities where everyday life is closely tied to faith and spiritual experience, this sleep disturbance is frequently interpreted as a sign of supernatural interference or a test of belief. Such interpretations are not simply folklore; they shape behavior, structure family relations, and even determine how a person evaluates themselves when the body is immobilized while consciousness remains awake. For this reason, the problem does not end in the medical sphere. It extends into moral, psychological, and legal domains especially when families treat it as a measure of spiritual strength or weakness within the household. This situation reveals an empirical concern: many Muslim communities still understand biological experiences through a rigid metaphysical lens. Sharpless and Barber report that the global prevalence of sleep paralysis reaches approximately 30%, with a heavier emotional burden in communities that interpret the experience religiously and with fear.[1] However, such understandings are rarely contextualized in legal and ethical terms. Jalal and Hinton's study in Egypt shows that 48% of respondents interpreted the experience as an attack by jinn and tended to respond by reciting Qur'anic verses rather than seeking medical help.[2] In contexts like this, popular theology functions as a survival mechanism while also becoming a barrier that blocks access to modern psychological support. A second concern arises precisely from the absence of an adequate normative response. How should Islamic family law position a phenomenon that affects a family member: as a shameful stigma, a private burden, or a shared responsibility to protect mental well-being? Qur'an, Al-Baqarah 286 explicitly affirms the principle of proportionality "God does not burden any soul beyond its capacity" yet in many households this verse is applied in reverse: not to ease burdens, but to demand endurance without offering space for recovery.[3] This creates a paradox between the divine message and social practice, which often ends up intensifying psychological suffering. The gap is further exacerbated by epistemological bias in research. Neuropsychological literature explains the mechanisms of REM atonia with great precision,[4] but it often remains confined to the laboratory level; meanwhile, cultural anthropological studies examine narratives of supernatural beings without addressing the family's social responsibility.[5] There is little research that integrates both perspectives within an Islamic legal framework that carries an ethical mandate to protect the nafs (life/self) and the 'aql (intellect). The principle of maqasid al-shari'ah places the protection of life and intellect among the core objectives of the Shari'ah,[6] yet its application to non-psychotic mental health concerns such as sleep paralysis is scarcely addressed within Islamic family law discourse. This is the central research gap: the absence of a synthesis between sleep psychology, religiosity, and Islamic family ethics.

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1 Brian A. Sharpless and Jacques P. Barber, "Lifetime Prevalence Rates of Sleep Paralysis: A Systematic Review," *Sleep Medicine Reviews* 15, no. 5 (2011): 311–15, https://doi.org/10.1016/j.smrv.2011.01.007.\" isolated sleep paralysis\" , or \" parasomnia not otherwise specified\" were conducted using MEDLINE (1950-present

2 Baland Jalal and Devon E. Hinton, "Rates and Characteristics of Sleep Paralysis in the General Population of Denmark and Egypt," *Culture, Medicine and Psychiatry* 37, no. 3 (2013): 534–48, https://doi.org/10.1007/s11013-013-9327-x.individuals from Denmark and Egypt did not differ in age whereas there were more males in the Egyptian sample (47 vs. 64 %

3 Al-Qur'an, Al-Baqarah 2:286.

4 Dan Denis, Christopher C. French, and Alice M. Gregory, "A Systematic Review of Variables Associated with Sleep Paralysis," *Sleep Medicine Reviews* 38 (2018): 141–57, https://doi.org/10.1016/j.smrv.2017.05.005.

5 David J. Hufford, "Sleep Paralysis as Spiritual Experience," *Transcultural Psychiatry* 42, no. 1 (2005): 11–45, https://doi.org/10.1177/1363461505050709.

6 Jasser Auda, Maqasid al-Shariah as Philosophy of Islamic Law (London: IIIT, 2008).

The implications are practical. Muslim families often serve as the first line of support for individuals who experience sleep paralysis accompanied by extreme fear (fearful isolated sleep paralysis).[7] However, without adequate mental–spiritual literacy, such support can turn into moral pressure: urging ruqyah, prohibiting sleeping alone, or even suspecting hidden sins. These practices reinforce the stigma that psychological symptoms are a sign of weak faith. Yet Ciftci et al. emphasize that stigma and label avoidance are among the greatest barriers preventing Muslim communities from accessing mental health services.[8] When mystical experiences are treated as evidence of either piety or sin, mental health loses its religious legitimacy. This contradiction suggests that the problem is not a lack of knowledge, but a displacement of values: a faith community that upholds compassion may nonetheless overlook psychological suffering because it is seen as incompatible with the ideal image of being "patient and trusting in God." Islamic family law, which should function as a protective umbrella, often remains silent. Yet the spirit of la darar wa la dirar no causing harm and no reciprocating harm clearly requires the prevention of psychological harm within family relations.[9] In other words, denying mental disturbances amounts to a violation of the maqāṣid themselves. Cross-national findings further underscore the urgency of integrating religious and psychological approaches. Hufford's study in Transcultural Psychiatry shows that the spiritual meanings attached to sleep paralysis do not need to be erased; rather, they should be reframed so that they become a calming source of coping, not a threat.[10] Literature reviews identify recurring barriers rooted in beliefs and attitudes within Muslim communities that can reduce the acceptability of CBT. Accordingly, intervention frameworks that are sensitive to Islamic values have the potential to increase acceptance and sustain engagement in therapy.[11] This means that spiritual strengthening can proceed alongside scientifically grounded psychological care, provided it is mediated by a contextual understanding of Islamic law. In this way, families are no longer trapped in a false choice between "faith or science," but can treat both as instruments of protection. Within the national scholarly landscape, psychological research in Indonesia still rarely connects sleep paralysis to religious–cultural dynamics. Utami et al. found that stress levels were significantly associated with the frequency of episodes among nursing students during the pandemic.[12] However, their analysis stops at general medical recommendations without addressing spiritual interventions or the role of the family. Arista and Tjang at the Faculty of Medicine, Sam Ratulangi University, report a similar pattern.[13] It is precisely this gap between empirical data and normative discourse that calls for a new formulation: how can religious texts especially Qur'an, Al-Baqarah 286 be interpreted as an ethic of mental protection, rather than merely a slogan of patience.

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[7] Brian Andrew Sharpless and Jessica Lynn Grom, "Isolated Sleep Paralysis: Fear, Prevention, and Disruption," *Behavioral Sleep Medicine* 14, no. 2 (2016): 134–39, https://doi.org/10.1080/15402002.2014.963583.

[8] Ayse Ciftci, Nev Jones, and Patrick W. Corrigan, "Mental Health Stigma in the Muslim Community," *Journal of Muslim Mental Health* 7, no. 1 (2012): 17–32, https://doi.org/10.3998/jmmh.10381607.0007.102.

[9] ZURAIMY ALI, NORAINI ISMAIL, AZIZI ABU BAKAR, KHADHER AHMAD, "The Importance of Hisbah in Managing Mental Health Issues From the Perspective of Maqasid Shariah," *Russian Law Journal* 11, no. 3 (2023), https://doi.org/10.52783/rlj.v11i3.1115.

[10] Hufford, "Sleep Paralysis as Spiritual Experience."

[11] Hind alHarbi, Paul Farrand, and Ken Laidlaw, "Understanding the Beliefs and Attitudes towards Mental Health Problems Held by Muslim Communities and Acceptability of Cognitive Behavioral Therapy as a Treatment: Systematic Review and Thematic Synthesis," *Discover Mental Health* 3, no. 1 (2023), https://doi.org/10.1007/s44192-023-00053-2.

[12] Widya Nurwulan Santika Utami et al., "The Relationship Between Stress Level and Sleep Paralysis During COVID-19 among Final-Year Nursing Students," *Jurnal Berita Ilmu Keperawatan* 16, no. 2 (2023): 203–10, https://doi.org/10.23917/bik.v16i2.2350.

[13] Yanto Sandy Tjang and Marcella Arista, "Pengaruh Stress Terhadap Kejadian Sleep Paralysis Pada Mahasiswa Fakultas Kedokteran," *Jurnal Psikologi Pendidikan Dan Konseling: Jurnal Kajian Psikologi Pendidikan Dan Bimbingan Konseling*, 2017, 41, https://doi.org/10.26858/jpkk.v0i0.4166.

Thus, the discourse on sleep paralysis challenges two authorities at once: scientific authority, which is often reduced to biological mechanisms, and religious authority, which sometimes interprets suffering in moralistic terms. Both must be reconciled within the horizon of maqasid al-shari'ah, where mental health is positioned as a form of hifzal-nafs (the preservation of life/self) that is on par with physical protection.[14] Therefore, an analysis of Qur'an, Al-Baqarah 286 should not stop at a purely theological interpretation; it must be developed into a normative foundation for family protection of members experiencing psychological distress. This approach restores the function of Islamic law as a compassionate guide one that prevents harm, creates space for healing, and safeguards human dignity in its most everyday form: peaceful sleep.

Method

This study employs a qualitative approach using normative (doctrinal) legal research, emphasizing textual and conceptual analysis within Islamic family law. It examines the relevance of Qur'an, Al-Baqarah 286 to the idea of protecting mental well-being in Muslim families, using sleep paralysis as the analytical context. A conceptual approach is used to explore notions of mental health, Islamic family psychology, and the principles of Islamic family law and maqāṣid al-sharī'ah, particularly ḥifẓ al-nafs. A thematic exegetical approach (tafsīr mawḍū'ī) is applied to analyze the verse's meaning, normative context, and ethical–psychological implications. Primary sources include the Qur'an and Indonesian regulations related to Islamic family law (the Marriage Law and the Compilation of Islamic Law), while secondary sources consist of classical Qur'anic commentaries and relevant national and international scholarly literature. Data are analyzed through a descriptive–argumentative method by conducting thematic interpretation, contextualizing the findings with concepts from family psychology, and integrating them into the framework of Islamic family law, with conclusions drawn deductively.

Result and Discussion

Normative Framework for the Protection of Mental Health in Islamic Family Law

Protection of mental well-being in Islamic family law is grounded in the principle of maqasid al-shari'ah, which holds that the primary aim of Islamic law is to maintain human flourishing and balance by safeguarding five essential interests: religion (hifz al-din), life/self (hifz al-nafs), intellect (hifz al-'aql), lineage (hifz al-nasl), and property (hifz al-mal).[15] Two of these objectives the preservation of life/self (hifz al-nafs) and the preservation of intellect (hifz al-'aql) are directly related to the psychological dimension of the human person, which in modern terms can be understood as mental well-being.[16] In the social reality of Muslim communities, especially in Indonesia, mental health concerns within families are often neglected. Experiences such as stress, postpartum depression, psychological abuse, and even sleep disturbances are frequently interpreted as signs of weak faith

[14] Nur Iwana Safi Muhamad Hanizad et al., "A Maqasid Al-Shariah Approach to Divorce Due to a Spouse's Mental Illness: Legal and Rights-Based Insights from Islamic Family Law," *International Journal of Research and Innovation in Social Science* IX, no. VI (2025): 5496–5505, https://doi.org/10.47772/ijriss.2025.906000419.

[15] Mohammad Hashim Kamali, Principles of Islamic Jurisprudence (Cambridge: Islamic Texts Society, 2003).

[16] Jasser Auda, *Maqasid al-Shariah as Philosophy of Islamic Law: A Systems Approach* (London: International Institute of Islamic Thought, 2008).

rather than as psychological problems that require empathetic care.[17] This indicates a gap between the normative values of Islamic law and their social implementation.

Qur'an, Al-Baqarah 286 states, "God does not burden any soul beyond its capacity." This verse carries both a theological and an ethical message: every individual has different limits of physical and psychological capacity.[18] According to Ibn Kathir, this verse is an expression of God's raḥmah (mercy) toward human beings.[19] In the context of family law, this principle underscores the importance of balance in spousal relations and the moral duty not to intensify a partner's psychological burden. Saeed argues that the interpretation of Qur'anic verses should be oriented toward contemporary social contexts in order to remain relevant to modern realities.[20] Thus, Qur'an 2:286 speaks not only to faith but also to social responsibility: creating a family system that does not oppress, but instead supports mental well-being.

This concept aligns with Jasser Auda's maqasid-oriented approach, which emphasizes the systemic nature of Islamic law.[21] According to Auda, Islamic law is not static but remains open to new contexts (contextual dynamism). Therefore, protecting mental well-being within the family is not merely a medical endeavor but also a Shari'ah mandate rooted in the principles of hifz al-nafs and hifz al-'aql. In this light, Qur'an 2:286 can be read as a normative foundation for developing an Islamic family law framework oriented toward psychological protection. In Islam, the family functions not only as an institution of social reproduction but also as a safe space for emotional and spiritual stability. The principle of raḥmah embedded in this verse thus becomes a moral foundation for mental protection in contemporary Islamic family law.

Sleep Paralysis as an Empirical Context for Mental Health in Muslim Families

The phenomenon of sleep paralysis is a relevant analytical context because it reveals the intersection between an individual's psychological burden and the family's social response. Clinical and sleep-psychology literature notes that episodes of sleep paralysis are often accompanied by intense fear, a sensed "threatening presence," and hypnagogic/hypnopompic hallucinations, which for some individuals can trigger recurrent anxiety and impair sleep quality.[22] Within this framework, sleep paralysis is not merely a physiological event but a psycho-emotional experience that can shape patterns of fear, hypervigilance, and avoidance behaviors (for example, fear of sleeping alone or avoiding certain sleep times).[23] Epidemiologically, systematic studies indicate that the prevalence of sleep paralysis is relatively high in the general population, with variation depending on the population context (for example, students, clinical populations, or groups under high stress). In their systematic review, Sharpless and Barber emphasize that sleep paralysis is a fairly common phenomenon and therefore carries social significance, rather than being a rare condition relevant

[17] Abdullah Saeed, *Interpreting the Qur'an: Towards a Contemporary Approach* (London: Routledge, 2006).

[18] Al-Qur'an, Al-Baqarah 2:286.

[19] Ibn Kathir, *Tafsir al-Qur'an al-'Azim*, vol. 1 (Beirut: Dar al-Kutub al-'Ilmiyyah, 2003).

[20] Abdullah Saeed, *Interpreting the Qur'an: Towards a Contemporary Approach* (London: Routledge, 2006).

[21] Jasser Auda, *Maqasid al-Shariah as Philosophy of Islamic Law: A Systems Approach* (London: International Institute of Islamic Thought, 2008).

[22] J. A. Cheyne, "Sleep Paralysis Episode Frequency and Number, Types, and Structure of Associated Hallucinations," *Journal of Sleep Research* 14, no. 3 (2005): 319–24, https://doi.org/10.1111/j.1365-2869.2005.00477.x.

[23] Sharpless and Grom, "Isolated Sleep Paralysis: Fear, Prevention, and Disruption."

only to sleep clinics.[24] Moreover, Denis, French, and Gregory's review consolidates evidence that variables repeatedly associated with sleep paralysis include stress, anxiety, trauma, poor sleep quality, and a range of lifestyle factors.[25] This finding is important for normative research because it positions sleep paralysis as an "indicator of psychological burden" that can be read within family relations: when an individual experiences recurrent episodes, they need stable social support to prevent the escalation of anxiety and the development of more chronic sleep disturbances.

The association between sleep paralysis, trauma, and anxiety also appears in studies of vulnerable populations. Hinton and colleagues, for example, found links between sleep paralysis and PTSD as well as panic disorder among Cambodian refugees, underscoring that sleep experiences can become a site where psychological distress is manifested.[26] This strengthens the argument that sleep paralysis should be understood as part of a spectrum of mental experiences that require support, rather than merely a "mystical event" that invites moral judgment. At this point, the family discourse becomes crucial: the family can function as a buffer that reduces the impact of stress, or conversely as a factor that amplifies the burden. In religious–cultural contexts, interpretation plays a major role in shaping the intensity of fear. Hufford shows that sleep paralysis is often understood as a spiritual experience; when that meaning is taken as a literal threat, the intensity of negative emotions tends to increase.[27] Jalal and Hinton, through cross-context research (Denmark and Egypt), illustrate that supernatural beliefs can shape fear responses, coping strategies, and patterns of help-seeking.[28] This finding is particularly relevant for Muslim families, because interpretations of sleep paralysis are often intertwined with narratives of jinn, being "pressed down," or tests of faith. Normatively, the issue is not the existence of religious coping itself, but its social consequences: does the family employ religion as a source of calm and raḥmah (compassion), or instead as an instrument of stigma ("weak faith," "shame," "disturbed because of sin") that intensifies psychological burden.

In Indonesia, national studies among university students also show a consistent association between stress and sleep paralysis. Utami and colleagues found a correlation between stress levels and the occurrence of sleep paralysis among final-year students an important finding when read in the context of life transitions, academic pressure, and the need for social support.[29] Other findings among medical students show a similar pattern: stress is associated with the occurrence of sleep paralysis, making the context of "life demands" and "the availability of support" key factors.[30] In other words, sleep paralysis can serve as a context for examining how families ought to function in protecting mental well-being not because sleep paralysis itself is a legal object, but because it exposes the dynamics of psychological burden and social responses within the domestic sphere. Here, Talcott Parsons' functionalist theory helps avoid a purely narrative discussion. Within the AGIL framework, the family maintains stability through integration (I) and latent pattern maintenance (L). When a family member experiences recurrent episodes of sleep paralysis accompanied by anxiety, the family

[24] Sharpless and Barber, "Lifetime Prevalence Rates of Sleep Paralysis: A Systematic Review."\" isolated sleep paralysis\" , or \" parasomnia not otherwise specified\" were conducted using MEDLINE (1950-present

[25] Denis, French, and Gregory, "A Systematic Review of Variables Associated with Sleep Paralysis."

[26] Devon E. Hinton et al., "Sleep Paralysis among Cambodian Refugees: Association with PTSD Diagnosis and Severity," *Depression and Anxiety* 22, no. 2 (2005): 47–51, https://doi.org/10.1002/da.20084.

[27] Hufford, "Sleep Paralysis as Spiritual Experience."

[28] Jalal and Hinton, "Rates and Characteristics of Sleep Paralysis in the General Population of Denmark and Egypt."individuals from Denmark and Egypt did not differ in age whereas there were more males in the Egyptian sample (47 vs. 64 %

[29] Utami et al., "The Relationship Between Stress Level and Sleep Paralysis During COVID-19 among Final-Year Nursing Students."

[30] Tjang and Arista, "Pengaruh Stress Terhadap Kejadian Sleep Paralysis Pada Mahasiswa Fakultas Kedokteran."

system encounters "strain": the family's values and responses are tested whether it can integrate that member's psychological needs into a supportive relational pattern.[31] If the family responds with education, emotional support, and calming communication, it fulfills its integrative function in line with the social-support buffering perspective, which highlights social support as a stress buffer.[32] Conversely, when the family generates stigma or extreme spiritual pressure, it becomes an additional stressor that worsens fear and sleep disturbance.

Thus, sleep paralysis is an appropriate empirical context for this normative study because: (1) it entails a real and measurable psychological burden in the sleep-psychology literature; (2) it is often understood through religious–cultural narratives that can either help or harm; and (3) it clearly reveals the family's role as either a buffer or a trigger of distress. It is this intersection that will be anchored by Qur'an, Al-Baqarah 286 as a normative anti-overburden principle: the family should be the party that lightens burdens, not one that adds psychological weight beyond an individual's capacity.

Qur'an, Al-Baqarah 286 in the Perspective of Mental Health and Family Ethics

Qur'an, Al-Baqarah 286 closes Surat al-Baqarah with a powerful normative construction: it affirms the limits of human capacity, emphasizes personal responsibility, and presents a collective supplication that expresses the need for divine help. The verse is not merely a "comforting line," but a normative framework that guides how life's burdens should be understood and managed. At the outset, the formulation la yukallifullahu nafsan illa wus'aha states that burden (taklif) always falls within the range of capacity (wus'). When situated within the domain of mental health, this yields an ethical principle: psychological burdens must be assessed proportionally, and when they exceed a person's capacity, mechanisms of assistance are required such as social support, healthy forms of spiritual coping, and even professional help when needed.[33] Classical exegesis strengthens this verse's standing as evidence of divine mercy and justice. Al-Tabari reads it as an affirmation that the Shari'ah is not prescribed to overwhelm people, but to guide them with flexibility in accordance with their capacity.[34] Ibn Kathir emphasizes that God lifts burdens that people are unable to bear and teaches the community to ask for relief and assistance.[35] Al-Qurtubi, meanwhile, explains that the meaning of "capacity" relates to a person's actual ability; therefore, at a certain point, hardship calls for takhfif (relief) through mercy, dispensation, or assistance.[36] If this reading is applied to the family context, the verse's primary norm is not merely individual but social: the family should function as a mechanism of takhfif (relief), not a mechanism of tashdīd (tightening) that intensifies psychological burden.

Here, Marie Jahoda's Positive Mental Health theory helps translate the verse into an analysis that is not merely narrative. Jahoda argues that mental health is not simply the absence of disorder, but a positive condition characterized by self-acceptance (a positive attitude toward the self), growth,

[31] Talcott Parsons, The Social System (New York: Free Press, 1951).

[32] Sheldon Cohen and Thomas Ashby Wills, "Stress, Social Support, and the Buffering Hypothesis," *Psychological Bulletin* 98, no. 2 (1985): 310–57, https://doi.org/10.1037/0033-2909.98.2.310.and (b

[33] Al-Qur'an, Al-Baqarah 2:286.

[34] Muhammad ibn Jarir al-Tabari, *Jami' al-Bayan 'an Ta'wil Ay al-Qur'an*, vol. 3 (Beirut: Dar al-Kutub al-'Ilmiyyah, 2003).

[35] Ibn Kathir, *Tafsir al-Qur'an al-'Azim*, vol. 1 (Beirut: Dar al-Kutub al-'Ilmiyyah, 2003).

[36] Muhammad ibn Ahmad al-Qurtubi, *Al-Jami' li Ahkam al-Qur'an*, vol. 3 (Beirut: Dar al-Kutub al-'Ilmiyyah, 2003).

emotional integration, autonomy, accurate perception of reality, and environmental mastery.[37] The principle of Qur'an 2:286 relates directly to two key aspects: (1) self-acceptance and emotional integration, because the verse acknowledges human limits and legitimizes the need for assistance; and (2) environmental mastery, because it encourages people to manage burdens realistically rather than sink into anxiety that exceeds their control. In the family context, this means that members should not be forced to carry fear or pressure alone (for example, fear of sleeping after experiencing sleep paralysis), but should receive support that enables them to regain control over their daily rhythms.

The supplicatory section of the verse (seeking forgiveness for forgetfulness and mistakes, asking not to be burdened as earlier communities were, and praying not to be loaded with what cannot be borne) shows that human psychological vulnerability is theologically acknowledged. Ethically, this prayer teaches a compassionate stance: recognizing weakness without judgment. At the family level, this demands a shift in how mental suffering is addressed from moral condemnation ("weak faith") to empathy ("this is a burden; let us lighten it together"). Within the framework of religious coping, Pargament and colleagues distinguish between positive and negative religious coping: positive coping is associated with meaning-making and seeking help, whereas negative coping is linked to feeling punished by God, spiritual struggle, and rejecting assistance.[38] Qur'an 2:286 with its structure of seeking help and acknowledging human limitation is more compatible with positive religious coping than with fear-based coping. Park and colleagues also show that positive religious coping styles can predict better well-being, whereas negative coping tends to correlate with greater distress.[39] This strengthens the normative argument that families should cultivate forms of religiosity that are calming and healing, rather than ones that intensify anxiety.

From the standpoint of social theory, the verse can also be read as a principle for organizing domestic relations: psychological burden is a social fact that must be managed by the family system. Following Parsons' framework, a healthy family maintains integration through stable values and patterns; Qur'an 2:286 legitimizes the value that stability is built through proportionality in burdens.[40] Thus, the verse functions as a moral–legal compass for the family: when a member is vulnerable, the family's task is to adjust expectations, strengthen support, and avoid producing stigma. The normative implication is clear: Qur'an 2:286 can serve as a foundation for formulating a "duty of mental protection" within Muslim families. Its core principle is anti-overburden: families are obliged to prevent psychological burdens that exceed a member's capacity through shaping communication, strengthening social support, and opening space for appropriate forms of ikhtiyar (responsible effort), including professional help when needed. If a family instead increases the burden through stigma, spiritual intimidation, or psychological abuse, it contradicts the verse's core rahmah and fails to fulfill the protection of life/self (hifz al-nafs) and intellect (hifz al-'aql) that lie at the heart of Islamic law.

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[37] Marie Jahoda, *Current Concepts of Positive Mental Health* (New York: Basic Books, 1958).

[38] Kenneth I. Pargament et al., "Patterns of Positive and Negative Religious Coping with Major Life Stressors," *Journal for the Scientific Study of Religion* 37, no. 4 (1998): 710, https://doi.org/10.2307/1388152.

[39] Crystal L. Park et al., "Positive and Negative Religious Coping Styles as Prospective Predictors of Well-Being in African Americans," *Psychology of Religion and Spirituality* 10, no. 4 (2018): 318–26, https://doi.org/10.1037/rel0000124.

[40] Talcott Parsons, The Social System (New York: Free Press, 1951).

Integrating Maqasid al-Shari'ah and the Protection of Mental Health

The maqasid al-shari'ah framework plays a crucial role in reformulating the paradigm of mental health protection in Islamic family law. Philosophically, maqaṣid constitute a system of objectives aimed at realizing human welfare (maṣlaḥah) and preventing harm (mafsadah) to the human person.[41] Jasser Auda emphasizes that the maqasid system is dynamic and open-ended: it is not merely a collection of legal maxims, but an ethical and epistemological framework that can reinterpret Islamic law so that it remains relevant to the needs of the time.[42] In the context of protecting mental health, the two most relevant maqasid are hifz al-nafs (the preservation of life/self) and hifz al-'aql (the preservation of intellect). According to al-Raysuni, these objectives regulate not only physical or intellectual aspects, but also encompass the human emotional, psychological, and spiritual dimensions.[43] This means that a person suffering from mental strain, severe stress, or psychological trauma is entitled to protection and social support in accordance with the principles of maqasid.

Auda explains that the maqasid system has six main characteristics: cognitive, open, interconnected, multidimensional, purposive, and dynamic.[44] The "interconnected" character underscores that the objectives of the Shari'ah are mutually linked: the preservation of intellect cannot be separated from the preservation of life/self, and the protection of the family cannot be detached from psychological balance. Accordingly, safeguarding the mental health of family members is an integral part of preserving the continuity of family life itself. From the perspective of family law, hifz al-nafs requires both the state and the family to protect life from harm, including psychological pressure that leads to severe suffering. Meanwhile, hifz al-'aql calls for the protection of one's capacity for sound thinking. When a person experiences psychological distress and the family worsens the condition through stigma or spiritual pressure, both principles are violated.

The maqasid framework also encourages a purpose-based reading of Islamic law.[45] Qur'an, Al-Baqarah [2]:286 is a classic model of this principle: God sets obligations in accordance with human capacity, not the other way around. Accordingly, Islamic family law should be designed so that it does not burden its members with unrealistic norms. Domestic obligations are not meant to produce "moral perfection," but rather "psychological balance." Auda proposes a tajdid maqasidi (maqasid-based renewal) approach to bridge text and context.[46] Within this approach, Qur'an 2:286 can be read as an ethical guide indicating that Islamic law is empathetic: it exists to protect human beings from burdens that exceed their limits. This aligns with the idea of compassionate jurisprudence, in which maqāṣid functions to cultivate a legal framework oriented toward compassion (rahmah) and psychological balance.

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41 Ahmad al-Raysuni, *Imam al-Shatibi's Theory of the Higher Objectives and Intents of Islamic Law* (London: International Institute of Islamic Thought, 2005).

42 Jasser Auda, *Maqasid al-Shariah as Philosophy of Islamic Law: A Systems Approach* (London: International Institute of Islamic Thought, 2008).

43 Ahmad al-Raysuni, *Imam al-Shatibi's Theory of the Higher Objectives and Intents of Islamic Law* (London: International Institute of Islamic Thought, 2005).

44 Jasser Auda, *Maqasid al-Shariah as Philosophy of Islamic Law: A Systems Approach* (London: International Institute of Islamic Thought, 2008).

45 Mohammad Hashim Kamali, *Principles of Islamic Jurisprudence* (Cambridge: Islamic Texts Society, 2003).

46 Zaprulkhan Zaprulkhan, "Maqāṣid Al-Shariah in the Contemporary Islamic Legal Discourse: Perspective of Jasser Auda," *Walisongo: Jurnal Penelitian Sosial Keagamaan* 26, no. 2 (2018): 445, https://doi.org/10.21580/ws.26.2.3231.

Integrating maqasid also has social implications. In societies where mental health problems are still treated as taboo, maqasid can function as a form of moral reframing shifting perceptions from stigma toward empathy. The principle of hifz al-nafs requires preventing actions that damage the self, including psychological abuse, emotional neglect, or spiritual pressure.[47] At the family level, applying maqasid means building a value system oriented toward well-being. The ideals of sakinah, mawaddah, and Rahmah which ground Islamic marriage are not merely spiritual symbols, but concrete expressions of the psychological balance that Islamic family law seeks to achieve. When a household fails to provide tranquility, it indicates that the maqasid have not been realized. Therefore, protecting mental health within the family is not merely a medical responsibility, but a substantive implementation of Islamic law. It is a tangible manifestation of maqasid al-shari'ah in the social realm bringing law from text toward human-centered justice.

Positive Law Analysis: The Marriage Law, the Compilation of Islamic Law (KHI), the Mental Health Law, and the Domestic Violence Law (PKDRT)

The integration of mental health protection into Islamic family law in Indonesia can be traced through the harmonization of Shari'ah principles with national legal instruments. Law No. 1 of 1974 on Marriage and the Compilation of Islamic Law (KHI) provide a normative foundation for ethical and emotional relations between spouses, while Law No. 18 of 2014 on Mental Health and Law No. 23 of 2004 on the Elimination of Domestic Violence (PKDRT) affirm the right to psychological protection and prohibit mental/psychological violence within the domestic sphere.[48] Law No. 1 of 1974 frames marriage as an ethical institution that requires balance between material and emotional/spiritual dimensions.[49] Article 33 explicitly states that spouses are obliged to "love one another, respect one another, remain faithful, and provide both material and emotional support."[50] The phrase "emotional/spiritual support" (bantuan batin) can be interpreted as a legal mandate to provide emotional and psychological support within the household. This principle resonates with Qur'an, Al-Baqarah [2]:286, which affirms that no person is burdened beyond their capacity; accordingly, families are obliged to prevent psychological burdens from becoming excessive for either spouse.[51] Healthy social support has been shown to reduce stress levels and improve individuals' mental well-being within the family context.[52]

The Compilation of Islamic Law (KHI) reinforces this normative orientation by affirming sakinah, mawaddah, and rahmah as the aims of marriage.[53] These values are not only spiritual in meaning but also psychological: sakinah signifies inner tranquility, mawaddah reflects stable affection, and rahmah emphasizes empathy and protection from psychological suffering.[54] Interpreting sakinah

[47] Naufil Istikhari, "Pendekatan Kognitif Dalam Teori Kesehatan Mental Al-Balkhi: Psikologi Positif Di Abad Keemasan Islam," *Psikologika: Jurnal Pemikiran Dan Penelitian Psikologi* 26, no. 2 (2021): 233–50, https://doi.org/10.20885/psikologika.vol26.iss2.art1.

[48] Republik Indonesia, *Undang-Undang Nomor 1 Tahun 1974 tentang Perkawinan*.

[49] Republik Indonesia, *Undang-Undang Nomor 1 Tahun 1974 tentang Perkawinan*.

[50] Republik Indonesia, *Undang-Undang Nomor 1 Tahun 1974 tentang Perkawinan*, Pasal 33.

[51] Al-Qur'an, Al-Baqarah 2:286.

[52] Peggy A. Thoits, "Mechanisms Linking Social Ties and Support to Physical and Mental Health," *Journal of Health and Social Behavior* 52, no. 2 (2011): 145–61, https://doi.org/10.1177/0022146510395592.

[53] Republik Indonesia, *Instruksi Presiden Nomor 1 Tahun 1991 tentang Penyebarluasan Kompilasi Hukum Islam* (KHI).

[54] Jasser Auda, *Maqasid al-Shariah as Philosophy of Islamic Law: A Systems Approach* (London: International Institute of Islamic Thought, 2008).

as a state of mental well-being makes family law more relevant to modern realities, where social pressures, economic burdens, and relational conflict can become sources of psychological distress within the household.[55] Law No. 18 of 2014 on Mental Health broadens the meaning of protection by affirming each individual's right to attain an optimal level of mental health.[56] This regulation positions the family as a first line of defense in maintaining the psychological stability of its members, as reflected in Article 4(1), which states that "everyone has the right to receive quality and humane mental health services."[57] When families reject or ignore psychological distress on the grounds of stigma or shame, this is not only a violation of the ethic of rahmah (compassion), but also a denial of the right to mental health as recognized by law and reaffirmed in WHO standards on mental health rights.[58]

Furthermore, Law No. 23 of 2004 on the Elimination of Domestic Violence (PKDRT) provides specific legal protection against psychological abuse. Article 5(b) states that domestic violence includes acts that "cause fear, loss of self-confidence, loss of the ability to act, and severe psychological suffering."[59] This definition provides a clear legal category for emotional forms of violence, such as threats, humiliation, coercive control, and the imposition of spiritual interpretations that produce pathological fear.[60] In light of Qur'an 2:286, such actions constitute a form of "burdening" that exceeds a person's psychological capacity and therefore contradicts the maqāṣid objective of preserving life/self (hifz al-nafs).[61] Theoretically, this legal approach is consistent with the theories of Parsons and Jahoda. Parsons explains that a healthy social system depends on functional balance between shared values and social support; legal norms operate as mechanisms of social control that prevent the disintegration of the family system.[62] According to Jahoda, a family environment that is free from violence and characterized by empathy strengthens self-acceptance and emotional integration two core indicators of positive mental health.[63] Therefore, when the law mandates emotional/spiritual support and prohibits psychological abuse, it effectively creates a social structure that sustains individuals' mental balance within the family. This harmonization between Islamic principles and national law shows that protecting mental health in Muslim families rests on two solid foundations: first, Shari'ah-based principles grounded in Qur'an 2:286 and maqasid al-shari'ah; and second, a juridical basis through the Marriage Law, the Compilation of Islamic Law (KHI), the Mental Health Law, and the PKDRT Law.[64] In the context of phenomena such as sleep paralysis which can generate anxiety and sleep disruption under mental strain the family is obliged to act as an agent of care, not an agent of stigma.[65]

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55 Marie Jahoda, *Current Concepts of Positive Mental Health* (New York: Basic Books, 1958).

56 Republik Indonesia, *Undang-Undang Nomor 18 Tahun 2014 tentang Kesehatan Jiwa*.

57 Republik Indonesia, *Undang-Undang Nomor 18 Tahun 2014 tentang Kesehatan Jiwa*, Pasal 4 ayat (1).

58 World Health Organization, "Mental Health: Strengthening Our Response," WHO Fact Sheet (updated June 17, 2022), https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response.

59 Republik Indonesia, *Undang-Undang Nomor 23 Tahun 2004 tentang Penghapusan Kekerasan dalam Rumah Tangga*.

60 Republik Indonesia, *Undang-Undang Nomor 23 Tahun 2004 tentang Penghapusan Kekerasan dalam Rumah Tangga*, Pasal 5–7.

61 Ahmad al-Raysuni, *Imam al-Shatibi's Theory of the Higher Objectives and Intents of Islamic Law* (London: International Institute of Islamic Thought, 2005).

62 Talcott Parsons, The Social System (New York: Free Press, 1951).

63 Marie Jahoda, *Current Concepts of Positive Mental Health* (New York: Basic Books, 1958).

64 Republik Indonesia, *Undang-Undang Nomor 1 Tahun 1974 tentang Perkawinan; Instruksi Presiden Nomor 1 Tahun 1991 tentang Kompilasi Hukum Islam (KHI); Undang-Undang Nomor 18 Tahun 2014 tentang Kesehatan Jiwa; Undang-Undang Nomor 23 Tahun 2004 tentang Penghapusan Kekerasan dalam Rumah Tangga*; Al-Qur'an al-Karim, Surah Al-Baqarah 2:286.

65 Denis, French, and Gregory, "A Systematic Review of Variables Associated with Sleep Paralysis."

Mental Health Stigma in Muslim Communities

One of the most decisive barriers to protecting mental health in Muslim families is stigma that is, negative labeling that frames psychological problems as shameful, a sign of weak faith, or a metaphysical disturbance that must be resolved solely through ritual means.[66] This stigma has a double impact: first, it closes off safe spaces for communication within the family; second, it delays appropriate help-seeking (such as consulting a psychologist or psychiatrist), allowing distress to become more severe.[67] In this study, stigma is not treated as a culturally neutral phenomenon, but as a social variable that can magnify psychological burdens and therefore contradicts the principle in Qur'an, Al-Baqarah 286 against burdening people beyond their capacity.[68]

Empirical findings suggest that stigma in Muslim communities has a distinctive pattern: mental health concerns are often reduced to spiritual problems (for example, "not praying enough" or "lacking trust in God"), narrowing solutions to moral advice without adequate psychological support.[69] Ciftci, Jones, and Corrigan argue that mental health stigma in Muslim communities can operate as both public stigma and self-stigma; both reduce the likelihood of seeking professional help due to fear of being labeled weak or "not truly faithful."[70] At the family level, this stigma often manifests in everyday language: dismissing psychological complaints, refusing emotional validation, or normalizing verbal abuse as "discipline." The consequence is relational dysfunction that can worsen family members' mental health.[71]

Within Parsons' theoretical framework, stigma constitutes a form of strain that disrupts the family's integrative function (I), because the family fails to operate as a support system that restores socio-emotional balance.[72] When a family member experiences distress (for example, sleep-related anxiety after sleep paralysis), the family's response should strengthen integration rather than intensify fear. At this point, stigma functions as maladaptive pattern maintenance: the values being preserved are not rahmah (compassion) but control and social shame, causing the family to lose its capacity for healthy pattern maintenance.[73] Family psychology research also indicates that home environments marked by criticism, conflict, and controlling behavior tend to correlate with poorer mental health outcomes, making domestic stigma a genuine risk factor.[74]

Stigma also shapes the form of religious coping. Pargament and colleagues distinguish between positive religious coping (which fosters meaning, hope, and support) and negative religious coping (which generates feelings of being punished by God, spiritual/struggle, and rejection of help).[75] In many stigma-driven situations, families encourage negative religious coping: individuals experiencing

[66] World Health Organization, "Mental Health: Strengthening Our Response," WHO Fact Sheet (updated June 17, 2022), https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response.

[67] Thoits, "Mechanisms Linking Social Ties and Support to Physical and Mental Health."

[68] Al-Qur'an, Al-Baqarah 2:286.

[69] alHarbi, Farrand, and Laidlaw, "Understanding the Beliefs and Attitudes towards Mental Health Problems Held by Muslim Communities and Acceptability of Cognitive Behavioral Therapy as a Treatment: Systematic Review and Thematic Synthesis."

[70] Ciftci, Jones, and Corrigan, "Mental Health Stigma in the Muslim Community."

[71] Rena L. Repetti, Shelley E. Taylor, and Teresa E. Seeman, "Risky Families: Family Social Environments and the Mental and Physical Health of Offspring," *Psychological Bulletin* 128, no. 2 (2002): 330–66, https://doi.org/10.1037/0033-2909.128.2.330. unsupportive, and neglectful. These family characteristics create vulnerabilities and/or interact with genetically based vulnerabilities in offspring that produce disruptions in psychosocial functioning (specifically emotion processing and social competence

[72] Talcott Parsons, The Social System (New York: Free Press, 1951).

[73] Talcott Parsons, The Social System (New York: Free Press, 1951).

[74] Repetti, Taylor, and Seeman, "Risky Families: Family Social Environments and the Mental and Physical Health of Offspring."

[75] Pargament et al., "Patterns of Positive and Negative Religious Coping with Major Life Stressors."

psychological distress are framed as having "weak faith," which can generate pathological guilt and spiritual anxiety. Park and colleagues show that positive religious coping tends to correlate with better well-being, whereas negative religious coping is associated with higher psychological distress.[76] Thus, the issue is not religion as a source of coping, but the model of religiosity adopted by the family whether it becomes a healing spirituality or an additional source of pressure.

Contemporary literature points to a more constructive pathway: integrating Islamic values with evidence-based psychological interventions. In their systematic study, alHarbi, Farrand, and Laidlaw found that Muslim communities' acceptance of therapy particularly CBT increases when treatment is designed with Islamic values in mind, for example by drawing on concepts such as tawakkul (trust in God), sabr (patience), and the meaning of life trials as cognitive supports rather than as tools for blaming the sufferer.[77] This finding is important because it shows that psychological approaches do not have to stand in opposition to faith; instead, they can be integrated as a form of ikhtiyar (responsible effort) aligned with maqasid al-shari'ah: preserving life/self and intellect.[78] Within the framework of Islamic law and ethics, stigma that causes psychological suffering can be treated as a form of harm (mudarat). The principle of la darar wa la dirar affirms the prohibition of actions that harm oneself or others.[79] If stigma triggers isolation, anxiety, depression, or even suicidal ideation, it is no longer a "method of discipline" but an action that damages the self. This aligns with the logic of Indonesian positive law, which recognizes the harms of psychological violence within the household.[80] By combining this principle with Qur'an 2:286, families should adopt an ethical standard: reducing psychological burdens, providing support, and facilitating access to professional help when needed.

families requires a concrete agenda of de-stigmatization. At the family level, this involves mental health literacy grounded in rahmah (compassion) including emotional validation, empathetic communication, and basic knowledge of distress symptoms.[81] At the community level, it is necessary to strengthen religious narratives that are supportive of mental health, so that religion becomes a source of calm rather than a tool of moral judgment that exerts pressure.[82] At the policy level, strengthening mental health services and access to care is consistent with WHO's mandate to enhance mental health responses and is likewise coherent with the maqasid objectives of preserving life/self and intellect.[83]

This discussion shows that the greatest barrier to protecting mental health in Muslim families is often not a lack of worship, but stigma and the way families respond to psychological burdens. When mental problems are treated as shameful or as a sign of "weak faith," families can end up increasing pressure, discouraging open communication, and delaying appropriate help-seeking. The phenomenon of sleep paralysis underscores this point. It can evoke fear, anxiety, and recurrent sleep

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[76] Park et al., "Positive and Negative Religious Coping Styles as Prospective Predictors of Well-Being in African Americans."

[77] alHarbi, Farrand, and Laidlaw, "Understanding the Beliefs and Attitudes towards Mental Health Problems Held by Muslim Communities and Acceptability of Cognitive Behavioral Therapy as a Treatment: Systematic Review and Thematic Synthesis."

[78] Jasser Auda, *Maqasid al-Shariah as Philosophy of Islamic Law: A Systems Approach* (London: International Institute of Islamic Thought, 2008).

[79] Al-Nawawi, Al-Majmu' Sharh al-Muhadhdhab (Beirut: Dar al-Fikr, 1997).

[80] Republik Indonesia, *Undang-Undang Nomor 23 Tahun 2004 tentang Penghapusan Kekerasan dalam Rumah Tangga*, Pasal 5–7.

[81] Thoits, "Mechanisms Linking Social Ties and Support to Physical and Mental Health."

[82] Abdullah Saeed, Interpreting the Qur'an: Towards a Contemporary Approach (London: Routledge, 2006).

[83] World Health Organization, "Mental Health: Strengthening Our Response," https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response.

disruption. At this juncture, the family can either become a calming source of support or, conversely, a new source of burden through judgment, fear, and labeling.

In my view, Qur'an, Al-Baqarah 286 offers a simple principle: human beings have limits, so burdens should not be increased beyond those limits. This principle is directly relevant to family ethics embracing, calming, and helping in realistic ways rather than blaming or humiliating. Ultimately, the ideal Muslim family is not a family without problems, but one that can face difficulties without stigma and without psychological violence. If the principle that "no one is burdened beyond their capacity" is lived out within the home, sakinah becomes tangible: feeling safe, heard, and helped.

Conclusion

This article advances a core claim: protecting mental health in Muslim families is not a peripheral add-on to Islamic family law, but lies at the very heart of what marriage and family formation are meant to achieve. By using sleep paralysis as an analytical context, the discussion shows that psychological disturbance is not only a matter of "symptoms," but of how families produce meaning and take a stance whether they choose rahmah that heals or stigma that burdens. Qur'an, Al-Baqarah 286 provides an ethical standard that is highly operational: the measure of a family's virtue is not how harshly it demands endurance, but how well it gauges capacity and reduces burdens proportionally. From this verse emerges an "anti-overburden" principle a normative parameter for evaluating domestic behavior: actions that make family members increasingly fearful, pressured, or pathologically guilty cannot be justified as "faith-based discipline," but should be seen as a deviation from rahmah, the very spirit of family law.

The article's main contribution is to propose a bridge that is rarely developed with full seriousness: spirituality is not positioned as the opposite of psychology, but as a source of meaning that should be integrated with evidence-based effort. This integration yields a practical framework: Muslim families can remain religious without becoming harsh; they can uphold values without producing wounds; and they can offer help without judgment. Accordingly, sakinah is understood not as a status symbol that a family is "doing fine," but as a relational quality that can be assessed namely, the presence of safety, emotional support, and reasonable access to help when needed. Ultimately, the article points to a crucial shift: from viewing the family as a site of control to viewing it as an institution of protection. When families uphold proportionality in burdens, reject stigma, and create space for recovery, Islamic family law emerges not merely as a set of rules, but as a civilizational instrument that safeguards human dignity preserving life/self, preserving intellect, and ensuring that domestic life is truly fit to be lived.

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