

CHAPTER ELEVEN

Why does Islam request two women witnesses compared to one male witness?

"...Establish two witnesses from your men; and if two men are not available; then one man and two women whom you approve as witnesses, so that if one of the women forgets anything the other may remind her."

A number of questions (as well as eyebrows!) are raised when this section of the passage is read. The questions often posed include:

1. Do women have weaker memories than men?
2. Why should two women be needed in the place of one man?
3. Are women inferior to men?

One must remember that Prophet Muhammad (may Allah bless him and grant him peace) passed on the revelation exactly as he received it. Allah (The Exalted) the Creator, with His infinite wisdom gave the directives best suited to humankind. He is the Creator, therefore, He knows man better than man himself.

Menstruation

We are aware of the psychological strains that a woman has to encounter every month. The symptoms during early pregnancy, anti-natal and post-natal depressions, the phenomenon of menopause, the physiological and psychological problems due to infertility and last but not least the psychological problems faced after miscarriage.

It is under these situations that women can experience extraordinary psychological strains giving rise to depression, lack of concentration, slow-mindedness and short term memory loss. Let us examine these episodes in a bit more detail and with medical references from the scientific world. PMT is an umbrella term for more than 140 different symptoms and there is a lot of evidence that it causes a lot of unhappiness in many women, and consequently, to their families.

Psychiatry in Practice, April 1983 issue states:

*"Forty percent of women suffer from pre-menstrual syndrome in some form and one in four women have their lives severely disrupted by it. Dr Jill Williams, general practitioner from Bury, gives guidelines on how to recognise patients at risk and suggests a suitable treatment."*ⁱⁱ

In the same issue, George Beaumont reporting on the workshop held at the Royal College of Obstetricians¹ and Gynaecologists² in London on pre-menstrual syndrome says:

*"Some authorities would argue that 80 percent of women have some degree of breast and abdominal discomfort which is pre-menstrual but only about 10 percent complain to their doctors and only because of severe tenderness of the breasts and mental depression... Other authorities have suggested that pre-menstrual syndrome is a new problem, regular ovulation for 20 years or more being a phenomenon caused by 'civilisation', 'medical progress', and an altered concept of the role of women."*ⁱⁱⁱ

In its examination of the occurrence of physical and psychological change during the period just prior to the onset of menstruation we read in Psychological Medicine:

"Many studies have reported an increased likelihood of various negative affects during the pre-menstrual period. In this affective category are many emotional designations including irritability, depression,

¹ Branch of medicine concerned with childbirth and with the care of the woman until her reproductive organs have returned to normal, about six weeks after the birth. (The Royal Society of Medicine Health Encyclopedia. By Dr Robert Youngson. P. 552)

² Women specialists.

tension, anxiety, sadness, insecurity, lethargy³, loneliness, tearfulness, fatigue, restlessness and changes of mood. In the majority of studies, investigators have found it difficult to distinguish between various negative affects, and only a few have allowed themselves to be excessively concerned with the differences which might or might not exist between affective symptoms.”^{iv}

In the same article dealing with pre-menstrual behavioural changes we read:

“A significant relationship between the pre-menstrual phase of the cycle and a variety of specific and defined forms of behaviour has been reported in a number of studies. For the purpose of their review, these forms of behaviour have been grouped under the headings of aggressive behaviour, illness behaviour and accidents, performance on examination and other tests and sporting performance.”^v

The lengthy review portrays how female behaviour is affected in these situations. In ‘The Pre-menstrual Syndrome’, C. Shreeves writes:

“Reduced powers of concentration and memory are familiar aspects of the pre-menstrual syndrome and can only be remedied by treating the underlying complaint.”

This does not mean, of course, that women are mentally deficient. It just means that their mental faculties can become affected at certain times in the biological cycle. Shreeves also writes:

“As many as 80 percent of women are aware of some degree of pre-menstrual changes, 40 percent are substantially disturbed by them, and between 10 and 20 percent are seriously disabled as a result of the syndrome.”

Pregnancy

Furthermore, women face the problem of anti-natal and post-natal depression, both of which cause extreme cycles of depression in some cases. Again, these recurring symptoms naturally affect the mind, giving rise to drowsiness and reduced memory.

On the subject of pregnancy in *Psychiatry in Practice*, October-November 1986, we learn that:

“In an experiment 'Cox' found that 16 percent of a sample of 263 pregnant women were suffering from clinically significant psychiatric problems. Eight percent had a depressive neurosis and 1.9 percent had phobic neurosis. This study showed that the proportion of pregnant women with psychiatric problems was greater than that found in the control group but the difference only tended towards significance.”^{vi}

Regarding the symptoms during the post-natal cycle Dr. Ruth Sagovsky writes:

“The third category of puerperal psychiatric problems is post-natal depression. It is generally agreed that between 10 to 15 percent of women become clinically depressed after childbirth. These mothers experience a variety of symptoms but anxiety, especially over the baby, irritability, and excessive fatigue are common. Appetite is usually decreased and often there are considerable sleep difficulties. The mothers lose interest in the things they enjoyed prior to the baby's birth, and find that their concentration is impaired. They often feel irrational guilt, and blame themselves for being 'bad' wives and mothers. Fifty percent of these women are not identified as having a depressive illness. Unfortunately, many of them do not understand what ails them and blame their husbands, their babies or themselves until the relationships are strained to an alarming degree.”^{vii}

“ ... Making the diagnosis of post-natal depression is not always easy. Quite often the depression is beginning to become a serious problem around three months postpartum when frequent contact with the health visitor is diminishing. The mother may not present with depressed mood. If she comes to the health centre presenting the baby as the patient, the true nature of the problem can be missed. When the mother is continually anxious about the baby in spite of reassurance, then the primary health care worker needs to be aware of the possibility of depression. Sometimes these mothers present with marital difficulties, and it is easy to muddle cause and effect, viewing the accompanying low mood as part of the

³ Drowsiness or lack of energy.

marital problem. Sometimes, only when the husband is seen as well does it become obvious that it is a post-natal depressive illness which has led to the deterioration in the marriage."⁴

Menopause

Again there is a need to study the effects of the menopause about which very little is known even to this day. This phase in a woman's life can start at any time from the mid-thirties to the mid-fifties⁵.

Writing about the pre-menopausal years, C.B. Ballinger states:

*"Several of the community surveys indicate a small but significant increase in psychiatric symptoms in women during the five years prior to the cessation of menstrual periods... The most obvious clinical feature of this transitional phase of menstrual function is the alteration in menstrual pattern, the menstrual cycle becoming shorter with age, and variability in cycle length become very prominent just prior to the cessation of menstruation. Menorrhagia is a common complaint at this time, and is associated with higher than normal levels of psychiatric disturbance."*viii

On the occurrence of menopause in an article in Newsweek International, May 25th 1992, Dr. Jennifer al-Knopf, Director of the Sex and Marital Therapy Programme of North-western University writes:

"... Women never know what their body is doing to them ... some reporting debilitating symptoms from hot flashes to night sweat, sleeplessness, irritability, mood swings, short term memory loss, migraine, headaches, urinary inconsistency and weight gain. Most such problems can be traced to the drop-off in the female hormones oestrogen and progesterone, both of which govern the ovarian cycle. But every woman starts with a different level of hormones and loses them at different rates. The unpredictability is one of the most upsetting aspects. Women never know what their body is going to do to them ..."

Infertility and Miscarriage

Then there are the psychiatric aspects of infertility and miscarriage. On the subject of infertility, Dr. Ruth Sagovsky writes:

*"Depression, anger and guilt are common reactions to bereavement. In infertility there is the added pain of there being nobody to grieve for. Families and friends may contribute to the feeling of isolation by passing insensitive comments. The gynaecologist and GPs have to try to help these couples against a backdrop of considerable distress."*ix

On the subject of miscarriage the above article continues:

*"Miscarriage is rarely mentioned when considering abortion. However, miscarriage can at times have profound psychological sequelae and it is important that those women affected receive the support they need. Approximately one-fifth of all pregnancies end in spontaneous abortion and the effects are poorly recognised. If however, the miscarriage occurs in the context of infertility, the emotional reaction may be severe. The level of grief will depend on the meaning of pregnancy to the couple."*x

Also, the fact that women are known to be more sensitive and emotional than men must not be overlooked. It is well known, for example, that under identical circumstances women suffer much greater anxiety than men. Numerous medical references on this aspect of female behaviour can be given but to quote as a specimen, we read in 'Sex Differences in Mental Health' that:

4 Psychiatry in Practice, May, 1987, p.18

It is in the context of this quotation and the one before it that the following saying of the Prophet Muhammad (may Allah bless him and grant him peace) can be understood: "Treat your women kindly. The woman has been created from a rib, and the most curved part of a rib is its upper region. If you try to straighten it you will break it, and if you leave it as it is, it will remain curved. So treat women kindly." And in another narration: "If you try to straighten her you will break her and breaking her means divorce." (Bukhari and Muslim). This is very important advice for the man - for him to have patience and not to try to 'reform' the behavioural pattern of the woman during these times i.e. 'to straighten her'. He will not be able to do that, as it is biological in origin. Instead, he should maintain and protect his relationship with her by showing kindness.

⁵ According to the Hanafi Madh-hab it is 55 years old. (Alamgiri, Bahare Shariat and Qanoon-e-Shariat)

“Surveys have found different correlates of anxiety and neuroticism in the two sexes. Women and men do not become equally upset by the same things, and being upset does not have the same effect in men as in women. Ekehammer (1974; Ekehammer, Magnusson and Ricklander, 1974) using data from 116 sixteen-year-olds, did a factor analysis on self-reported anxiety. Of the eighteen different responses indicating anxiety (sweating palms, faster heart rate, and so on) females reported experiencing twelve of them significantly more often than males. Of the anxiety-producing situations studied, females reported experiencing significantly more anxiety than males reported in fourteen of them.”^{xi}

It is in light of the above findings of psychologists, psychiatrists and researchers that the saying of Allah (The Exalted):

“...Establish two witnesses from your men; and if two men are not available; then one man and two women whom you approve as witnesses, so that if one of the women forgets anything the other may remind her.”^{xii}

Can be understood. One must also bear in mind that forgetfulness can be an asset. A woman has to put up with children presenting all kinds of emotional problems and a woman is certainly known to be more resilient than man. The aim of presenting these research findings on a number of aspects related with the theme is to indicate that a woman by her biological creation faces such problems. It does not, however, make her inferior to man but it does illustrate that she is different. Viewed in this way, it can only lead to the conclusion that Allah (The Exalted) knows His creation the best and has prescribed precise laws in keeping with the nature of humankind.

Allah (The Exalted) is as always All-Knowing and man (or the disbeliever in Allah (The Exalted)) is as usual both ignorant and arrogant.

ⁱ Surah Baqarah; Surah No: 2. Verse: 282

ⁱⁱ Psychiatry in Practice, April 1993, p.14

ⁱⁱⁱ Psychiatry in Practice, April 1993, p.18

^{iv} Psychological Medicine, Monograph Supplement 4, 1983, Cambridge University Press, p.6

^v *ibid* p.7

^{vi} Psychiatry in Practice, October-November, 1986, p.6

^{vii} Psychiatry in Practice, May, 1987, p.18

^{viii} Psychiatry in Practice, November, 1987, p.26

^{ix} Psychiatry in Practice, Winter, 1989, p.16

^x Psychiatry in Practice, Winter, 1989, p.17

^{xi} Katherine Blick Hoyenga and Kermit T. Hoyenga in Sex Differences in Mental Health, p.336

^{xii} Surah Baqarah; Surah No: 2. Verse: 282