

Sociological Concept of Health: An Analytical Approach to Cognitive Therapeutics and Prophetic Assessments

Hafiz Adil Jahangir

Lecturer, Institute of Islamic Perspectives and Guidance, UMT, Lahore

Dr. Humaira Ahmad

Associate Professor of Islamic Thought and Civilization, UMT, Lahore

Abstract

This article provides the fundamental aspects of healthcare in context of its sociological discipline. It includes the systemic collection and evaluation of integral parts of biomedical and sociological concepts of healthcare and their amalgamation in making a therapeutic plan to provide the fastest recovery to remedy seekers. The importance of assessment regarding the strengths, weaknesses, opportunities and threats associated with personnel, environmental and sociological issues has also been discussed, along with the advantages of its implementation in current healthcare system to attain maximum beneficial effects. This study also provides an insight into the pragmatic insights of Prophetic assessments in which the Holy Prophet PBUH provided remedies to the seekers after evaluating their physical as well as sociological factors, particularly the ones associated with their presented complaints. By finding the importance of sociological concept of health in accordance with Sunnah, this research peeps through the cognitive and behavioral ways of modern therapeutics. It concludes that besides treating the diseased part of patient's side, the team of healthcare professionals must pay heed towards the mind, spirit and emotions of the patients.

Keywords: Health, Sociological concept, remedy, cognitive therapeutics, Prophetic assessment

I. The Concept of Health and Health Care

Over the past few decades, the medical sociology has been focusing to dig deeper and find answers to some important health-related questions. What does it mean to be “healthy” or who is said to be “well”? How can a society encourage its people to adopt healthy living and healthy lifestyle? What are the existing levels of health behavior among the people? To answer these important questions, clinicians and health experts have delivered a broad-based concept of health in several dimensions.¹ Moreover, the health care system is now extended to include primary care which starts from a physician’s office and also includes the hospital where emergency, life-threatening and surgical services are provided. Hence, health care delivery system has undergone a significant transformation and the concept of health and health care is now being discussed under various health care models.

I.1. The Traditional Concept of Biomedical Health

The traditional biomedical definition of health focuses solely on an individual’s physiological state and the presence or absence of a particular disease. In this model, health is described simply as absence of disease or physiological malfunction.² This concept states that if an individual is not sick, then he/she is well. This model also includes assumptions related to various health situations which ultimately limit its utility for completely understanding the notions of health and illness.

I. The presence of disease, its diagnosis and its treatment are objective phenomenon. The signs and symptoms only provide initial information through which a valid diagnosis is made. But there can be some factors which may alter these symptoms and in this case, the situation will be completely different for two different individuals. For example, studies have found that cultural background of different

¹John Ware reviewed the literature of studies on health and identified six primary orientations used by experts: John Ware, *The Assessment of Health Status* (New Brunswick: NJ Rutgers University Press, 1986), 204-207.

²Gregory L. Weiss, and Lynne E. Lonnquist, *The Sociology of Health, Healing and Illness* (New York: Routledge Pearson Co, 2016), 120-121.

patients affect their reaction to symptoms. Also, they report these similar symptoms differently to the physician. This effect certainly affects the diagnosis of same disease in two different individuals.

2. Only healthcare professionals are capable enough to define health and illness. Physicians and their healthcare team should not misuse the power given to them to define these conceptions. In reality, however, both the patients and the health care professionals are involved in the process.

3. Health and illness should be defined in terms of physiological intact functions of the body and different malfunctions respectively. People are not merely biological beings, they are also social creators and their state of health is also affected by their surrounding factors.

4. Health is merely defined as absence of disease. This only brings attention on the malfunctioned parts of an organism and excludes all other properly functioning parts of the body. So much may be known about disease but little is learnt about health.³

I.2. The Sociological Concept of Health

This concept of health considers all six dimensions in defining health and emphasizes the social and cultural aspects of health and illness. This approach explains the abilities of an individual to perform roles and tasks given to them being a useful and responsible member of the society and acknowledges that there can be social differences in defining health.⁴

In this model of health definition, the health is to be viewed as the ability to comply with social norms.⁵ This is almost completely opposite dimension to the biomedical approach as the focus is much broader and no assumption is being made which can lead to objectification of the disease. According to this approach, health is not just defined in terms of lacking something but rather

³Fredric D. Wolinsky, *The Sociology of Health: Principles, Practitioners and Issues* (Belmont: CA Wadsworth Publishing Company, 1988), 432-433.

⁴Talcott Parsons, *Definitions of Health and Illness in Light of American Values and Social Structure* (New York: Free Press, 1972), 165-187.

⁵See: Talcott Parsons, *Definitions of Health and Illness in Light of American Values and Social Structure*, 181.

is a positive capacity to fulfill one's role. Moreover, it is not just a physiological condition of an individual but it also includes other dimensions or aspects of an individual that impact his social participation.⁶

The social factors do influence how individuals define their personal health status. By keeping different lifestyles and health status of people in view, the personal definitions of health vary by age, gender and perceived level of health. Younger men define health in terms of strength and fitness, while females are more focused on vitality, energy and ability to cope. Women often include social relationships in their states of being healthy, while men rarely do so. Moreover, elderly people consider health in terms of functions as well as a state of satisfaction and happiness.⁷ So it may be conceived that the perception of health is relative to one's culture (e.g., being overweight is suggestive to ill health in some cultures but may be socially acceptable in others) and a person's stature in the social structure (e.g., backache that may cause a salaried worker to miss a working day might be ignored by an hourly wage worker) and is influenced by social criteria.⁸ Hence, the concept of health and its state is a relative phenomenon if the combined effect of these observations is to be documented in a particular healthcare institution.

I.3. Comprehensive Definition of Health by WHO

In order to understand the complete and comprehensive concept of healthy state of individuals, we must acknowledge that human beings are complex organisms having many dimensions to their existence. By observing different factors which contribute towards a state of psychological and social wellbeing, the World Health Organization combines both the biomedical concept of health and the sociocultural model of health and considers all dimensions which join together to form a complete status of health. By taking an inclusive approach to define health, the World Health Organization (WHO) defines health as a state of complete physical, social and mental

⁶Gregory L. Weiss and Lynne E. Lonnquist, *The Sociology of Health, Healing and Illness*, 121.

⁷Mildred Blaxter, *Health in 2010* (Cambridge: Polity Press, 2010), 116.

⁸See: Andrew Twaddle, *The Concept of Health Status* (Washington DC: United States Department of Health and Human Services, 2010), 29-38.

well-being and not merely the absence of infirmity or disease.⁹ This definition suggests that health relates to an individual's ability to cope with routine activities and to being a fully functioning human being who is active physically, socially and emotionally. In this sense, health is a resource for everyday life. This concept is positive in a sense that it emphasizes both social and personal resources as well as all physical capacities of people living in variety of regions.¹⁰ However, practical implementation of this concept in all the healthcare systems across different cultures and regions is yet to be achieved.

2. Medical Diagnosis: Therapeutic Amalgamation of Biomedical and Sociological Concepts of Health

Although a medical diagnosis deals with a systematic analysis of history, examination of signs and symptoms, evaluation of tests results and investigation of assumed causes of a disease, it also touches different variations in the use of logic, analytics and clinical experience of health care professionals, especially physicians to determine the cause and effects.¹¹ It is an analytical approach through which a physician carries out the entire process of treatment which starts from initial assessment of patient and meets the edges of a full recovery at the end.

Patients' assessment is the first step of this diagnostic journey. Physicians have professional skills through which they carefully observe and notice the signs and features of a patient from the moment they meet in the examination room until the completion of physical examination.¹² Assessment is systemic gathering of relevant and important data of patient related to his or her state

⁹World Health Organization, "World Health Organization Constitution," last modified on September 11, 2018, <http://www.who.int/governance/eb/constitution/en>.

¹⁰World Health Organization, "World Health Organization Constitution,"

¹¹Alastir Innes, *Davidson's Essentials of Medicine* (Philadelphia: Elsevier Publishers, 2015), 15-18.

¹²The doctor must always ensure that dignity of patient is preserved and that the patient feels comfortable throughout the examination. This may entail the presence of a chaperone and always requires explanation of any examination. (Alastir Innes, *Davidson's Essentials of Medicine*, 03.)

of disease, age, gender in order to identify the problem at hand.¹³ It starts with general appearance of patient.¹⁴ Various questions are to be answered by physician after a thorough analysis keeping in mind the problems or complaints of the coming patient. The answers of these questions help the physician to identify the severity of the problem.¹⁵ The next thing to assess is how old the patient is? This is very useful information as assessment of different age groups requires different tools of investigations. Infants and children are not apt enough to explain their existing complains, while elderly may require a reduced dosage of drugs, as the excretion of drugs is affected by ageing.¹⁶ Another relevant factor is the range of conditions which varies in different age groups. For example, it is very unlikely that a child who is suffering from cough will have chronic bronchitis but the probability of an

¹³Judith M. Wilkinson, *Nursing Process* (California: Benjamin-Cummings Publishing Company, 1996), 47.

¹⁴The first impression of the patient is always striking in some way and physicians discipline themselves to be as analytical as they can. Sir William Jenner said, "More mistakes, many more, are made by not looking than by not knowing. A fascinating aspect of the art of clinical medicine is the clinical interpretation of patient's faces which is to be seen as a mirror of diseases." [John Murtagh, *Murtagh's General Practice* (New South Wales: McGraw Hill Ltd, 2018), 153.]

¹⁵Paul Rutter, *Community Pharmacy: Symptoms, Diagnosis and Treatment* (Edinburgh: Elsevier and Co, 2010), 11.

¹⁶Adult dose is for a person between the age of eighteen and sixty years. Children are given small dose. For children, dose may be calculated as a fraction of adult dose in accordance with the age of the child. Various rules can be used to calculate these doses which includes Young's Rule, Dilling's Rule and Clark's formula for infants. Old persons require lesser doses on account of decreased ability to excrete the drug. That's the reason why dose should be decreased to $3/4^{\text{th}}$ of adult dose. [Maqsood Cheema, *Pharmacology and Therapeutics* (Lahore: National Medical Publishers, 2003), 61.]

elderly patient having chronic bronchitis is much higher.¹⁷ Another factor to be observed while assessing the patient is their gender. As with age, sex of patient can alter the chances of suffering from certain conditions. For example, migraines are five times more common in women than men, while cluster headache is nine times more common in men than women.¹⁸ Also, women are usually more susceptible than men to the effects of certain drugs partly because of lesser muscular mass. Extra precautions are required for women during pregnancy, labor, menstruation and lactation, as higher doses of various drugs may affect adversely.¹⁹ The concluding step of patient's assessment revolves around the presenting complains. At this stage, physician sees what are the presenting complains of the patient at that moment. Some conditions are much more common than the others. Therefore, a physician can form an idea of what condition the patient is likely to be suffering. For example, if a patient presents with a headache, then a physician should already know that the most common cause of headache is tension-type headache, followed by migraine. Other causes of headache are rare but obviously need to be eliminated. So it is the analysis of a physician that will lead him/her to make a correct diagnosis while making a treatment plan for patients.²⁰

¹⁷Bronchitis is the inflammation of the tracheobronchial tree that usually follows an upper respiratory tract infection. Although mild and self-limiting, it may be serious in debilitated patients. (John Murtagh, *Murtagh's General Practice*, 451.)

¹⁸Rutter, *Community Pharmacy: Symptoms, Diagnosis and Treatment*, 11.

¹⁹Cheema, *Pharmacology and Therapeutics*, 62.

²⁰Headache, one of the cardinal symptoms known to human beings, is very common complaint in general practice. When a patient presents with 'headache' we need to have a sound diagnostic and management strategy as problem can be confusing. The key to analyzing the symptom of headache is to know and understand the cause, for 'one only sees what they know'. (John, *Murtagh's General Practice*, 596-597.)

In diagnosis, the second step of patient's state analysis deals with patient's health state i.e. strengths, problems and causes of problems.²¹ Physician reaches at differential diagnosis by using various supportive tools. Modern medical practice is dominated by these tools of investigation, the use of which is crucially dependent on good analytical and clinical skills of medical doctors. These investigations include laboratory test reports, ultrasonography and other imaging techniques. A difference in the results of these supporting tools of investigation helps the physician to confirm their assumptions which were made during the initial assessment of patient.²² Ideally, physicians are responsible to make diagnosis more or less accurate rather than right or wrong. This can be done optimally by verifying the problems and strengths with that of the patients to ensure that their perception about the situation is similar to that of the physician's. Hence, diagnosis is a pivotal step of this process and focuses on human responses to disease and other stressors related to health.²³

While making the treatment plan after passing through initial assessment and confirmation of a malfunction through investigative diagnosis, physicians initiate the planning process to derive goals from diagnosis. Following standards assist in the planning stage, keeping individuals' situations in mind:

1. The treatment plan is individualized to the patient's condition and needs.
2. The plan is developed with patient, other health care providers and circumstances.
3. The plan reflects current medical practices.

²¹Diagnosis is the process of interpreting data and verifying hypotheses which are made during the initial assessment of patient and his health status. [(Pesut D. Herman, *Metacognitive Skills in Diagnostic Reasoning* (NJ: Prentice Hall, 1984), 148-150.]

²²Current medical practices are dominated by investigations and judicious use of these is crucially dependent on physician's professional skills. Indeed, a test should only be ordered if it is clear that the value of the result justifies the discomfort, risk and cost incurred. Clinicians should therefore draw up a provisional management plan before requesting any investigations. (Alastir Innes, *Davidson's Essentials of Medicine*, 3.)

²³Wilkinson, *Nursing Process*, 118.

4. The plan provides for continuity of care.²⁴

The implementation and continuous evaluation of this plan is monitored through the process of rehabilitation.²⁵ This process invites other members of health care team to play their roles in the provision of a better health care delivery to the patients. This rehabilitation is a problem solving process and focuses on improving patients' normal functions and activities. This includes not only the physical capacities but also the psychological and social functioning of an individual. During the process of rehabilitation, the treatment goals are specific to the patient's problem and are unanimously made by the health care team with the patient. An active treatment is achieved from these set goals that maintain the patient's health and quality of life. There is an ongoing re-evaluation of the patient's body functioning and progress towards the set goals at the end of this cycle which reconnects through reassessment process with modifications of interventions, if needed. This requires regular review of patient's state by all members of health care team.²⁶

A successful treatment plan is built upon an effective Physician-Patient relationship which leads the recovery to its final destination by understanding varying behavioral aspects of the patient. Cognitive Behavior Therapy is an example is a very good of this treatment.

2.1. Pertinence of an Effective Physician-Patient Relationship

Effective healthcare professional-patient communication is necessary to ensure that patient's concerns and problems are understood by healthcare professionals and relevant treatment is given for speedy recovery. High levels of patient's dissatisfaction are associated with insufficient information, poor understanding of medical advice and inability to follow recommended

²⁴Wilkinson, *Nursing Process*, 172.

²⁵Rehabilitation aims to improve the ability of patients to perform day to day activities and to restore their physical, mental and social capabilities as far as possible. (Alastir Innes, *Davidson's Essentials of Medicine*, 17.)

²⁶ Innes, *Davidson's Essentials of Medicine*, 17.

treatment plan.²⁷ Patients cope with health threats in different ways and show differences in relation to the extent to which they want to be involved in healthcare process.²⁸ Patients have different expectations for specific consultation during the treatment process. They do not always want or expect diagnosis or treatment since they may be looking for consultation to gain more understanding from their healthcare providers. These expectations can be important in determining outcomes in which patient expectations are met, resulting in greater satisfaction and increased willingness to follow advice or treatment.²⁹

The situational authority in medical practices is given to the physician who is offering his or her services to the patients, while situational dependency is related to patient who has assumed the role of supplicant by seeking their service, scheduling an appointment and answering the physician's questions and allowing an examination to occur.³⁰ Therefore, a good communication between physician and patient is necessary to achieve the treatment goals. Failure in communication may lead to poor health outcomes, anger, dissatisfaction and litigation among the patients, their families and carers. The main barriers on physician's side to good communication are dismissive attitude, hurried approach in a situation and use of jargons, while patients

²⁷Susan Ayers, *Psychosology, Health and Medicine* (Cambridge: Cambridge University Press, 2014), 435.

²⁸Ayers, *Psychosology, Health and Medicine*, 435.

²⁹One of the most common outcomes which have been used in studies of healthcare communication is patient satisfaction. This has been investigated as an endpoint in its own right as well as a possible mediator of more distal outcomes including treatment adherence and health. Fitzpatrick says that the concept of patient satisfaction is important because it focuses on the need to understand how patient respond to healthcare in different situations. (Susan Ayers, *Psychology, Health and Medicine*, 436.)

³⁰The Parsonian model explains the patient-physician relationship as asymmetrical one. He believed that three circumstances dictated that physicians play the key, powerful role within the dyad and govern the relationship with patients. (Gregory L. Weiss and Lynne E. Lonnquist, *The Sociology of Health, Healing and Illness*, 274.)

usually show anxiety, reluctance to discuss sensitive issues and misconceptions about their health states.³¹

The mutual participation model is now being proposed in Good Medical Practices (GMP).³² This model is based on a view that equalitarian relationships should be preferred rather than a superiority-based model. This model elevates the patient's stature as a full participant of a medical situation. Both physician and patient acknowledge that patient must be a central player of this encounter and he knows more about his or her own situation i.e. medical history, symptoms and other relevant events.³³ This certainly is an opposite approach to Parsonian's Model of relationship in which superiority of physician has been suggested.³⁴

The physician-patient relationship is useful to understand the sociological approach to illness because it views the patient's circumstances within the frames of social roles, physical activities and individual attitudes. This relationship involves a basic mutuality; that is, each participant in the social situation is expected to be familiar with both his/her own and others' expectations of behavior and probable sequence of social acts to be followed.³⁵ Moreover, this relationship is intended to be used therapeutically

³¹Alastir Innes, *Davidson's Essentials of Medicine*, 2-3.

³²See: Alastir Innes, *Davidson's Essentials of Medicine*, 2.)

³³In order to elaborate this type of relationship, Szasz and Hollender identify three essential traits that must be present. First, both participants must have approximately equal power. Second, there must be some feeling of mutual interdependence, and finally, they must engage in interaction that will in some ways be satisfying to both parties. [(Thomas Szasz and Marc Hollender, *The Basic Models of Doctor-Patient Relationship* (NJ: Rutgers University Press, 1956), 585-592.]

³⁴ Weiss and Lonnquist, *The Sociology of Health, Healing and Illness*, 273.

³⁵Although the patient-physician relationship involves the mutuality in the form of behavioral expectations, the status and power of the parties are not equal. The role of physician is based upon an imbalance of power and technical expertise favorable exclusively to the physician. This imbalance is necessary because the physician needs

in health care systems so that its positive outcomes may enhance the overall status of people in health sector. In this relationship, the patient has a need for technical services from the physician, along with a team of healthcare professionals, who is a qualified practitioner and is seen by society as a person who may help the patient. The goal of this encounter is thus to promote some significant changes for improving healthcare delivery.³⁶

2.2. Understanding the Cognitive Behavior Therapy

Cognitions are thoughts, beliefs and perceptions and cognitive behavior therapy (CBT) involves the process of knowing, identifying, understanding or having insight into these thoughts.³⁷ It is based on a theoretical rationale that an individual's behavior, attitude and thinking are based on the way in which he perceives the world.³⁸ It is a brief, active and practical form of therapy for the assessment and modification of thoughts and behaviors and is based on the following principles:

1. Educate the patient and teach basic skills to control the symptoms of disease.
2. Identify, challenge and change the negative thoughts, perceptions and behavior.
3. Assess, monitor and attempt to modify the thoughts by reinforcing positive thoughts and discouraging negative ones.
4. Encourage the patient to be an active participant and educate them about misconceptions in relation to illnesses.
5. Aim to bring about a desired change in patient's life and for more realistic thinking.³⁹

leverage in his relationship with the patient in order to promote positive changes in the patient's health status. (William C. Cockherham, *Medical Sociology*, 106-107.)

³⁶Cockherham, *Medical Sociology*, 106.

³⁷J. Tiller, *Cognitive Behavior Therapy in Medical Practice* (New York: Aldine Press, 2001), 2.

³⁸CBT can be applied in any area of medical practice as a form of psychotherapy and is used in depressive, eating and psychotic disorders. Insomnia and anxiety remains other areas of applications. (John Murtagh, *Murtagh's General Practice*, 36.)

³⁹Tiller, *Cognitive Behavior Therapy in Medical Practice*, 33-37.

As discussed earlier, the relationship between physician and the patients plays a key role to cope with ailment and proves to be a fundamental part of the cognitive behavior therapy which focuses on the individual (patient, his environment and the tenure of disease) during the treatment process. Besides the provision of remedies for the physiological disorders, the Prophetic dealings with individuals show the assessment of their personalities and behaviors in order to provide and sustain a healthy state of mind and soul which is considered an integral part of individual and societal wellbeing.

3.The Prophetic Analysis of Individual's Health

To perform the duties assigned by Almighty, it is essential to have a good state of health without which no obligation or responsibility can be performed. This was the main reason that the holy Prophet (PBUH), besides the purification of heart and soul, provided various remedies to look after oneself and maintain health and wellbeing. These remedies for the physical illness were provided at different occasions according to the needs of the patients; after a keen assessment of their individual requirements and environments.⁴⁰ The Prophetic law in this regard revolves around specific needs, as no medication is required if there is no need to have it. This law emphasizes on the fact that one should sustain his normal state of health as long as he is practicing a healthy life style according to the climate and the region he resides in. The ultimate goal of Prophet's mission seems to create a society in which people could sustain a healthy state of physical and mental health by adopting the golden principles proposed by the Prophet (PBUH) as a messenger of Almighty in all aspects.⁴¹

The state of sickness is entirely different from the normal state of body. The body requirements alter while passing through this abnormal state. Moreover, the mood swings and temperament changes can also be observed as the chemical constitution of the blood changes during various diseases.⁴² A full care of these states, diseases and patient's moral wellbeing has been an integral

⁴⁰Tiller, *Cognitive Behavior Therapy in Medical Practice*, 227-229.

⁴¹al-Jauziyya, *Al-Tibb al-Nabawī*, 20.

⁴²Mushtaq Ahmad, *Essentials of Medical Biochemistry*, 342.

part of Prophet's remedies. He used to advise the attendants to provide their patients with food they like to have. It is narrated that once the Holy Prophet (PBUH) went to attend a patient and asked if he needs to have something? He replied to have bread as a meal. The holy Prophet (PBUH) announced, "If anyone of you have bread, send it to your brother, then further said, if any patient demands to eat something, you are to provide that for him."⁴³

This Hadith is showing the importance of patient's assessment during his illness and the things he/she needs in the state of sickness. Patient's psychology, his/her requirements and varying moods should be accessed while making a treatment plan. It is now an established fact that food intake, especially the items that a patient wants to consume helps in the digestion process and also assists in the recovery process.⁴⁴ Contrary to this, a patient must not be forced to eat something that he/she does not like. This fact is explained in another narration reported as:

Do not enforce your patients to eat or drink (what they do not like) as Almighty let them eat and drink.⁴⁵

This narration clarifies the fact that during the state of illness, the immunological forces inside the body works against the disease to eradicate it as soon as possible. The digestive system of patient's body is not in a state of normal working, as the blood flow shifts its balance towards the affected area of the body.⁴⁶ Hence, the patient must not be forced to consume food items that they are not willing to have.

3.1. Glimpse of Sociological Notions of Health in Prophetic Remedies

The sociological concept of health in Prophetic remedies is based on complete individual analysis which oversees the patient as an entity and accesses their emotional reactions towards the illness and its effect on relationships, lifestyle, the family and the environment. The traditional arena

⁴³Ibn Mājah 'Abdullah Ibn Muhammad, *Sunan Ibn Mājah*, Ḥadīth no: 1439.

⁴⁴Martin A. Eastwood, *Principles of Human Nutrition* (Edinburg: Chapman & Hall, 2014), 767.

⁴⁵Ibn Mājah *Sunan*, Ḥadīth no: 3444.

⁴⁶Sarah L. Morgan, *Fundamentals of Clinical Nutrition* (Michigan: University of Michigan Press, 2012), 998.

of medicine treats the diseased part of a person only, while the complete person approach aims to restore the health and wellness of a person as a whole rather than focusing on the diseased part only. The implementation of this approach keeping in mind the sociological concept of health can be seen in Prophetic assessment of personalities and counseling of the remedy seekers, in order to sustain a healthy mind and soul which directly affects an individual's health.

3.1.1. The Prophetic Assessment of Personalities

Personalities are different and people differ in their physical, mental, learning and behavioral aspects. Considering these differences, modern-day psychologists have drawn scales on the basis of these differences to provide social and economic solutions to various ailments.⁴⁷ These differences in personalities were also addressed by the Prophet (PBUH) on various occasions. It is narrated that the Messenger of Allah said,

Almighty created Adam by collecting the sands of different regions of the earth. So there are kinds of people according to the kinds of sands. Some are red, the others are black and the rests are brown ones. Some are serene in natures, while the others are tough in behaviors. Some have pure souls while the others have impure ones.⁴⁸

This narration indicates the core reason behind the variations of human races. Different parts of the earth have different characteristics and some are fertile to yield crops, while others are hard infertile. In the same way, personality of each individual differs in terms of their natural characteristics. Human efforts cannot interfere in its origin, yet they only can modify or shape these characteristics.⁴⁹ So it is very important to consider these differences while providing remedies to the people belonging to different origins. In another narration, the impact of surrounding environment on human personality has been emphasized which also supports the modern-day psychology that

⁴⁷Muhammad Usman Najāti, *Hadees-e-Nabwi aur Ilm-un-Nafs*, 101-103.

⁴⁸Al-Tirmidhī, *Jāmi' Tirmidhī*, Hadith no: 2955.

⁴⁹ Najāti, *Hadees-e-Nabwi aur Ilm-un-Nafs*, 270.

stresses upon the integral connection between personalities and the environment people dwell in. Some researchers conclude that heredity characteristics influence the personalities of their off springs.⁵⁰ These researches also highlight that surrounding environments and inheritance play a vital role in grooming personality. A person who is interested in learning and deducing knowledge is greatly influenced by his family milieu. Some people are more interested in practicing manual works and show interest little or no interest in learning new things. Their family milieu supports them to work and use their business skills rather than acquiring knowledge and involving into a completely different individual during the learning process. A complete observation and assessment of the environment is necessary to deal with patients and to find out whether they fall in the first category or in the second one. The impact of environment on human personalities has been explained in the following saying of the Holy Prophet (PBUH):

The good fellow resembles with the merchant of musk and the bad one resembles with the blacksmith's furnace. The merchant of musk will provide you musk or even if you do not buy any scent, you may get a pleasant fragrance and the blacksmith would either burn your clothes or you would get a bad odor.⁵¹

This narration indicates that a person learns from his peers, surroundings and culture. It is very hard to modify a character which has been nourished for a longer period of time in a particular environment, as habits become permanent after a certain span of life. So it is important to provide a noble and serene environment to people right from their childhood so that they may not be influenced by the bad surroundings. The prophetic assessments always seem to care about the surroundings of a person while providing a solution for this issue.⁵²

3.2.2 Prophetic Counseling for Remedy-Seekers

⁵⁰Robert Booker, *Genetics: Analysis and Principles* (Ohio: Wittenberg University Press, 2017), 345.

⁵¹Al-Bukhārī, *Saḥīḥ al-Bukhārī*, Book no: 34, book of Sales and Trade, vol. 03, Ḥadīth no: 314.

⁵² Najātī, *Hadees-e-Nabwi aur Ilm-un-Nafs*, 291-293.

In the clinical context, counseling is a process that helps the sick to explore the nature of their problems in a way that they make decisions about what can be done, without the direct advice or reassurance from the counselor.⁵³ A problem solving approach should therefore be adopted to first define the problem by establishing a contract for counseling and then building an action plan with the patient to evaluate the progress.⁵⁴ In modern medicine, healthcare professionals are advised to learn the following basics of patient counseling so that they can polish their analytical skills to understand a situation and then to provide a remedy:

1. Good communication is the basis of patient counseling.
2. Listening and empathy are the essentials of counseling.
3. It is important for the counselor to handle and monitor his or her own emotions.
4. The therapist must be versatile and adapt a counseling style according to the situation.
5. Confidentiality is essential for patients' dignity.⁵⁵

All these fundamentals of modern psychology can be found in the Prophetic evaluation, along with solving their problems and counseling them to improve their individual and collective matters. It is narrated by *Abū Sa'īd Khudrī* that a woman came to the Prophet while we were with him. She said: Messenger of Allah! My husband, *Safwān Ibn al-Mu'attal*, beats me when I pray, and makes me break my fast when I keep a fast, and he does not offer the dawn prayer until the sun rises. He asked *Safwān*, who was present, about what she had said. He replied: Messenger of Allah, as for her statement "he beats me when I pray", she recites two *sūrah*s (during prayer) and I have prohibited her (to do so). He (the Prophet) said: if one *sūrah* is recited (during prayer), that is sufficient for the people. (*Safwān* continued): As regards her saying "he makes me break my fast," she dotes on fasting; I am a young man, I cannot restrain myself. The Messenger of Allah said on that

⁵³Harris Ramsay, *Healthcare Counseling* (Sydney: Williams & Wilkins, 2008), 68.

⁵⁴ Murtagh, *Murtagh's General Practice*, 33.

⁵⁵Ramsay, *Healthcare Counseling*, 71-95.

day: A woman should not fast except with the permission of her husband. (*Safwān* said): As for her statement that I do not pray until the sun rises, we are a people belonging to a class, and that (our profession of supplying water) is already known about us. We do not awake until the sun rises. He (the Prophet) said: When you awake, offer your prayer.⁵⁶

This narration brings out certain important facts worthy of careful notes by one and all. Husbands have no right to stop their wives from saying obligatory prayers. However, it is incumbent on a woman to have due regard for the needs of her husband and should not make her daily obligatory prayers too long to interfere with her normal household duties. The prophet instructed the wife of his companion, upon her request, to take care of her duties. It was a keen assessment of one's situation in which both the parties were listened and then were provided a counseling session yielding the solutions for the remedy seekers.⁵⁷

Conclusion

Summing the importance of sociological concept of healthcare, it is documented that healthcare is not just about treating the sick person or a particular part of their body, but it also includes a thorough assessment of all other associated factors which directly or indirectly affect the psychological, socioeconomic, environmental and biomedical backgrounds of people looking for remedies. Summarizing the Prophetic way to provide remedies, it is extracted that a whole person analysis is necessary to propose diagnostic solutions for fixing different problems arising from various situations, along with providing a comprehensive view of health taking into consideration the sociological concept of health and traditional biomedical therapeutics.

⁵⁶Abū Dāwūd, *Sunan Abī Dāwūd*, Book no: 13, the book of fasting, chapter: A Woman fasting without permission of her husband, Hadith no: 2453.

⁵⁷Jaleel Ahsan, *The Prophetic Way of Life*, 125.