

An Islamic Psychological Approach to Psychotherapy

Marwa Assar

A Dissertation Submitted to the Faculty of  
The Chicago School of Professional Psychology  
In Partial Fulfillment of the Requirements  
For the Degree of Doctor of Psychology

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2017

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## Dedication

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

*In the Name of God, Most Merciful, Most Compassionate*

To God, whose guidance, mercy and compassion, I could not have done this without.

To my parents, who sacrificed so much so that I can have the opportunities I have had.

To my mother and best friend, whose love and undying support has been God's greatest gift to  
me.

To my teachers, mentors, family, and friends for their encouragement and constant support.

## Abstract

More than ever, researchers are attempting to explore various religions and their integration into psychotherapy to provide more effective therapeutic care to clients who practice various faiths. Despite Islam being the fastest growing religion in the world and the significant population of Muslims in the United States, there is a lack of psychological literature that speaks to how to effectively integrate Islam into psychotherapeutic practice with Muslim clients. As a result of minimal resources, the Muslim population has many unmet psychosocial needs. In addition, there is a rich presence of psychological thought in Islamic literature that is hardly researched nor accessed. Understanding Islamic psychology and how two seemingly separate fields like Islam and psychology can be integrated together can provide not only implications for more effective and helpful therapeutic practices with Muslim clients, but it might also provide an enriching contribution to the understanding of psychology and current psychotherapeutic practices.



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## Chapter 1: Nature of Study

### Introduction

More than ever, researchers have been studying new approaches to understanding psychology beyond the western and biological framework. Various religious philosophies are constantly being explored with the hope of deriving a more holistic understanding of human nature and functioning. These research endeavors have shed light on new psychological concepts and approaches that have benefited the field of psychotherapy (Boehnlein, 2006). Examples of this are the effective mindfulness-related techniques that resulted from the research of Buddhist teachings (Mirdal, 2012). These research efforts are increasing, but there is still a shortage of psychological research that encompasses what other religions have to offer to the world of psychology and psychotherapy.

Religion provides individuals with an understanding of the meaning of life, a sense of purpose, and tools needed to cope with the pain and suffering that is part of the human experience (Boehnlein, 2000). Research supports that there is a positive correlation between well-being and religious practices and beliefs (Abu-Raiya & Pargament, 2010; Barnett & Johnson, 2011; McAdie & Morris, 2008; Post & Wade, 2009; Tan, 1996). Boehnlein (2006) highlighted that the understanding of human behavior and the human experience can be parallel in both religion and psychiatry, and that merging their complementary features is crucial for providing a holistic and complete treatment approach to patients.

The study of various religions equips professionals with the knowledge and tools needed to provide effective therapy approaches that are inline with the religious beliefs of clients. In fact, a lack of understanding about the religious beliefs of a client can affect the clinical judgment of professionals (O'Connor & Vandenberg, 2005). Psychologists who integrated

religion into therapy reported that it had significant positive effects on clients (Worthington, Kurusu, McCullough, & Sandage, 1996).

Clients who adhere to a particular religion are inclined towards therapeutic approaches that incorporate their religious beliefs (Worthington & Sandage, 2001). Recently, there have been extensive efforts in producing religiously integrated psychotherapeutic approaches that are in line with the religious practices of clients. As researchers continue to transfer the knowledge and tools derived from various religions into psychotherapy, encouraging results have led to the production of religiously integrated psychotherapeutic interventions that are effective with religious clients (Abu Raiya & Pargament, 2010; Barnett & Johnson, 2011; Post & Wade, 2009). In their efforts to investigate the empirical significance of religiously integrated approaches, Davis et al. (2011) researched the effectiveness of incorporating teachings from various religions into therapy with clients. Their research results indicated that religiously oriented therapy approaches did help clients with a variety of psychological issues such as depression and anxiety.

### **Problem Statement**

Although there is growing research about what various religions have to offer to the world of psychology, as well as their implications in therapy with clients, very little research involves the religion of Islam despite the significant presence of the Muslim population and their increasingly unmet psychosocial needs as identified in several studies (Abu Raiya & Pargament, 2010; Amer & Bagasra, 2013; Farooqi, 2006; Haque, 1998, 2004; Hodge & Nadir, 2008; Sabry & Vohra, 2013). Islamic teachings contain numerous psychological components that provide implications for therapy with Muslim clients as well as for the advancement of the psychotherapeutic field that remain rarely explored and researched. There are several early works and contributions of Islamic scholars that have contributed to what is now known as

Islamic Psychology pronounced and identified in Arabic as 'Ilm al-Nafs,' which means the science of the self or psyche. This science provides an Islamic perspective of the philosophical, biological, and medical study of the self or psyche, including the areas such as psychology, psychosomatic medicine, psychiatry, philosophy of the mind, and neuroscience. Researching what Islam has to offer to the world of psychology can not only enhance the effectiveness of therapeutic practice with Muslim clients, but it can also contribute to the advancement of the understanding of psychology and provide implications for psychotherapeutic practice.

### **Purpose of the Study**

This paper sets out to highlight two outwardly separate fields, Islam and Psychology, and how they can be integrated together in an Islamic Psychological approach in psychotherapy with Muslim clients. The teachings of both traditions (Islam and Psychology) are closely interconnected and understanding their relationship and common features will provide implications for their integration in psychotherapeutic practice. While there is increasing research being conducted on various religions and how they can contribute to the world of Psychology, very few efforts have been made to examine the relationship between Islamic Teachings and Psychology despite the rich and significant presence of literature reflecting Islamic Psychological thought. In addition, Muslims have unmet psychosocial needs due to the lack of knowledge professionals have about their faith and how to effectively integrate their faith into their psychotherapeutic approach. As a result of this identified need, this study will explore the ways that some clinicians have integrated Islam and psychology in an attempt to implement an Islamic Psychological approach into their psychotherapeutic practice with Muslim clients.

The literature review will examine research relative to the relationship between religion and wellbeing, and the relationship between Islam and psychology and the Integration of the two

constructs into psychotherapy. It will also highlight some of the key Islamic psychological concepts that are present in the works and contribution of early Islamic scholars. This will shed light on the psychological tools incorporated in Islamic teachings while providing implications for an Islamic Psychological approach to psychotherapy.

The literature review will also examine the Muslim Population and the challenges they face in having their psychosocial needs met. It will also address the research that shows the struggles of Muslim community leaders to fully address the needs of the Muslim community, the struggles of Muslims in finding therapeutic approaches that integrate teachings of their faith, and the lack of resources Non-Muslim therapists have to effectively work with Muslim individuals. This research is what motivates this study.

The aim of this study is to explore the approaches of some of the few Muslim therapists today that do integrate Islam and psychology into their psychotherapy practice. Understanding the approaches that are effective with Muslim clients will help us gain insight as to how to better integrate Islamic Psychology into Psychotherapy to create more religiously integrated approaches for the Muslim population. In addition, it will also shed light on beneficial knowledge and tools found in Islamic psychological approaches that can enrich and contribute to the advancement of psychology and psychotherapeutic practice. This methodological approach to this study will utilize open-ended interview questions with participants who have experience working with the Muslim population and integrating Islam with psychology into their psychotherapeutic approach with Muslim clients. These interviews will be audio recorded and transcribed.

### **Research Questions**

From the interview responses, common themes that address the research questions of this study will be examined. The research questions are:

1. What Islamic teachings and practices were helpful to a clients' psychological wellbeing?
2. What are some effective ways therapists have integrated Islam with Psychology into their psychotherapeutic practice?
3. What concepts existing in Islamic psychological thought and literature were useful to Muslim clients?
4. What implications and benefits does an Islamic psychological approach have for the field of psychology and psychotherapy?

### **Utility of Results**

The findings of this research study have several uses. First and foremost, they can be utilized to advance the quality of psychotherapy services for the Muslim population. The results will not only better equip Muslim therapists who are working with Muslim clients but they will also broaden the education and awareness of non-Muslim therapists who are working with the Muslim population. Furthermore, this research study will shed light on the psychological resources and tools within Islamic teachings that can have implications for the understanding of psychology and the advancement of the field of psychotherapy. In a time when Islamophobia is on the rise, it is crucial to share research findings that shed a positive light on a religion that is often portrayed as violent in the media. In addition, these findings can be beneficial not only for working with Muslim clients but with non Muslim clients as well who value religion or spirituality in their lives.



### Definition of Key Terms

This section will define fundamental and important terms that will be present throughout this research study.

*Allah.* Allah is the Arabic word for God.

*Islam.* Islam is an Abrahamic monotheistic faith that is based on the belief that God is one, and that Muhammad is God's final prophet and messenger. Islam means peace and submission to God.

*Qur'an.* The Qur'an is the Islamic Holy Book and Scripture.

*Prophet Muhammad.* Muhammad is the prophet of Islam, known to Muslims as God's Messenger, sent to confirm the same monotheistic teachings brought earlier by Adam, Abraham, Moses, Jesus and other prophets.

*Ayah.* A verse in the Qur'an is referred to as *ayah* in Arabic.

*Hadith.* The sayings of Prophet Muhammad are referred to as *hadith*.

*Sunnah.* The sunnah is the tradition or way of life of Prophet Muhammad

*Salah.* The formal prayer of Muslims is known as salah. Muslims pray 5 times a day.

*Zikr.* *Zikr* is literally translated as "remembrance of God," and is an act of worship in the form of repeated phrases or prayers

*Dua.* *Dua* is a form of *zikr*. It is a prayer in the form of supplication or calling upon God.

*Sifat.* The attributes of God are known as *sifat*. Muslims are encouraged to know the attributes of God in order to better know and have a closer relationship with God.

*Asmaa Allah.* The names of God are known in Arabic as *Asmaa Allah*. There are 99 names of God presented within Islamic teachings. They each explain the various attributes of God.

*Tasawuf.* Sufism is a dimension within Islamic teachings. It is translated in Arabic as *Tasawuf*.

*Tazkiyah.* A Sufi practice known within Islamic teachings is Tazkiyah, which means purification of the self or soul. In Islam, there is an emphasis on cleansing the heart from spiritual diseases such as unhealthy anger, jealousy, or ill feelings towards others.

*Muraqabah.* Another Sufi practice within Islamic teachings is *muraqabah*, which is a meditative and reflective practice. Through *muraqabah*, a person practices watchfulness over their heart and the internal states they go through while being aware of God's watchfulness over them.

### **Chapter Summary**

This chapter highlighted the gap in the literature that motivates this study. It identified that there is a lack of resources available for professionals working with Muslim clients. This chapter also identified the purpose of this study, which is to shed light on the ways in which two seemingly separate fields, Islam and psychology, can be integrated together into a psychotherapeutic approach with Muslim clients. Finally, this chapter highlighted the research questions of this study, and the important terms that will be present throughout this paper.

### **Outline of Remaining Chapters**

Chapter 2 will provide an in depth review of the literature that is relevant to this research study. It will highlight the gap that exists in the current literature and the need for research efforts that focus on the psychotherapeutic care of the Muslim population. Finally, it will shed light on the contributions in history that reflect the link that already exists between Islam and psychology. Chapter 3 will focus on the methodology of this study. It will highlight the participants selected for this study as well as the procedure. Furthermore, Chapter 4 will present the results and

findings of the study. Finally, Chapter 5 will provide a thorough discussion of the research findings as well as highlight the significant formulations, limitations, and implications that arose from the data.

## Chapter 2: Literature Review

### Introduction

This research study aims to identify how two seemingly separate fields, Islam and Psychology, can be merged together in an effective psychotherapeutic approach with Muslim clients. Islamic teachings speak to the understanding of psychology and the mental and emotional wellbeing of the human being. Despite the significant presence of psychological tools within Islamic teachings, there are limited research efforts that explore the utilization of those tools in psychotherapy. In addition, there is a lack of literature that speaks to the effective integration of religion into psychotherapy that is specific to the Muslim population. This research study aims to address this gap of literature by identifying the ways in which Islam can be merged with Psychology to effectively provide therapy to Muslim clients. Furthermore, it seeks to highlight the psychological resources and tools that can provide implications for the advancement for the field of psychotherapy.

### Chapter Overview

In this chapter, literature relevant to the integration of Islam and psychology into psychotherapy is reviewed. The first section emphasizes the significant relationship between religion and wellbeing and its implication in therapy. The second section highlights the presence and psychosocial needs of the Muslim community in the U.S. The third section will explain important Islamic tenets, beliefs, and terms. The fourth section will review literature relevant to existing Islamic psychological thought, and the psychological principles and values that are incorporated in Islamic teachings. The fifth section will discuss the research that supports the integration of Islam and psychology into psychotherapy with Muslims. Finally, this chapter will conclude with an evaluation of the literature that motivates this study.

## Religion and Psychotherapy

Over the past decade, there has been a growing interest in a form of therapy that is spiritually and religiously oriented. Research supports that there is a positive correlation between well being and religious practices and beliefs (Abu-Raiya & Pargament, 2010; Barnett & Johnson, 2011; McAdie & Morris, 2008; Post & Wade, 2009; Tan, 1996). Religion provides individuals with the tools needed to cope with stressors in life (Abu Raiya, & Pargament, 2010). In recent years, a movement was made by professionals in the mental health field to understand religion (Post & Wade, 2009). Furthermore, an interest in religion and psychotherapy has increased since 1986, and continues to rise (Kurusu, McCullough, Sandage, & Worthington, 1996). An illustration of this interest are the various growing organizations that are religiously based such as the American Association of Christian Counselors, the Christian Association for Psychological Studies, the Religious Research Association, and the Society for the Scientific Study of Religion (Kurusu, McCullough, Sandage, & Worthington, 1996). In addition, a significant number of religious therapists are graduating from doctoral training programs in clinical psychology that are religiously oriented, and go on to see clients of both religious and nonreligious backgrounds. As a result of this growing interest in religion and therapy, there has been a high demand by professionals for conferences and workshops that incorporate religion (Kurusu, McCullough, Sandage, & Worthington, 1996). This remarkable increase in attention that religion and therapy is receiving from professionals is a direct reflection of the increasing interest the general population is showing towards spirituality and religion (Davis, Everett, Gartner, Hook, Jennings, & Worthington, 2009; Kurusu, McCullough, Sandage, & Worthington, 1996).

For clients who adhere to religious practices, religion plays an important role in their lives, and therefore it is important that their therapy is in line with their religious beliefs (Worthington & Sandage, 2001). Clients who are committed to their religion have a preference for a therapeutic approach that incorporates religious and spiritual resources such as sacred texts and prayer (Tan, 1996). Post and Wade (2009) recognized this importance but point out that *whether* the sacred should be addressed in therapy with clients who are religious is no longer the question, but rather *how* to do it is currently the main concern. Encouraging results were produced as increasing researchers began to transfer the knowledge and tools from religious practices into a type of psychotherapy that is religiously and spiritually integrated (Abu Raiya & Pargament, 2010; Barnett & Johnson, 2011; Post & Wade, 2009). However, while research findings guide professionals in the process of integrating spiritual and religious interventions into psychotherapy (Barnett & Johnson, 2011), this type of research is primarily geared towards Christian clergy working with a Christian population (Abu-Raiya & Pargament, 2010). Religiously and spiritually integrated psychotherapy does not accommodate populations from other faiths, and Muslims are amongst those neglected groups (Abu-Raiya & Pargament, 2010).

### **The Muslim Community and Psychotherapy**

According to Pew Research (2015), Islam is the fastest growing religion in the world. Despite Islam's significant growth rate, there has been a scarce amount of psychological research on the Muslim population and how to effectively integrate their faith into psychotherapeutic practice (Abu-Raiya & Pargament, 2010). Muslims make up about 2.6 million of the population in the U.S and there is a prediction that Islam will be amongst the world's most practiced faiths (Pew Forum on Religion & Public Life, 2011). Furthermore, the Muslim population in the U.S and in the world is very diverse. In addition to the significant number of American born converts

to Islam, Muslims in the U.S have come from over 80 nations (Hodge & Nadir, 2008).

Despite the significant presence of Islam and the Muslim population, there is a lack of resources for psychologists about the understanding of Islam and its implications in psychotherapy. As a result, there are limited resources for Muslims when it comes to therapeutic practice that is in line with their religious beliefs. In a 2012 study on Muslim Americans' perceptions of healing, Muslim participants identified that their overall health includes spiritual, mental, and physical components (Padela et al., 2012). In addition, participants in almost all of the group discussions indicated the central role God plays in their healing process. Participants stated that according to their belief, "God...is the ultimate doctor" (Padela et al., 2012, p. 849). Padela et al. identified that health and the healing process for Muslims is strongly connected to their relationship with God, and the teachings of their faith. These findings support the need for Muslims to have therapeutic resources that are in line with their beliefs and religious practice.

Due to the lack of religiously integrated therapeutic resources for the Muslim population, Muslims often times reach out to their clergy and religious leaders. Clergy and religious leaders are often the first resource accessed by the community when it comes to mental health issues, especially in communities of minority groups (Ali, Marzuk, & Milstein, 2005). Researchers who identified Imams to be the main resource for counseling that Muslims seek out also highlighted the pressure Imams face to address many needs of the Muslim community that go beyond their scope of training (Abu Ras et al., 2008; Ali & Milstein, 2012; Ali, Milstein, & Marzuk, 2005; Heisler et al., 2011; Padela et al., 2012 ). In a community-based study in Michigan where the largest and most diverse Muslim population resides in the U.S, Padela et al. (2012) analyzed the views of Muslims (from diverse backgrounds) towards healing. Majority of the respondents in this study viewed the Imam's counseling services as a replacement for seeking

the helps of a mental health professional. Findings in this study stated the following:

“Respondents described the imam as ‘counselor for moral support,’ and as someone ‘in whom everybody confides,’ because ‘sometimes people do not want to go the psychiatrist,’ and they go to ‘go to a person that is ...religious and knowledgeable [and]...find consolement,’ ” (Padela et al., 2012, p. 851). This reflects the hesitance of Muslims to seek out mental health professionals. (Padela, et al., 2012)

In a research study on the roles Imams (mosque and congregational leaders) play in the Muslim community, Ali, Marzuk, and Milstein (2005) identified that 50% of the Imams spent one to five hours a week taking part in counseling functions. Thirty percent of the Imams in the study reported that they spend six to ten hours a week providing counseling. Only 5% reported that they spent no time on counseling activities. The researchers also highlighted that a significant amount of the Imam’s work involved providing counseling to the Muslim community. In this same study, Imams reported that the need for counseling by Muslims in the community has increased since September 11, as a result of fears of discrimination, acts of discrimination, anxiety, and financial concerns. The main outcome of this study is that Imams find themselves asked by Muslims in their communities to address issues that extend further than spiritual and religious issues and concerns. In addition, Imams and Muslim community leaders are in shortage of mental health resources and training (Ali, Marzuk, & Milstein, 2005; Heisler, Kilawi, Demonner, Fetters, & Padela, 2011). Although Imams have been found useful in addressing the issues of Muslims by utilizing Islamic teachings, they also lack the training to address various mental health issues they encounter (Abu Ras, Gheith, & Cournos, 2008; Ali & Milstein, 2012; Ali, Milstein, & Marzuk, 2005; Padela et al., 2012;). Imams were able to identify when an individual has a serious mental health issue that requires professional help and,



on average, are inclined to refer Muslim individuals to mental health professionals. While they do refer out, Imams still continue to provide counseling to those individuals to continue providing them religious and spiritual support. This not only presents to us the importance of increased communication and collaboration to be made between mental health professionals and Muslim clergy and community leaders, but it also emphasizes the need for more professionals to provide religiously integrated therapy to Muslim clients, so that Imams have resources they can refer Muslims to (Abu Ras, Gheith, & Cournos, 2008; Ali & Milstein, 2012; Ali, Milstein, & Marzuk, 2005; Padela et al., 2012).

Despite the diversity and significant presence of the Muslim population, there is a lack of psychological literature that is geared towards providing effective and competent psychotherapeutic approaches with Muslim clients (Amer & Bagasra, 2013; Abu Raiya & Pargament, 2009, 2010; Farooqi, 2006; Haque, 1998, 2004; Hodge & Nadir, 2008; Sabry & Vohra, 2013). As a result, professionals lack a clear understanding of the role and influence Islam plays in the lives of a practicing Muslim (Abu-Raiya & Pargament, 2010; Carter & Rashidi, 2003). Due to this, Muslims are hesitant to seek out therapy from professionals who are not Muslim (Daiches & Weatherhead, 2010). Hodge and Nadir (2008) confirmed this in their study as they pointed out that Muslims have the understanding that professionals lack awareness and knowledge about Islam and, therefore, will implement therapeutic approaches that are not consistent with Islamic teachings and values.

There is also extensive belief that professionals in the psychotherapeutic field possibly do not respect Islamic values (Hodge & Nadir, 2008). Amer and Bagasra (2013) further explained that psychologists are possibly being unintentionally influenced by the negative portrayal of Muslims and Islam in the media. While research shows that there is a successful and flourishing

integration of American Muslims into the American society, Gallup poll (2011) showed that Islamophobia is on the rise due to the media's negative representation and portrayal of Muslims in America especially since 9/11. Lee et al. (2013) confirmed the presence of Islamophobia but also identify that there is a relationship between the media's portrayal of Muslims and the emotional responses of non-Muslims towards Muslims. The findings of this study stated:

As mentioned in Study 3, some non-Muslim individuals may experience difficulty feeling sorrow or concern for the plight of Muslims because of their desire to avoid contact with that group. However, participants' avoidant feelings for Muslims in general appear to mitigate their feelings of sympathy for a suffering Muslim, which means that Islamophobia may be examined in relation to media coverage of events involving Muslims. (p.167)

Furthermore, the Pew Forum on Religion & Public Life (2011) identified that since September 11, efforts of Muslims to build new community centers and mosques were responded to with hostility, resistance, and fear. The Gallup poll (2011) explained that the media has presented the picture that terrorism committed by Muslim Americans occurs more often than they really do. As a result, negative and hateful views towards Muslims are on the rise.

Psychologists are not immune to the influences of the media's negative portrayal of the Muslim population, and these influences can play a role in their therapeutic relationship and practice with Muslim clients. Williams (2005) explained that the attention and publicity that Islam currently receives in the media is not accurately reflective of the reality that counselors witness when working with clients who are Muslim. Williams proposed in this study that counselors working with Muslim clients have to be aware of their false assumptions towards Muslims and avoid making assumptions about Islamic beliefs. In addition, Williams points out

the importance of counselors working within the boundaries of the religious beliefs of Muslim clients. Increasing studies exploring the relationship between the Muslim population and therapeutic practice highlight the importance of therapists increasing their understanding of Islam due to the misrepresentation of the religion and its adherents in the media (Hamdan, 2007; Inayat, 2007; Roysircar, 2003; Willams, 2005). As a result, the study presented in this paper attempts to help bridge the gap of understanding and increase awareness about Islam and Muslims in order to work towards providing effective therapeutic practice that is in line with the beliefs of Muslim clients.

Over all, there are very limited resources and literature that bridge psychotherapy and Islam together, and as a result, Muslim communities currently have unmet psychosocial needs (Ali, Marzuk, & Milstein, 2005).

### **Understanding Relevant Islamic Concepts**

For purposes of this research, an extensive review of the beliefs and core concepts in the Islamic faith will be attempted. For only after this is completed can the reader and the therapist understand the important role that Islam plays in the life of a Muslim individual. It is the hope that with this understanding, mental health professionals will be able to be more effective, engaging, and helpful in providing therapeutic services to their Muslim clients.

A scarce amount of mental health professionals are knowledgeable of Islamic beliefs and values (Abu-Ras, Gheith, & Cournos, 2008; Farooqi, 2006). In addition, many Muslims who are willing to seek out therapy from a non-Muslim professional want the professional to have an understanding of their faith and beliefs ( Kelly, Aridi, & Bakhtiar, 1996). Furthermore, due to the prevalent misrepresentation of Islam in the media, Islam is a religion that is constantly misunderstood. Many Americans depend on the media for information about Islam, which

usually associates Islam with terrorists, oppression of women, and religious extremists (Esposito, 2011). It is important for the purpose of this study that Islam is clarified and understood for the religious beliefs it teaches and the role it plays in the life of a practicing Muslim.

Misconceptions will be clarified to provide professionals and readers who are not Muslim with an accurate view of Islam. This section also aims to provide the reader with a background of Islamic concepts and terms that will frequently arise throughout the rest of this research paper.

## **Islam**

Islam is one of the three Abrahamic faiths that exist in the world today and like Judaism and Christianity, Islam also originated in the Middle East (Esposito, 2011). Islam is a repetition and continuation of the messages that were sent down before it. Muslims believe that God sent down revelations first to Moses (as located in the Torah, the Hebrew scriptures), then to Jesus (as located in the Gospels), and finally to Muhammad through the Qur'an (Esposito, 2011). Muhammad was not viewed as the discoverer of a new religion, but rather a prophet like Abraham, Moses, and Jesus who called people to the oneness of God and to a way of life that was abandoned. Due to the Qur'an not being a new revelation, it presents figures and stories that are recognized in the Old and New Testaments such as Jesus and Mary, Adam and Eve, David and Solomon, and Abraham and Moses (Esposito, 2011). Muslims believe that the revelations were sent down to Muhammad as a result of the distortion of the original messages that were sent down earlier to Moses and Jesus (Esposito, 2011). Muslims, therefore, believe in the original revelations sent down to all the prophets, and the Qur'an being the seal of all of those revelations. This is highlighted in the following verse in the Qur'an, "We sent to you [Muhammad] the Scripture with the truth confirming the Scriptures that came before it" (The Qur'an, 5: 48). Muhammad is referred to as the seal of all prophets, because the final revelations

to mankind were believed to be sent through him (Esposito, 2011). The following verses highlight the scriptures that were sent down throughout history: “He has sent the Scripture down to you [Prophet] with the Truth, confirming what went before: He sent down the Torah and the Gospel earlier as a guide for people” (The Qur’an, 3: 3-4). More than once, the chain of revelation is discussed in the Qur’an as exemplified in the following verse:

We sent Jesus, son of Mary, in their footsteps, to confirm the Torah that had been sent before him: We gave him the Gospel with guidance, light, and confirmation of the Torah already revealed, a guide and lesson for those who take heed of God. (The Qur’an, 5:46)

Islam is often looked at as a strange or new religion simply due to linguistic barriers, and understanding its relationship to the other monotheistic faiths is important in minimizing fear of the faith and its adherents that is promoted in the media due to misrepresentation of the faith.

Since Islam originated in the Middle East, the Qur’an was sent down in the Arabic tongue, and therefore Islamic concepts that are universal are often misunderstood because they are said in Arabic (Esposito, 2011). For example, Allah is the Arabic word for God. It is literally defined as “the God,” emphasizing the oneness of God and that God is incomparable to any other being.

Islam itself means “submission” which is the act of submitting oneself to the oneness to God. A Muslim, therefore, is defined as “one who submits” (Esposito, 2011). Bearing witness that God is one and that Muhammad was his final messenger is the first pillar of Islam. Therefore, Muslims not only practice the teachings of the Qur’an, but also the teachings of Muhammad through his sayings and way of life that he was taught by God. These sayings and teachings of Muhammad are referred to as *Hadith*. The revelations Muhammad received emphasized social justice, especially pertaining to the rights of women, widows, and orphans, as well as

clarification of the distortions that were made to the original messages that came down to Moses and Jesus.

The five foundational principles and pillars of Islam are (1) the testimony of faith that states “there is only one God, and that Muhammad is the messenger of God,” (2) the five daily prayers, (3) fasting during Ramadan, a month in the Islamic calendar, (4) giving 2.5% of one’s accumulated wealth to the poor every year, and (5) the pilgrimage (or “hajj” in Arabic) to the sacred city of Mecca in Saudi Arabia at least once in one’s lifetime.

### **The Qur’an**

The Qur’an is defined in Arabic as “recitation.” Muslims believe that the Qur’an was revealed to Muhammad through the angel Gabriel. Muhammad was illiterate and so therefore he functioned as the reciter of the revelations he received from God. Muslims do not view Muhammad as the author or editor of the Qur’an. The Qur’an is believed to be the literal and eternal word of God. Although the Qur’an has been translated into various languages, the Qur’an is still preserved in its original Arabic language and has not been changed or altered. Recitation of the Qur’an is an important part of a Muslim’s life and many Muslims put forth effort to memorize it. Muslims view the Qur’an as miraculous due to it being the words of God being expressed through human voice. The recitation of the Qur’an is musical and poetic and is known to move the hearts of Muslims and non-Muslims who hear it (Esposito, 2011). More importantly, for Muslims it is a guide for their life. The Qur’an is a book that is not limited to religious teachings, but it encompasses subjects such as science, biology, geology, and astronomy, and psychology. The Qur’an is viewed to have healing components and this is stated in the following verse, “People, a teaching from your Lord has come to you, a healing for what is in your hearts, and guidance and mercy for the believers” (The Qur’an, 10:57).

## Prophet Muhammad

In addition to the Qur'an being the guiding resource for Muslims, the life of Muhammad and his teachings are just as important because he was the walking implementation of the Qur'an. A compilation of what Muhammad taught, said, and did was passed on orally and in writing through hadith, which is an Arabic word for "traditions." These hadiths consisted of all components of the life of Muhammad including very personal and public issues, as well as political and social issues (Esposito, 2011). The guidance he provided covered every aspect of life including marriage, hygiene, eating, dress, relationships, dealing with others, parenting, and even issues of diplomacy. Therefore, Muslims view Islam as a way of life. They look to the Qur'an and the hadiths of Muhammad for guidance throughout their lives.

For Muslims, submitting to God, which is the act of being Muslim, involves being conscious of God throughout one's actions in life. Muslims believe that this world is temporary and that there is an afterlife in which God will hold every soul into account for what it has done in this world. The afterlife is a crucial component of Islam. Muslims do not believe that heaven is guaranteed to anyone, and that one's state of heart and deeds in this life will determine their place in the afterlife. Giving charity, treating people with kindness, helping the poor and needy, improving one's character, and being a positive asset to society are all significant aspects of being a practicing Muslim. Islam emphasizes living a moral life on earth and it teaches that this life is a test that determines whether one will live in a way that is upright and pleasing to God. Muslims believe in sin and also repentance. Muslims do not believe in confessing their sins to an Imam (or any religious leader), but rather repentance involves directly asking God for forgiveness. Sins are any actions that are forbidden by God in the teachings of Islam and they involve actions that hurt the self or others. Sins according to Islam include murder, theft,

slandering and gossiping, disrespect towards parents, arrogance, pride, oppression of others, any form of disrespect or abuse towards others, and neglecting the performance of the five main pillars of Islam (Abbott, Reisbig, & Springer, 2009; Esposito, 2011).

It is crucial that professionals working with Muslims understand the background of Islam, its teachings, and its role in a Muslim's life. For Muslims who adhere to their faith, Islam is their way of life, and it shapes how a Muslim approaches minor and major issues (Esposito, 2011; Hodge & Nadir, 2008). In a study geared towards bridging therapeutic tools with Islamic teachings, Hodge and Nadir (2008) explained that Muslims' life experience is viewed holistically as all parts of their existence is guided by the spiritual.

### **Islamic Psychology**

Recently, there has been an increased effort by the psychological and behavioral sciences to understand various religious philosophies in hopes of gaining a more holistic view and understanding of psychology and human nature (Boehenlein, 2006; Mirdal, 2012; Mohamed, 1995). As a result, a growing number of psychologists are showing interest in eastern literature that is religious, spiritual and also philosophical, though their number is still few (Mohamed, 1996). Despite growing interest, Islamic literature is rarely researched, despite Islam's strong connection with Psychology and health. (AbuRaiya & Pargament, 2011; Mohamed, 1995; Haq, 2009; Haque, 2004;)

### **History of Islamic Contributions**

Many psychological concepts are deeply rooted within Islamic theology. Classical Islamic works delved into many of the sciences and served as the foundation for many subsequent research efforts, many of them involving the field of psychology (Ead, 1999; Faruqi, 2006; Iqbal, 2013). There was a time when students and scholars of other religious and cultural



backgrounds from all over the world would travel to study various subjects from Muslims. The period of time between the seventh century and the 15th century was known as the “Golden Age of Islamic Civilization” (Faruqi, 2006). It was during this time that the Islamic Civilization was the most active civilization in efficiently and methodologically acquiring knowledge in various disciplines. They led the world in Science for over five centuries, providing Europe with a wealth of knowledge in a variety of disciplines. (Cobb, 1963; Faruqi, 2006). During the Golden Age of Islam, several Muslim scholars studied the sciences within the context of the Quran, the Islamic Holy Scripture, producing a rich amount of work that contributed to the growth of various sciences. The European Latin Christian world absorbed these Islamic contributions by translating into Latin the Arabic original sources of the works of well-known Muslim scholars, philosophers, physicians, and scientists such as Al-Kindi, Al-Ghazali, Al-Farabi, Ibn Rushd, Ibn Sina (or Avicenna) and many others (Diwani, 2005). Islam contributed greatly to the revitalization of learning and scientific exploration in Europe, which led to the Renaissance period in the 16th and 17th centuries (Faruqi, 2006). As a result of this vast contribution, several milestones were achieved in the advancement of anatomy, medicine, chemistry, mathematics, astronomy, cosmology, physics, architecture, philosophy, and even psychology (Faruqi, 2006; Haq, 2009).

Early Muslim philosophers and scholars contributed great works to the pursuit of clearly understanding psychology and mental health. During the height of Islamic civilization, Islamic scholars were discussing psychiatry, psychology, psychotherapy and their connection to one’s mental health (Haque, 2004; Sabry & Vohra, 2013). Throughout the dark ages in Europe, mentally ill individuals were viewed as demonic, evil, or witch-like. During this period, great Muslim scholars and philosophers like Al-Kindi, Al-Ghazali, Al-Razi, and Ibn Sina who

introduced to Europe a more healthy and optimistic view of mental illness (Farooqi, 2006; Hajar, 2014; Haque, 2004). Al-Razi was the Islamic scholar who started the movement towards eliminating the theories of witchcraft and demons that explained mental health in the Christian World at the time (Faruqi, 2006). Al-Razi, or known as Rhazes in Latin, wrote about 184 books on various areas clinical observations he conducted as a physician. These clinical observations included human behavior studies. In addition, Ibn Sina, the father of Modern Medicine (or known to the West as Avicenna,) also contributed vastly to not only the understanding of medicine but of psychology (Hajar, 2013). Ibn Sina was also one of the scholars that rejected the idea that mental illness was connected to the presence of demons, but rather he viewed mental disorders to be connected to one's physiology (Haque, 2004; Sabry & Vohra, 2013). Syed Nasr, a leading researcher on Islam and the Sciences describes that "Avicenna was not only the supreme medical authority of the pre-modern era in both the Islamic world and the West, but also an undisputed master of traditional psychology, psychotherapy and psychosomatic medicine" (Bakhtiar, 2013).

The understanding of the self and its suggestion for psychological wellbeing were addressed in the Islamic world around the eleventh century by Al-Kindi in 9C AD. Psychology, or translated in Arabic as *ilm ul Nafs*, the science of the self or psyche, was taught in the fourteenth century at Nishapur University, and medical psychology as we know it to be psychiatry was taught in the fifteenth century (Skinner, 2010). Throughout the 9<sup>th</sup>, 10<sup>th</sup>, and 11<sup>th</sup> centuries, Ibn Sina (or Avicenna) wrote the distinguished and admired medical book, the Cannon, or al-Qanun in Arabic, which established a standard for the development of medicine not only in the Islamic world, but in the West as well (Faruqi, 2006; Hajar, 2013; Haq, 2009). In addition to this medical achievement, Ibn Sina, also wrote "The Book of Healing," which

highlighted the foundations of Greek medicine, a traditional approach to medicine that is still being taught at various Islamic Universities in India (Hajar, 2013). Ibn Sina was known for his contribution to psychology as he addressed the relationship between psychology and health (Hajar, 2013). Also, major Islamic scholars such as Al-Ghazali (1058 AD -1111 AD) and Ibn Qayyim (1292 AD – 1350 AD) contributed vastly to the realm of psychology as they derived psychological components from Islamic teachings (Haque, 2004; Skinner, 2010).

These references to Muslim scholars' works on psychology shows that Islam is a rich and underutilized territory when it comes to the understanding of psychology beyond the Eurocentric and Western boundaries. Understanding how this Islamic literature explains psychology is crucial for not only the advancement the psychotherapeutic field, but also for the promotion of effective psychotherapeutic practices with Muslim clients who currently lack helpful resources (Farooqi, 2006; Haque, 2004; Raiya & Pargament, 2010). Farooqi (2006) highlighted the therapeutic and health promoting values in Islam, while emphasizing that understanding these values is crucial for the advancement of not only interfaith understanding and harmony but of cross-cultural understanding as well in a therapeutic setting. She explained that through this understanding of Islam's view of mental health and psychotherapy, non-Muslim psychologists can begin to develop more effective psychotherapeutic relationships and interventions with the Muslim population.

### **Psychology Found in Islamic Teachings**

Innumerable psychological and therapeutic components are incorporated in the Qur'an and the traditions and sayings of Prophet Muhammad (Abu-Raiya & Pargament, 2011; Hodge & Nadir, 2008; Mohamed, 1996, Utz, 2011;). There is a psychological dialogue incorporated in

Islamic literature that provides understanding about the nature (or *fitrah* in Arabic) and psychology of humans and their behavior (Mohamed, 1996).

Like western counseling, which promotes specific values, Islam also has a number of values that it promotes through its teachings (Abdullah & Nadvi, 2011; Hodge & Nadir, 2008; Utz, 2011). Some of these predominant values are knowledge, reflection, moderation, self-control, community, prosperity, interdependence, complementary gender roles, and identity rooted in faith and spirituality. These values amongst many others provide several suggestions for clinical practice (Hodge & Nadir, 2008). The Qur'an itself has several psychological and therapeutic components that address the cognitive, emotional, and spiritual aspects of a human being (Al-Domi, 2012; Ahammed, 2010; Geels, 1997; Lubis, 2011; Qureshi, 2011). Muslims depend on the Qur'an to answer many of their life problems and despite increasing suggestions by various authors to derive metaphors from different religious texts for therapeutic purposes, the Qur'an has not received much attention. The Qur'an offers the reader interpretations and understandings of circumstances and experiences in life, while providing guidance on how to respond to those situations (Ahammed, 2010). Shaima Ahammed (2010) highlighted several therapeutic metaphors derived from the Qur'an that can be utilized in counseling. Similarly, Al-Domi (2012) emphasized several aspects of psychological security that results from the recitation, understanding, and implementation of the Qur'an. In addition to the Qur'an, many of Muhammad's teachings were presented from a psychological perspective. Lodhi and Qureshi (2011) emphasized that Muhammad's teachings had on psychological feelings such as grief, pride, and greed, and how to approach them in an effective manner.

In his efforts to introduce Islamic Psychology as a subject of study, Yasien Mohamed (1996) made the argument that due to the rich psychological components in Islam, it would be

useful to conceptualize these components, organize them and present them within an Islamic outline that would be useful to the contemporary psychologist. To take a step in this direction, Yasien Mohamed (1996) contributed an understanding of human nature (translated as *fitrah* in Arabic) from an Islamic perspective. He emphasized the importance of the metaphysical principle in Islamic psychology, which encompasses the human being's place in the universe as well as the human's fundamental spiritual nature and destiny (Mohamed, 1996). *Fitrah* or human nature refers to the individual's natural and inborn reality. Another component incorporated in Islamic psychology is the dynamic of the psyche or the self, which is referred to as the *nafs* in Arabic. In Islam, the self or *nafs*, is a metaphysical element. Yasien Mohamed (1996) points out that metaphysical elements are usually ignored in the Western world, and an individual is usually viewed as made up of solely biological and mental dimensions. In Islamic psychology, the spiritual component of an individual is crucial to the nature of a human being and is distinct from an individual's psychological and biological components. The spiritual dimension in Islamic psychology that Yasein Mohamed (1996) is referring to is what Inayat (2001) identified as the *ruh*, or soul.

Considered a religion centered towards the nature of a human being, Islam's teachings are created to address and satisfy the needs of the individual's human nature. Therefore, its teachings promote one's spiritual facets and tendencies without disregarding the biological and psychological components of one's human nature. A prominent Muslim philosopher and poet, Mohammed Iqbal (1940), also closely analyzed the concept of the self. In his distinguished book, "The Secrets of the Self," Iqbal highlighted the factors that strengthen and weaken one's self, derived from Islamic teachings. He focused greatly on the importance of self-realization and

recognizing the potential that God has given to every human being. The central principle in his book is that enhancing one's spiritual facets is the key to a heightened sense of self (Dar, 2013).

Furthermore, Islamic psychology is equipped with teachings that not only address one's spiritual state, but their physical and psychological components as well. Islamic teachings place great emphasis on the power of one's mind and its relationship with the environment it is surrounded with. According to Islam, the mind, intellect, hearing, sight and all physical faculties are trusts given by God. It is the responsibility of the Muslim to take care of these trusts by not abusing them, being grateful for them and conscious of how they utilize these tools that God has equipped them with. This provides implications in psychotherapy with Muslims because they know that the way they treat themselves, mind, and body is an essential part of their worship.

The following verses in the Qur'an reflect these teachings:

Such is He who knows all that is unseen as well as what is seen, the Almighty, the Merciful, who gave everything its perfect form. He first created man from clay, then made his descendants from an extract of underrated fluid. Then He molded him. He breathed from His Spirit into him; he gave you hearing, sight, and minds. How seldom you are grateful. (The Qur'an, 32: 6-9)

Another aspect of cognition that is emphasized in the Qur'an and the teachings of Prophet Muhammad is the power of reflection. The words "reflect" and "mindful" are constantly repeated in the Qur'an. Muslims are encouraged to reflect on the intention behind their behaviors, for they know that their state of heart and intention is what God will judge. Prophet Muhammad emphasized this concept by teaching that, "Verily actions are by intentions, and for every person is what he intended" (Hijab, 2012). In addition, many verses in the Qur'an emphasize the importance of reflection. This is seen constantly throughout the Qur'an as

exemplified by the following verse: “In this way God makes His messages clear to you, so that you may reflect on them” (The Qur’an, 2: 266).

A popular therapy approach utilized today that also emphasizes the power of reflection and being present with one’s thoughts is Mindfulness-related therapy. Despite significant similarities between Islam and Mindfulness, Islamic teachings are not present the development of Mindfulness. Many mindfulness-based methods were derived from the teachings of Buddhism ( Mirdal, 2012). Mevlana Jalal-ad Din Rumi, or known to the world as Rumi, the distinguished religious philosopher and spiritual poet of Islam, has gained much popularity all over the world for the healing and spiritual components of his writing. Mirdal (2012) highlighted several mindfulness-based principals in Rumi’s psychology and philosophy. Some of these mindfulness-based concepts incorporated in Rumi’s teachings are:

...acceptance and acknowledgement of both positive and negative experiences;  
unlearning of old habits and looking at the world with new eyes; decentering, changing one’s focus from Self to Other; and attunement of body and mind through mediation.

(Mirdal, 2012, p.1206)

These aspects of Rumi teachings highlight central themes that are known to Mindfulness-based methods today. According to Islam and much of Rumi’s writings, intentions play a crucial role in any change that takes place, which is very similar to recent mindfulness therapy methods such as acceptance and commitment therapy (ACT), which facilitates a process that helps the client recognize their sincerest intentions (Mirdal, 2012). Psychology recognizes that one’s attempt to avoid thinking about unpleasant experiences or flee from memories that are hurtful, can worsen one’s suffering and mental state. Rumi recognized this and wrote many poems such as the following, on the concept of accepting one’s reality and staying in the present:

The cure for pain is in the pain

Good and bad are mixed. If you don't have both,

You don't belong to us.

When one of us gets lost, is not here, he must be inside of us. (Rumi, 1995)

There are aspects of western therapeutic modalities (such as strengths based, cognitive, and group therapies) that are consistent with Islamic values (Hodge & Nadir, 2008). Qulsoom Inayat (2001) highlighted several common areas that western integrative counseling has with Islamic counseling. She categorized Islamic psychological concepts into two categories: human abilities and spiritual abilities. Human abilities consisted of the following components (which are Arabic terms derived from Islamic teachings): (1) *insaniyyah*, which refers to personality, (2) *aql*, which refers to intelligence and cognition, and (3) *ilm*, which refers to deep understanding or knowledge (Inayat, 2001). Inayat identified the following Islamic concepts to be components of spiritual abilities: (1) the *ruh*, which is the spirit or soul, (2) *rouhinyyah*, which is spirituality itself, (3) the *qalb*, which is defined as the heart and tool of connection to God and (4) *zikr*, which is the remembrance of God. According to the teachings of Islam, the remembrance of God or *zikr* has several healing abilities.

Skinner (2010) confirmed these components studied by Inayat (2001) as he identifies the *qalb* or the inner heart, the *aql* or intellect, the lower drives (known as *Nafs Amara* in Arabic) and finally the body to be the main dimensions of a human being. The concept of the inner self or inner heart in Islamic psychology is consistent with Jung's insights regarding the depth unconscious, which aims to uncover aspects of the self that were hidden or closed (Skinner, 2010). Within the inner self lies the element of human nature or *fitrah* and one's spiritual dimension or the "ruh."



Yasein Mohamed (1996) discussed the concept of cognition from an Islamic perspective by explaining that the organs of cognition are not just the intellect (aql) but also the heart (qalb). These two facets are what allow human beings to comprehend not just the highest foundation of knowledge (divine revelation), but the highest level of human perception as well. Mohamed explains the three levels of human perception, from an Islamic perspective while highlighting that Islamic psychology includes all levels and areas of human perception. These three levels highlighted in Mohamed's research (1996) are sensory perception (hearing, smell, sight, etc.), intellectual perception (cognition, awareness, analysis, etc.), and spiritual perception (inspiration, intellection, intuition, etc.). To attain the sensory level of perception, one uses their eyes, ears, etc. To attain the intellectual level of perception, one uses their mind or intellect (aql in Arabic). To have a spiritual level of perception, one needs to use both intellect (aql) and heart (qalb). Islamic psychology like western psychology recognizes both sensory and intellectual level of perception, but whereas western psychology excludes the spiritual dimension, Islamic psychology embraces it and views it to be the highest level of perception, requiring the use of both mind and heart. (Mohamed, 1996). This Islamic view of the various components of human nature and perception was highlighted in many of the famous works of Al-Ghazali (1058 AD - 1111 AD), an Islamic scholar and philosopher who contributed greatly to the understanding of psychology in the 12<sup>th</sup> century (Frager, 1999; Haque, 2004).

### **An Islamic Psychological Approach**

Muslim clients are more inclined to an approach that incorporates Islamic principles due to the fact that Islam embodies their way of life. In addition, Islamic psychology itself has a holistic approach that defines the direction of a human being and its connection to the universe and God (Hodge & Nadir, 2008; Mohamed, 1996; Skinner, 2010). Although there is a scarce

amount of research available about the integration of Islam into a psychotherapeutic approach, there are few research results that confirm the effectiveness of integrating Islam and psychology into therapy with Muslim clients.

Razali et al. (1998) conducted a study with a sample of Muslim individuals suffering from either depression or anxiety. Their research showed that the first group, which consisted of clients receiving psychotherapy that incorporated Islamic principles, adjusted better and responded more quickly than clients in the group that received treatment lacking Islamic components. Carter and Rashidi (2003) produced a psychotherapeutic model designed for Muslim women with mental health issues that incorporated Islamic teachings and principals. Results showed the positive correlation between the psychotherapeutic approach that incorporated Islamic teachings and the clients' health (Carter & Rashidi, 2003). Furthermore, Hodge and Nadir (2008), recognizing the consistency between several western therapeutic approaches and Islamic teachings, have taken steps to present cognitive therapeutic concepts in terminology that is supported by what Islam teaches. Their efforts indicated a culturally competent approach with Muslim clients. Therapeutic techniques supported by Islamic teachings and values have effective implications for Muslims in family, group and even individual therapy (Al-Issa, 2000; Hodge & Nadir, 2008).

These findings speak to the benefits that an Islamic psychological approach have for Muslim clients. They also provide encouragement for further research efforts that will explore the knowledge and tools within the Islamic psychological approaches of Muslim therapists.

### **Chapter Summary**

Overall, there are very few efforts in researching the integration of Islam and psychology into an effective psychotherapeutic approach with Muslims (Abu-Raiya & Pargament, 2010;

Carter & Rashidi, 2003; Haque, 1998; Razali et al., 1998). There is a lack of psychological literature supporting a religiously integrated psychotherapeutic approach with Muslim clients. Despite the vast population of Muslims in the U.S., there are few resources available for them when it comes to religiously competent therapeutic approaches. Imams and Muslim community leaders lack access to applied resources that they can implement when they approach psychosocial and mental health issues with Muslims in their communities. In addition, professionals working with Muslims require a better understanding of Islamic teachings and the role it plays in the life of a practicing Muslim. Furthermore, there are numerous psychological principals and values that are incorporated in the Qur'an, the teachings of Prophet Muhammad, as well as in the studies of early Muslim scholars. Despite Islam's strong connection with psychology, there is very little involvement of Islamic thought in many of the research efforts to incorporate religious philosophies into psychotherapy. The integration of Islamic thought into psychotherapy is an endeavor that needs to be pursued further in order to provide religiously sensitive and effective psychotherapeutic interventions to the Muslim population.

Due to the lack of existing psychological literature on Islam and the Muslim population, there are limited professionals who do incorporate Islamic Psychology into their psychotherapeutic practice with Muslims. This study aims to understand how some of these professionals do integrate Islam and psychology into Psychotherapy to effectively work with their Muslim clients.

The purpose of this research is multifaceted. Firstly, the hope is that the results of this study will provide a wealth of knowledge that can support the future advancement of Islamic Psychology and its integration into psychotherapeutic interventions. Secondly, its completion will provide data on how therapist can effectively work with Muslim individuals. Only when

individuals feel understood and their beliefs valued can they effectively engage in asking others for help especially individuals of different beliefs and values.

Thirdly, this study will highlight what is effective when implementing Islamic teachings and principles in therapy with Muslim clients. Therapists who read and review this document will gain knowledge and expertise that can be utilized in their therapeutic work with Muslim clients.

Finally, in an era of increasingly religious focused psychotherapy with clients who believe, this is a much needed endeavor for it sets a precedent for psychological science to reach out to individuals from diverse believes, orientations and values different from the predominant western mode. Using this research as a springboard, hopefully many more projects that incorporate religion into psychological science will be attempted to make psychotherapy and psychological science more helpful to a greater majority of the population. Furthermore, findings from this research can contribute to a broader understanding of psychology beyond the western and biological framework.

## Chapter 3: Methodology

### Introduction

Despite the significant presence of the Muslim population and the rapid growth of Islam as a faith in the world, there is a lack of literature that speaks to effective psychotherapy approaches with Muslim clients. As a result, the Muslim population currently has unmet psychosocial needs. In addition, Islam as a religion is equipped with many psychological resources and tools that aim to promote not only one's spiritual and physical wellbeing but one's mental and emotional well being as well. Despite this, when it comes to the research efforts that explore the psychological benefits of various religions and their integration into therapy, Islam still remains widely untapped and unexplored. Therefore, a significant presence of research that points to a religiously integrated approach with Muslim clients remains missing from the literature.

Due to the identified gap in the literature, this research study sets out to explore how two seemingly separate fields like Islam and psychology can be integrated together into an effective (Islamic psychological) therapy approach with Muslim clients. The goal is to shed light on an effective religiously integrated psychotherapy approach that is specific to the Muslim population as well as highlight the psychological resources that are available within Islamic teachings. The results of this study can be useful for professionals working with the Muslim population as well as for the progression of the fields of psychology and psychotherapy.

### Chapter Overview

This chapter will discuss the purpose and design of this research study. It will also highlight the participants targeted and collected. Finally, it will present the procedure taken in this research study and provide an outline of remaining chapters in this research paper.

### **Purpose**

The purpose of this qualitative study is to explore the integration of Islam and psychology by Muslim therapists into their psychotherapeutic approaches with Muslim clients. A qualitative research design is aimed at understanding a certain role, experience, interaction, situation or group of people (Creswell, 2009). This type of research approach allows the perspectives, meanings, and views of those interviewed to come to light as they allow researchers into their world (Marshall & Rossman, 1989). It also allows for the researcher to take the role of a “learner,” and not an “expert” (Creswell, 2009).

### **Participants**

The primary researcher initially set out to collect 10 participants in the United States, but due to the challenges faced to find licensed therapists who were familiar with the integration of both Islamic teachings and psychology into their psychotherapeutic approach, the final number of participants collected were 7. To allow for more room to find participants, the researcher also received approval from the Institutional Review Board (IRB) to not only collect participants in the U.S but in the U.K as well. The participants were selected through purposeful sampling, which helped the researcher understand the research question and the research problem by purposefully selecting the participants (Creswell, 2009).

A qualitative research design emphasizes the need for having well-defined criteria and rationale when selecting the participants (Creswell, 2009). The criteria for the participants were: 1) Participants had to be licensed counselors or therapists in the US or UK, 2) Participants had to have experience providing therapy to Muslim clients for a minimum of 3 years, 3) Participants had to have Muslim clients that made up 40% or more of their caseload in the last 3 years, 4) Participants had to have identified that they integrated Islamic teachings, integrated Islam with

psychology, and implemented Islamic psychological thought and literature with more than 40% of their Muslim clients, 5) Participants had to have identified that they had integrated Qur'an, *hadith*, and prayer for 20% or more of their sessions with Muslim clients, 6) The minimum qualification of the participants in the U.S was a Masters degree in Psychology, Counseling, or Marriage and Family Therapy, and 7) The participants in the U.K had to be licensed and have met the educational requirements for licensure in the U.K. The initial screening questionnaire was the tool utilized to confirm that the participants matched the research criteria identified. It also explored participants' own knowledge and practice of Islam. Including both Masters and Doctorate level therapists widened the sample. This is important due to the scarce number of therapists available who incorporate Islamic teachings into their psychotherapeutic approach (Abu-Raiya & Pargament, 2010).

### **Procedure**

The primary researcher collected participants by posting a recruitment flyer (Appendix B) or announcement on social media outlets such as *Facebook* and *Instagram*, online professional websites such as *LinkedIn*, and Muslim psychological organizations and associations such as *Muslim Mental Health* and *Muslim Wellness Foundation*. Prior to posting the recruitment flyer, the researcher had acquired the needed permission to post on any websites that are private associations. A solicitation letter (Appendix A) was sent to the private associations requesting site approval to post recruitment flyer. Potential participants were asked on the flyer to respond with their interest to participate by email (indicated on flyer). A notice on the Recruitment flyer stated that corresponding by email runs the normal risk of not being fully confidential.

Upon receiving responses to the flyer or announcements, a recruitment letter (Appendix C) was sent to interested participants. This letter introduced the researcher, the nature of the study, and requested their participation in an initial phone call with the researcher. During this phone call, the researcher administered a screening questionnaire to determine if the participants matched the criteria of this research study. This screening questionnaire identified the level to which participants integrated Islam with psychology, implemented aspects of Islamic teachings, and implemented Islamic psychology thought and literature into their psychotherapeutic approach with Muslim clients. The researcher then read the informed consent form (Appendix E) to each qualified participant during the phone call, so that participants were aware of the purpose, risks, and confidentiality of the study and also had an opportunity to share any questions or concerns. The primary researcher made participants aware that their name and personal information will remain confidential and that in accordance with the APA guidelines, the research materials will be stored for a minimum of five years. They were also informed that the researcher will destroy all stored material in a confidential manner after 5 years. Each participant was then provided with a unique password known only to them and the researcher. This password was utilized to open the emailed informed consent form. Upon receiving the signed informed consent form, the researcher contacted the participants by phone or email to schedule an appointment for the interview to be conducted.

There are four basic routes to collect the data in a qualitative study (Creswell, 2009). For this study, the data collection route utilized was interviews. These one-on-one interviews could have taken place in person through *Vsee*, a free HIPAA compliant video conference tool that is easily downloadable on phone, computer, or tablet. Having video conferencing as an interview option allowed for more flexibility in conducting interviews with those participants that are not



able to meet in person. Phone interviews were a last option only for those who could not exercise the first two options. All 7 participants utilized the option of *Vsee* and the interviews were semi-structured, audiotaped, and transcribed (Creswell, 2009).

An appointment that lasted up to 1.5 hours was scheduled with each participant. All 7 interviews were face to face through *Vsee*, a HIPAA compliant video conferencing tool. In the possible event that both face to face or *Vsee* options were unavailable to a participant, a phone call interview would have been scheduled, where both the questionnaire and the actual interview would have been read to the participant and their responses would have been recorded.

The primary researcher conducted a semi-structured interview (Appendix F) utilizing an open-ended format of questioning. The semi-structured interview questions (Appendix F) were utilized to explore the effective approaches of therapists who provide counseling to Muslim clients. These questions aimed to understand what aspects of Islamic teachings did therapists find effective to integrate in their counseling approach, how have they integrated Islam with psychology and western psychotherapy modalities into their therapeutic approach, and the overall psychological tools and resources in Islamic teachings that they found to be helpful to Muslim clients. Any follow up questions were asked as needed throughout the interview protocol. This helped the researcher acquire more information about any topics or issues that may have risen throughout the interview.

Upon completion of the interview protocol and any follow up questions, this researcher began the debriefing process. In the debriefing process, this researcher read to each participant the debriefing statement (Appendix G), which provided the participants with further information about the purpose of the study and an opportunity to give their feedback about the research experience, including any questions and concerns they might have had.

### Chapter Summary

This chapter reviewed the purpose and design of this research study. It also provided information about the selection of participants, and went over ethical assurances. Finally, this chapter highlighted the procedure that took place in this research study.

## Chapter 4: Results

### Introduction

There is a significant lack of literature that speaks to religiously and spiritually integrated psychotherapy approaches with Muslim clients (Abu-Raiya & Pargament, 2010). Despite growing interest into what various religions have to offer to the world of psychology and psychotherapy, many of the psychological resources in Islamic teachings still remain widely unexplored and untapped (Abu-Raiya & Pargament, 2011; Haq, 2009; Haque, 2004). As a result, Muslims do not have access to therapists who understand the integration of their faith into therapy, and are aware of the psychological tools they can access within Islam to effectively help and address the needs of Muslim clients.

Due to these identified problems, this research study sets out to highlight an Islamic psychological psychotherapy approach, which entails the ways Muslim therapists have integrated and merged Islam with psychology into an effective (Islamic psychological) psychotherapeutic approach with Muslim clients.

The results of this study can contribute to educating professionals who work with the Muslim population as well as provide awareness about the psychological resources and tools that are available within Islamic teachings.

### Chapter Overview

This chapter will present the results and findings of this research study. It will also review important terms defined in Chapter 1. This chapter will also present the topics that the interview questions covered as well as the themes and subthemes that emerged for each of those topics. Finally, this chapter will highlight major findings, provide a summary of the chapter, and outline the remaining chapters of this research paper.

## Procedure

The involvement of participants in this study was on voluntary basis. Participants were recruited through the utilization of recruitment flyers. A solicitation letter was emailed to private associations requesting their permission to post the recruitment flyer on their websites and social media pages. In addition, the recruitment flyer was posted on social media sites such as *Facebook* and *Instagram* as well as on a career and professional site, *LinkedIn*. Participants were asked to respond to the flyer by email, and the recruitment letter was emailed to those who expressed interest. The recruitment letter invited interested participants to take part in a phone call with the researcher in which an initial screening questionnaire (Appendix D) was administered to identify qualified participants. During this phone call, participants who matched the research criteria were identified, and the researcher read to them the informed consent, which explained in further detail the purpose, procedure, confidentiality, and risks of the study. The informed consent was then emailed to each qualified participant after the phone call. To ensure confidentiality, each participant was provided a unique password known only to them and the researcher, to open the emailed informed consent form. Upon receiving the signed consent form, an appointment was scheduled for the interview to take place.

All interviews took place through *Vsee*, a HIPAA complaint video conferencing tool. Each interview was audio-recorded, and to ensure confidentiality, participants were asked not to say any personal identifying information and to make sure they are speaking from a private and secure location. The researcher conducted a semi-structured interview utilizing an open-ended format of questioning. Eight semi-structured interview questions (Appendix F) were utilized to explore the effective ways in which therapists applied an Islamic psychological approach in their psychotherapy with Muslim clients. The aim of the interview questions was to understand what

aspects of Islamic teachings were helpful when integrated into therapy, the concepts that therapists utilized from Islamic psychology thought and literature, and the ways in which therapists integrated Islamic psychology with Western approaches. The interview questions also set out to understand the challenges and benefits of utilizing an Islamic psychological approach with Muslim clients. Finally, the questions also explored the implications that Islamic psychology might have for the understanding of psychology and the progression of the field of psychotherapy.

Upon the completion of each interview, the researcher read the debriefing statement (Appendix G) to each participant thanking them for their participation, and providing them with further information about the study as well as an opportunity for them to share any comments, concerns, or feedback.

### **Utility of Results**

The results of this study can be utilized in several ways. It can be utilized to improve the therapeutic approaches taken with Muslim clients. It can contribute to the development of a religiously and spiritually integrated therapeutic approach specific to the Muslim population. In addition, it can shed light on the positive and effective ways that Islam speaks to psychology as well as mental, emotional, and spiritual health. In a world where Islamophobia is on the rise, the results of this study can be a way of bridging the gap of understanding that exists between Muslims and Non-Muslims, especially within the therapeutic relationship between a Muslim client and a Non-Muslim therapist. It can help reduce the idea or notion that Islam is a foreign religion. This idea only promotes an alienation of its followers, which then further contributes to their psychological struggles and the challenges they face to receive the appropriate care and therapy they need to address those struggles.

### **Purpose**

The aim of this study was to identify effective ways in which two outwardly separate fields, Islam and psychology, can be integrated together in an effective Islamic Psychological approach to psychotherapy with Muslim clients. It explored not only the tools found in the Islamic psychological approaches of Muslim therapists, but also the implications that those tools have for the understanding of psychology and the field of psychotherapy.

### **Research Questions**

1. What Islamic teachings and practices showed to be helpful to a clients' psychological wellbeing?
2. What are some effective ways therapists have integrated Islam with Psychology into their psychotherapeutic practice?
3. What concepts existing in Islamic psychological thought and literature were useful to Muslim clients?
4. What implications and benefits does an Islamic psychological approach have for the field of psychology and psychotherapy?

### **Participants**

Seven participants were interviewed for the purpose of this study. Initially, the researcher set out to interview 10 participants, but it was challenging to find Muslim therapists who were familiar with the integration of both Islamic teachings and psychology into their psychotherapeutic approach. To help broaden the selection process, the researcher also collected participants from both the U.S and the U.K. Out of the total 7 participants, 5 were from the U.S and 2 were from the U.K.

All participants were over the age of 25. The initial screening questionnaire (Appendix D) identified that all 7 participants were therapists who have worked with Muslim clients for a minimum of 3 years. The mean average for the total years the participants were therapists was 10.7 years. The mean average of the years participants worked specifically with Muslim clients was 9.0 years. The screening questionnaire also identified that all participants had Muslim clients that made up 40% or more of their caseload in the last 3 years. In addition, each participant had experience integrating Islamic teachings, integrating Islam with psychology, as well as understanding and implementing Islamic psychological thought and literature into their therapeutic approach with more than 40% of their Muslim clients. Furthermore, each participant had reported that they incorporated the Qur'an (the Islamic Holy Book) in 20% or more of their sessions with Muslim clients, *hadith* (sayings and teachings of Prophet Muhammad) in 20% or more of their sessions with Muslim clients and as well as prayer (in various forms) in 20% or more of their sessions with Muslim clients. The initial screening questionnaire also explored participants' own knowledge and practice of Islam. It identified that all participants were practicing Muslims themselves who have acquired Islamic knowledge through their own studies as well as through informal and formal educational outlets.

### **Strategy**

A qualitative research design is aimed at understanding and exploring a certain role, experience, interaction, situation or group of people (Creswell, 2009). The researcher took the role of a "learner," not an "expert," to allow the perspectives, meanings, and views of those interviewed to come to light. To analyze the data, a thematic analysis was used to explore and identify emerging themes that presented themselves in the data.

Upon completion of all interviews, the researcher transcribed each interview. The researcher choosing to transcribe the interviews as opposed to having them electronically transcribed was a way to become more familiarized and immerse oneself in the data collected. The first step of the data analysis included reading the transcriptions several times. Through the transcribing process and the several readings of the transcriptions, the researcher was able to identify repeated words and phrases, common language used, and similar ideas, viewpoints, and approaches amongst the answers of participants to the interview questions. The researcher was also able to identify the main topics that the interview questions covered.

Many times, the data obtained from the interview questions overlapped to reveal 6 topics of importance:

1. Integration of Islam with Psychology into Psychotherapy
2. Utilization of Islamic Psychology Thought and Literature
3. Integration of Western approaches with an Islamic psychological approach
4. Challenges faced through applying an Islamic Psychological approach
5. Benefits witnessed through applying an Islamic Psychological Approach
6. Benefits and Implications of an Islamic psychological approach to the field of psychology and psychotherapy

The second step of the data analysis included identifying the emerging themes that presented themselves in the data. Finally, the last step was to organize the emerging themes and subthemes under each of the (above) 6 topics that the interview questions covered.

In order to best present the data, the researcher will present each topic covered, a table of themes and subthemes for each topic, and examples from the data reflecting the themes presented.



## Presentation of the Data

Before presenting the data, it is important to refer back to key terms and definitions introduced in Chapter 1. These terms will be present throughout the presentation of the data.

### Emerging Themes for Topic 1

Thirteen themes emerged under “Integration of Islam with psychology into psychotherapy,” which covers teachings, practices, and viewpoints unique to the Islamic psychological approach of participants. The themes that emerged within this topic were related to Islamic teachings that participants found to be effective in therapy, as well as view points of participants towards the integration of Islam with Psychology into Psychotherapy. The table below lays out all the presenting themes and subthemes within this topic.

Table 1

#### *Themes and Subthemes for Topic 1*

| Themes   | Subthemes                          | # of Participants | % of Participants |
|--|------------------------------------|-------------------|-------------------|
| <b>Relating Qur’anic Verses or Hadith to address Client’s specific situation or experience</b> |                                    | 7                 | 100%              |
| <b>Use of Zikr</b>   |                                    | 7                 | 100%              |
|  | <i>Dua</i>                         | 6                 | 86%               |
|  | Names and attributes of God        | 4                 | 57%               |
| <b>Use of Specific Islamic Concepts</b>  |                                    | 7                 | 100%              |
|  | Concept of Trials and Tribulations | 5                 | 71%               |
|  | Concept of Mercy                   | 4                 | 57%               |
|  | Concept of God being in Control    | 4                 | 57%               |
|  | Concept of Justice                 | 3                 | 43%               |
|  | Concept of Patience                | 3                 | 43%               |
|  | Concept of Balance                 | 3                 | 43%               |
|  | Concept of Surrendering            | 2                 | 29%               |

|  |                      |          |             |
|--|----------------------|----------|-------------|
|  | or Submitting to God |          |             |
|  | Concept of Hereafter | 2        | 29%         |
| <b>Relationship with God</b>   |                      | <b>6</b> | <b>86%</b>  |
| <b>Utilizing Islamic teachings to address client's skewed thoughts and beliefs about God, self, or situation</b> |                      | <b>5</b> | <b>71%</b>  |
| <b>Therapist praying for or with Client</b>  |                      | <b>5</b> | <b>71%</b>  |
| <b>Therapist's view that Islam &amp; Psychology are not different from one another</b>                           |                      | <b>5</b> | <b>71%</b>  |
| <b>Use of Sufi practices</b>   |                      | <b>5</b> | <b>71 %</b> |
|  | <i>Tazkiyah</i>      | 4        | 57%         |
|  | <i>Muraqabah</i>     | 3        | 43 %        |
| <b>The Goal is not just Symptom Relief</b>   |                      | <b>5</b> | <b>71%</b>  |
| <b>Drawing from Stories of the Quran</b>   |                      | <b>4</b> | <b>57%</b>  |
| <b>Use of Prophetic Model and Tradition</b>  |                      | <b>4</b> | <b>57%</b>  |
| <b>Integrating Islam with Guided Imagery</b>   |                      | <b>3</b> | <b>43%</b>  |
| <b>Use of Psycho-education</b>   |                      | <b>3</b> | <b>43%</b>  |

**Relating Qur'anic verses or hadith to address client's specific situation or experience.** The first theme within Topic 1 was present for 100 % of participants. This theme reflected that all 7 participants utilized the Qur'an and hadith (the sayings of Prophet Muhammad) in a way that was specific to client's presenting problem or experience. Neither Qur'an nor hadith were utilized in a manner that was separate from the client's issue. For example, one participant reported utilizing Qur'an to address parents who were worried about their child caring too much about appearances. This participant stated,

Some parents brought their kid and were saying how he was too worried about what he wears and how he presents himself, and then the reference I gave was that the Qur'an talks about human development in a similar perspective and mentions in *surat Hadid* (Chapter 57 of the Quran), "Know that the life of this world is but amusement and diversion and adornment..."

...a person goes through those steps, first its all play and amusement, and they go through this phase in which the Quran says *zeena*, (Arabic word for adornment), [where] they are kind of are cautious about how they look and they beautify themselves.

**Use of *zikh*.** The second theme that was present within topic 1 was the use of *zikh*, an act of worship within Islamic teachings that consists of repeated phrases or words. Its literal translation is "remembrance of God." The use of *zikh* was also present for 100 % of the participants. This means that all 7 participants reported integrating *zikh* in their psychotherapeutic approach with Muslim clients. *Zikh* can be in the form of *dua* or the names and attributes of God, which were both subthemes of the use of *zikh*. *Dua* are prayers that are in the form of supplication or calling upon God, and the names and attributes of God are in reference to the 99 names of God that are present in the Qur'an and the teachings of Prophet Muhammad. These names reflect different attributes of God that help Muslims understand who God is and practice those divine traits with humanity.

**Use of specific Islamic concepts to address clients' issues.** The third theme that emerged within Topic 1 was the use of specific Islamic concepts to address clients' issues. This theme emerged for all 7 participants. Throughout the Qur'an and the teachings of Prophet Muhammad, there are many concepts that are referenced and taught so that they may be practiced and implemented into one's life. This theme is broken down into 8 subthemes

reflecting the specific concepts that emerged under the theme: 1) the concept of trials and tribulations, 2) the concept of mercy, 3) the concept of God being in control, 4) the concept of justice, 5) the concept of patience, 6) the concept of balance, 7) the concept of surrendering or submitting to God, and finally 8) the concept of the hereafter. 100% of the participants reported using one or more of these 8 Islamic concepts in their therapy approach with Muslim clients. To provide an example, here is one statement reflecting one participant's use of the concept of the hereafter in therapy with a Muslim client:

You know the whole notion of the *akhira* (Arabic word for hereafter) offers perspective, so for example, one of the things that allows people to forgive is when they know there is justice, and if we don't get justice in this world, we know we are going to get it in the next world.

**Focus on client's relationship with God.** The fourth theme that was present within Topic 1 was the focus on a client's relationship with God. This theme emerged for 86% of the participants (6 of the 7 participants). This theme reflected participants' focus on a client's relationship with God as a means of addressing their mental, emotional, and spiritual wellbeing. One participant stated:

There are a number of things that I really focus on, one is, where are they at with God, what is their relationship like with Him, ...what is that relationship like? And again, it's not something I would go immediately into but one of the things that I feel happens and it's something I'm starting to write about now is transference and often when people have major issues mainly with an important person in their life, a caregiver, sometimes that could get transferred onto how they are with God.

**Use of Islamic teachings to address skewed thoughts and beliefs.** The fifth theme that emerged within topic 1 was the participants' use of Islamic teachings to address and challenge skewed thoughts and beliefs that clients had about God, self, others, or their experiences. This theme emerged for 71% of the participants, which means that 6 participants reported utilizing evidence from Islamic teachings to challenge thoughts and beliefs that clients had about God, self, others, or their experiences. An example of this is below:

Sometimes people have a negative thought about themselves, "I'm worthless." Or "I'm the worst person in the world," and then we can talk about how every person has a fitrah (Islamic term for pure and innate state) and then that fitrah makes you a positive person, and so you are not born with sin, you are born as a positive human being. At the end of the day, you yourself have value in front of God, whether you appreciate or recognize it or not.

**Therapists pray for or with client.** The sixth theme that emerged within Topic 1 is that therapists pray for or with the client. This theme emerged for 71% of the participants, which meant that 5 of the 7 participants reported either praying with the client in session or praying for the client in or outside of the session. One participant stated,

Sometimes, I will make dua for a client, or situation, and things are just overwhelming and there may not be a clear path on how to help a person get through that circumstance...I'll often say "rabina yi3eenik" (May God help you), or "Allah yisahil" (May God make things easy for you), you know those kind of duas...you know sometimes, I'll just ask Allah to guide me to help them in the best way.

In terms of praying with the client in the session, one participant stated:

In terms of prayer, I can think of multiple ways I have incorporated it. One time, I actually prayed in the session with a client side by side, made the iqama (call to prayer), prayed, because it was time to pray, but also because what we were talking about was specifically about him really wanting to commit to prayer and like not feeling like having the support in his life, or didn't know how to get over that hump of doing it, like as we were talking about that, the prayer time came in, and I sort of seized that as an opportunity and asked him, "Do you want to pray with me right now?" And it was really powerful because it showed him, "Oh you can actually stop what you are doing and pray." It actually turned out to be an intervention. That approach was just honestly specific to that person, that issue and that time. I would never do that, well first of all, clearly, I would never do that with someone who is not Muslim, even if somebody says, "I'm Muslim and I came to you because you are Muslim." That still does not mean, it's not my place to sort of determine what that means for that person, so it really has to come from them.

**View that Islam and psychology are not different.** The seventh theme that emerged within Topic 1 was that the participants viewed Islam and Psychology as being two fields that are not different from one another. This theme emerged for 71% of the participants, which means that 5 of the participants viewed Islam and Psychology as two fields that have common ground. To provide an example, one participant stated:

So to me, there's no separation (between Islam and Psychology). When I read the Qur'an to me, it's a book of psychology. I feel like emotions are addressed throughout the Qur'an in different ways...

**Use of Sufi practices.** The eighth theme that emerged within Topic 1 was the use of Sufi practices or teachings from Sufism, a dimension of Islam translated in Arabic as *Tasawuf*. Sufism or *Tasawuf* is known as the internal and spiritual dimension or element of Islamic teachings (Burekhardt, 2009). This theme emerged for 71% of the participants, which means that 5 of the 7 participants utilized aspects of Sufi teachings and practices in their therapy approach with Muslim clients. Two subthemes emerged within the use of Sufi practices, which are *Tazkiyah* and *Muraqabah*. Both are teachings and practices within Sufism. To prove an example from the data, one participant stated:

I would say the biggest untapped resource in terms of scholarly or traditional teachings is in *Tasawuf*, in Sufism...and a lot of times people's skin crawl when they hear that word, Sufism, because there are a lot of things under the name of Sufism that are not Sufism...but what it is, is a relationship between a *mureed* (Arabic word for seeker or student) and a sheikh (Scholar or teacher) which is essentially like a parallel to psychotherapy, you know like the fact that you are sitting with somebody who is helping you walk through your relationship to yourself and ultimately your relationship with Allah, and understanding how those two things come hand in hand, and that there is a whole science of the soul (referring to *Tasawuf*)...

**Goal of an Islamic psychological approach.** The ninth theme that emerged within Topic 1 was participants' views of the goal of an Islamic psychological approach. This theme emerged for 71% of the participants, which means that 5 of the 7 participants reported that they viewed their goal of their therapy approach to go beyond symptom relief. An example from the data is below:

But again my goal is not necessarily clinical relief solely only, I think that is sort of a byproduct of working on these things. My goal is to inject a different way of approaching life and...I think that illnesses have arrived and taken people to places for a reason, and I kind of sometimes say to my clients like a near death experience is an opportunity for you to check yourself and regulate, and look back and say, “What am I doing with my life?” and “What have I done up to this point?” and “What can I do differently?” To live differently and meaningfully and with a greater purpose than simply to just give you a tune up and get you back into your life, but rather I like to rock the boat for people...

**Utilization of stories from the Qur’an.** The tenth theme that emerged within Topic 1 was that therapists utilized stories from the Qur’an to address clients’ presenting problems or issues in therapy. This theme emerged for 57% of the participants, which means that 4 of the 7 participants drew lessons and concepts from various stories in the Qur’an to address and relate it to the experience or problem of the client. An example from the data is below:

A key thing for me is attachments and how that plays out in relationships, how we position ourselves in a relationship, whether it is with a partner, and for marriage, or with our children, or just friendships and how things play out, insecurities, them being there for you and kind of this love mode that people get into based on what they’ve been through. There are examples (in the Qur’an) of this with Yusuf (Joseph) and his father, and the separation that they had to go through, the trust actually, because he did not know that he was gonna see his son again or not, but he said that Allah knows best or something along those lines. There was a level of trust there, and you know he had grief, he lost his eyesight from crying so much, that says to you, you know people say, “I



shouldn't cry," or "I shouldn't feel like this," but actually, what are you talking about in comparison to a man who went blind from grief?...

**Use of prophetic model or tradition.** The eleventh theme that emerged within Topic 1 was the use of the prophetic model or tradition. The Arabic and Islamic term for prophetic way of life or tradition is *Sunnah*. Islam is a religion that is based on the belief that God is one, but also the belief that God sent messengers and prophets (i.e., Abraham, Moses, Jesus, etc.) with the same message of monotheism, and Muhammad is the final and last prophet and messenger to humanity. Therefore, Muslims are taught to emulate the model of Prophet Muhammad (and all prophets) as a way to draw closer to God, but also as a way to improve one's character and behaviors. Prophet Muhammad had said in a known hadith, "*I have only been sent to perfect good moral character.*" The theme of utilizing the prophetic tradition or *sunnah* as a model was present for 57% of the participants, which means that 4 of the 7 participants referenced or utilized the model of Prophet Muhammad as a way to address the client's problems or behaviors. An example of this from the data is the following statement from one of the participants:

I also will if I am working with couples or even with an individual but it's a relationship issue, then I'll reference the sunnah and how he treated people in general so depending on what kind of relationship we are talking about.

**Integration of Islam with guided imagery.** The twelfth theme that emerged within Topic 1 was the integration of Islam with guided imagery. This theme was present for 43% of the participants, which means that 3 of the 7 participants merged Islamic teaches with their guided imagery methods. An example of this from the data is the following statement from one of the participants:

You know if a person has issues of like they are losing control, they feel like they don't have control in their life, so *la hawl wala quwata ila bilah*, (which translates to "there is no power nor strength except through God"), really reflecting on those words. So, I will say sit down, I'll teach them deep breathing, so do the deep breathing and while you are doing it, when you are saying, "*la hawl wala quwata ila bilah*," just picture those words coming in front of your eyes, really think on that, no one has the power or authority except Allah, so I may feel powerless in my life, but ultimate power belongs to Allah.

The final and thirteenth theme within Topic 1 is the use of psycho-education. This theme emerged for 43% of the participants, which means that 3 of the 7 participants identified psycho-education to be part of their Islamic psychological approach with Muslim clients. When talking about the concept of balance with a client, one participant stated:

In Islam, *i'tidal* (Arabic term for balance) is what we aim for, which is also balance (in English). So when I talk about it in session, a big part of therapy is psycho-education, right, so whenever I talk about it... I talk about the benefits that psychology outlines for it, and then the benefits that Islam outlines for it which are basically the same, but being able to say that to the client really gives them a sense of peace that like okay this is coming from both perspectives...

### **Emerging Themes for Topic 2**

The second topic that the interview questions focused on was, "The Utilization of Islamic Psychology Thought and Literature." There are various Muslim scholars within the course of history who contributed works that spoke to the understanding of psychology from an Islamic viewpoint. The themes that emerged in this topic are relevant to participants' utilization of Islamic psychology thought and literature. Three themes emerged within this topic, and all 3

themes were present for over 50% of the participants. Two of the themes were present for 71% of the participants, and one theme was present for 57% of the participants. The table below outlines the themes present within this topic.

Table 2

*Themes and Subthemes for Topic 2*

| <b>Themes</b>  | <b>Subthemes</b> | <b># of Participants</b> | <b>% of Participants</b> |
|--|------------------|--------------------------|--------------------------|
| <b>Theoretical Understanding of the Self</b>                   |                  | <b>5</b>                 | <b>71%</b>               |
| <b>Use or Referencing of Ghazali's thought and literature</b>  |                  | <b>5</b>                 | <b>71%</b>               |
| <b>Therapist views and definitions of "Islamic Psychology"</b> |                  | <b>4</b>                 | <b>57%</b>               |

**Theoretical understanding of Islam psychology's view of self.** The first theme that emerged within topic 2 is the theoretical understanding that participants had of Islamic psychology's view of the self. There is a wealth of literature from Islamic scholars within history that speaks to the understanding of the self from an Islamic point of view. This theme emerged for 71 % of the participants, which means that 5 of the 7 participants referenced or utilized Islamic Psychology's understanding or view of the self in their therapy approach with Muslim clients. An example from the data is below:

In terms of Islamic psychology, it is about the self, so what does Islam say about the self? So the self is made up of your heart, your mind, and your soul, the ruh, and how it is very different from the Western view of the self. There isn't just one Western view of the self, there are lots of different views of the self but actually so far I have found that the Islamic

view of the self is the most complex and the one that you could really understand how complex human beings are.

**Use of Ghazali's works or concepts.** The second theme within topic 2 was the use or referencing of Ghazali's works or concepts. His full name is Abu Hamid Muhammad ibn Muhammad al-Ghazali (1058 CE -1111), and he was an influential theologian, philosopher, jurist and mystic that contributed works that speak to the understanding of psychology from an Islamic perspective. This theme emerged for 71% of the participants, which means that 5 of the 7 participants referenced or utilize the works or concepts of Ghazali in their therapy approach with Muslim clients. An example from the data is below:

So, I kind of use a Ghazalian based framework and basically the heart being at the center of it all, the qalb (Arabic and Qur'anic word for Heart), and the qalb is sort of the receptor and receiver of health and dysfunction, so pathology and health manifest itself in the qalb. "In the body there is a piece of flesh, if it's good, the whole body is good, and if it is corrupted, the whole body is corrupted and that is surely the heart" (a hadith). So it sort of is the receiver in the middle and then there are these connected components on the outer layer and Ghazali breaks it down here to talk about the aql (Arabic and Qur'anic word for cognition), being there or human cognition, or the thinking and human processes, and beliefs, and then we have the nafs which doesn't necessarily have a very, you know, a one word translation in the English language. I call it more of the behavioral inclinations of the individual. And so, discipline is sort of needed there and there are principles for working with the nafs. And then there is your ruh, your spirit, and then I have sort of added a fourth dimension to this model which Ghazali doesn't do but I kind

of differentiated it just because of a lot of modern research on emotion theory. So I have added *ihsas*, which is emotion. These are the components or psyche of the human being.

**Unique views of what Islamic Psychology is.** The third theme that emerged within Topic 2 was the unique views of some participants of what Islamic psychology is. Islamic psychology is still an emerging field. As a result, practitioners are still exploring and defining what that their view and understanding of Islamic Psychology is. This theme emerged for 57% of the participants (4 participants). An example from the data reflecting this theme is below:

I kind of wrestle with the word Islamic psychology, my only reservation is about the usage of psychology today which carry connotation that are secular or has a particular construct, so I haven't really come to a conclusion to what I would like to use and what would be the alternative.

### Emerging Themes for Topic 3

The third topic that the interview questions focused on in this study was “Integrating Western approaches in an Islamic psychological approach.” This topic focused on the ways in which Muslim therapists merged western psychotherapy modalities with an Islamic psychological approach. Five themes emerged within this topic. Two of the five themes were present for over 50 % of the participants.

The table below highlights all present themes within this topic.

Table 3

#### *Themes and Subthemes for Topic 3*

| Theme                          | Subtheme | # of Participants | % of Participants |
|--------------------------------|----------|-------------------|-------------------|
| <b>Integrating CBT</b>         |          | <b>6</b>          | <b>86%</b>        |
| <b>Integrating Mindfulness</b> |          | <b>5</b>          | <b>71%</b>        |
| <b>Integrating</b>             |          | <b>3</b>          | <b>43%</b>        |

| Emotion Theories          |   |     |
|---------------------------|---|-----|
| Integrating Rogerian      | 3 | 43% |
| Integrating Psychodynamic | 2 | 29% |

**Integrating CBT with an Islamic psychological approach.** This theme is relevant to participants' utilization of Cognitive Behavioral Therapy (CBT) in their Islamic psychological approach with Muslim clients. This theme emerged for 86% of the participants, which means that 6 of the 7 participants integrated CBT with Islamic teachings in their therapy approach. An example of this from the data is below:

Most of CBT is also are very compatible with Islamic thought on the level of the aql, the 'aqlani element, cognition...It's really designed to be able to restructure...Even some of the sort of funneling techniques of the CBT, the ABCs for example, education about what you think as a result of what you experience. So there is sort of this *aqeedah* (Islamic word for creed) formation but as you can see the basis of this *aqeedah* formation is with the cognitive techniques that helped internalize that. In terms of other more generalities, specific Islamic interventions, it could be things like *muraqabah* (meditation), *tafakur* (reflection)...and specific *duas* (prayers in the form of supplication), which actually some of the *duas* actually have a cognitive shifting approach.

**Integrating Mindfulness with an Islamic psychological approach.** This theme emerged for 71% of the participants, which means that 5 of the 7 participants merged Mindfulness teachings and techniques with Islamic teachings or practices into their therapy approach with Muslim clients. An example of this from the data is below:

I'll tell them to practice the deep breathing, several times throughout the day, just to lower their stress level and to bring themselves into a calmer place, and ...if these are

people I know that they pray, I'll say, "Okay, so before each prayer, do your 5 breaths, that will help you get centered, and that'll help you be more mindful in your prayer.

That's how you will be able to maximize that, the benefit of the prayer." And that's how I use mindfulness.

**Integrating emotion theories with an Islamic psychological approach.** This theme is relevant to participants' integration of emotion theory into their psychotherapeutic approach with Muslim clients. This theme emerged for 3 of the participants.

Below is an example of how one participant merges Emotion Focused therapy (EFT) with teachings from the Qur'an:

...there is a couples therapy called emotion focused therapy that is absolutely in line, and I did a talk on the similarities between EFT and the Quran describing couples as garments to one another, how the analogies that come from being garments to one another. With EFT particularly, being like garments to one another, you are clothing one another, enveloping one another, protecting one another, there are so many analogies that can come out from being garments to one another. You are connected in the closest way possible to each other, you are not connected like that to any other person. With EFT, it's based on attachment theory, and it takes Bowlby's attachment theory and moves on to adult attachment theory and uses those theories to understand adult attachments. And you can undo damage that has been done to you as a child through your couple relationship as an adult through re-bonding, reconnecting with each other, and heal stuff that has happened to you in the past. It is so powerful, and I feel that by Allah making us garments to one another in the Qur'an, he is saying the same thing: you can have terrible things happen to you, but if you can get this right, it could be the things that can help you gain peace again.

The thing about garments is the closeness, it's the closest thing to our bodies, and it can soothe you, keep you warm, it can comfort you. Your spouse is going to be the closest thing to you compared to other relationships, and that closeness can be helpful.

**Integrating a Rogerian, client-centered approach.** This theme is relevant to participants' integration of Rogerian concepts and techniques with their therapy approach with Muslim clients. This theme emerged for 43% of the participants. An example from the data reflecting this theme is below:

My non-judging stance comes from Islam. Yes it is what we are taught as therapists, our core Rogerian elements, right, but that's Islam, so you know positive regard, and respect, ... but to me that is what the Prophet, peace be upon him, embodied, and so that's what informs me as a therapist, and so I do believe that the relationship between the therapist and the client is the most important factor of a successful outcome, so to me it's all about the relationship and what informs me in that relationship is my Islamic understanding which to me fits really well with more of the counseling models, ... but more of the therapy models that emphasize that the client is the expert, more of the client-centered, as well as the experiential modalities, but any model that puts the therapist as the expert, I find a little bit harder to integrate the Islamic approach with.

**Integrating a Psychodynamic approach.** This theme is relevant to the ways in which participants merged psychodynamic concepts or techniques with Islamic teachings and practices into their therapy approach. This theme emerged for 29% of the participants (2 of the 7 participants). An example from the data reflecting this theme is below:

Freud has a whole book on dreams and interpreting dreams. Other areas of psychology don't really talk about that... So there are three categories of dreams (in Islam): firstly, so



if you think of something all day long, you will dream about it, so your thoughts.

Secondly, the things you want, your desires, and then, sometimes dreams are also, and a lot of scholars talk about this too, is that they can be signs from Allah, like Allah is trying to hint something to you. I will sometimes ask them to write a dream journal and dreams that they had, what's the theme of the dream? Where is that coming from? Where is the fear there, if it's a bad dream? If it's a good dream, then what are you doing about it? Is it something you desire? Are you following it, not following it? And things like that.

#### **Emerging themes for Topic 4.**

The fourth topic that the interview questions focused on is “Challenges Faced by Participants through Applying an Islamic Psychological approach.” This topic focused on the challenges that participants faced in their efforts to integrate Islam with Psychology in their therapy approach with Muslim clients. Four themes emerged within this topic with only one of them being present for over 50% of the clients. The table below presents the identified themes within this topic.

Table 4

#### *Themes and Subthemes for Topic 4*

| <b>Themes</b>   | <b>Subthemes</b> | <b># of Participants</b> | <b>% of Participants</b> |
|---|------------------|--------------------------|--------------------------|
| <b>Cautiousness of Client's Reactions to Religion being incorporated into therapy</b> |                  | <b>4</b>                 | <b>57%</b>               |
| <b>Transferring Islamic Psychology Thought into actual interventions</b>              |                  | <b>3</b>                 | <b>43%</b>               |
| <b>Dealing with clients who have misconceptions about Islam or therapy</b>            |                  | <b>2</b>                 | <b>29%</b>               |
| <b>A need for Islamic Psychology Professional Training</b>                            |                  | <b>2</b>                 | <b>29%</b>               |

**Cautiousness of clients' reactions to religion in therapy.** The first theme that emerged within Topic 4 was the participants' cautiousness of their client's reactions to religion being incorporated into therapy. Although some participants indicated that Muslim clients choose them as therapists because they are Muslim and integrate Islamic teachings, participants still face the challenge of making sure that the integration of faith and its aspects are appropriate to the client's needs and religious level in which they are at. In addition, some participants are still aware of the role religion can play in the therapeutic dynamic and reactions of clients in therapy. This theme emerged for 57% of the participants (4 of the 7 participants). An example from the data reflecting this theme is below:

*Zikr* can be very helpful for people, and I'll always have them test it, try it out, "rate your level of anxiety before, do zikr, and rate your level of anxiety after, if your level of anxiety goes up, don't do it, stop, let's find something else." So I always present, "Okay we have this huge box of tools, and we are just going to try, if this works, great," so then there's no shame if something doesn't work, or it doesn't have the desired effect. Sometimes if people are in a bad place in their spiritual relationship, zikr can make them feel more guilty, so okay we are not ready for that, we'll just put that away and try something else.

**Challenge to transfer Islamic Psychology thought to practice.** The second theme that emerged within Topic 4 was the challenge that participants faced to transfer Islamic psychology thought into practical interventions. This theme was present for 47% (3) of the participants. An example from the data reflecting this theme is below:

I think the challenge in integrating Islamic psychology is that it is in itself a tall order, the approach, sort of prior to coming to these conclusions, and reading and researching, and

studying and consulting, you arrive at the challenge of “how to” or how to work with people, I think that’s been the biggest challenge.

**Dealing with misconceptions about Islam, mental health, or psychotherapy.** The third theme that emerged within Topic 4 was that participants have to sometimes deal with the misconceptions that Muslim clients might have about Islam or even about mental health and psychotherapy. Sometimes, the misconceptions that Muslim clients might have about their own faith or psychotherapy itself can interfere with the therapy process. This theme emerged for 29% of the participants (2 of the 7 participants). An example from the data reflecting this theme is below:

And so like they’ll (referring to parents) see a psychologist and they’ll think, “Okay, this person is going to fix my kid to fit in to what I really want him to be, the way I want him to be,” and that’s not really the goal, the goal is to do what is better for the person, who is coming in, and so that sometimes creates a dilemma or challenge when you are working with different family members, and they bring Islam into it in a way to support their argument. So, I had a marital couple who were fighting... the husband wants to do business on the other side of the U.S., and the wife said, “We are suffering here financially, why are you sending money outside?” and he says, “*a rijal qawamun ‘ala al nisaa* (a Qur’anic verse referring to the degree of responsibility that husbands have over the wife) so if there is ever a disagreement, my word is gonna be the ultimate decision.” So that challenge sometimes is when people come in with beliefs and thoughts, ideologies that are not correct, and they misuse that with family members especially...so a misunderstanding of both Islam and psychology, and that creates for me the biggest challenge.

**Need for Islamic psychological professional training.** The fourth and final theme within Topic 4 was that participants' responses reflected a need for professional training that considers the Islamic psychological component. This theme emerged for 29% (2) of the participants. An example from the data reflecting this theme is below:

Supervision is a challenge too. There is no supervision. I can't get supervision that includes both the psychology and the Islamic, to have a supervisor who is qualified in both who can correct and train me.

### **Emerging Themes for Topic 5.**

The fifth topic that the interview questions focused on was, "Benefits witnessed through applying an Islamic psychological approach." This topic focuses on the benefits that participants witnessed through applying an Islamic Psychological approach with Muslim clients. Four themes emerged within this topic with three of them being themes that were present for over 50% of the participants.

The themes and subthemes that emerged under this topic are laid out below.

Table 5

#### *Themes and Subthemes for Topic 5*

| <b>Themes</b>                          | <b>Subthemes</b>                      | <b># of Participants</b> | <b>% of Participants</b> |
|--|---------------------------------------|--------------------------|--------------------------|
| <b>Positive Therapeutic Experience</b> |                                       | <b>7</b>                 | <b>100%</b>              |
| <b>Positive Clinical Outcomes</b>      |                                       | <b>7</b>                 | <b>100%</b>              |
|  | Symptom Relief                        | 6                        | 86%                      |
|  | Positive Cognitive & Emotional Shifts | 6                        | 86%                      |
|  | Longer Lasting Effects                | 2                        | 29%                      |
|  | Better Quality of Life                | 2                        | 29%                      |
| <b>Improved Relationships</b>          |                                       | <b>6</b>                 | <b>86%</b>               |
|  | Relationship with God                 | 4                        | 57%                      |
|  | Relationship with Self                | 4                        | 57%                      |

|   |                          |          |            |
|---|--------------------------|----------|------------|
|   | Relationship with Others | 4        | 57%        |
| <b>Client's experiences are validated by religion</b> |                          | <b>3</b> | <b>43%</b> |

**Positive therapeutic experience.** The first theme that emerged within Topic 5 was that participants witnessed benefits to their clients' therapeutic experience. This theme emerged for all 7 participants. An example from the data reflecting this theme is below:

One is the comfort for the client. They feel very comfortable coming in and talking to somebody who is Muslim versus somebody who is not...so for Muslims there is a comfort that comes with having a Muslim therapist.

**Positive clinical outcomes.** The second theme that emerged for Topic 5 was that participants witnessed positive clinical outcomes for their clients. This theme emerged for all 7 participants and consisted of 4 subthemes: 1) symptom relief, 2) positive cognitive and emotional shifts, 3) longer lasting effects, and 4) better quality of life. Examples from the data reflecting some of these subthemes are below.

With regards to symptom relief, one participant stated:

So anxiety and stress reduction is there, we do a symptom inventory, we have research that shows that the symptoms are in fact decreasing so there is numbers, so the symptoms are reducing. I'm finding people are feeling less stressed.

With regards to positive cognitive and emotional shifts, one participant stated:

I have seen huge, huge transformation where somebody comes in and is sort of like "ehh" or "meh" about life and they leave super inspired, invigorated, and sort of like 180 of a person who is just more clinging to the rope of God, and that seems to be where the healing comes from.

With regards to longer lasting effects, one participant stated:

What I find is that the effects are longer lasting, because we are working at the core of that person, they can shift quicker and last longer, whereas you can end up doing therapy for like a year with someone and it checks the boxes at the end of the therapy, like they reached their goal, but they are not happy in their lives, and yeah maybe they can leave their house but they are still miserable, so the goal is not to just do symptom relief.

**Improved relationships.** The third theme that emerged for Topic 5 was that participants witnessed that their clients' relationships with God, themselves, and others improved. This theme emerged for 86 % of the participants, which means that 6 of the 7 participants reported that they witnessed their clients' relationship with God, self, or others improve. One participant stated, "I've seen people restore their relationship with people in their lives."

***Client's experiences are validated by religion.*** The fourth and final theme that emerged for Topic 5 was that participants identified one of the benefits to be that an Islamic psychological approach provides religious and spiritual validation to the client's experience. This theme emerged for 43% (3) of the participants. An example from the data to illustrate this theme is provided below:

There is like a shift, there's also the fact that they feel that it's okay to feel a certain way, it's okay Islamically. People often look for permission, that it's there in Islam, because they have come to you because something is wrong. And to find relief, I think from my experience, people feel relief when we discuss their issues within the context of Islam.

### **Emerging Themes for Topic 6**

The final topic that the interview questions focused on was "Implications and Benefits of An Islamic Psychological Approach for Psychology and Psychotherapy." This final topic focuses on the benefits and implications that participants feel an Islamic psychological approach can

offer to the understanding of psychology and the progression of the field of psychotherapy. Four themes emerged under this topic, with two of them being present for over 50% of the participants. The table below presents the themes that emerged within this topic:

Table 6

*Themes and Subthemes for Topic 6*

| Theme   | Subthemes | # of Participants | % of Participants |
|---|-----------|-------------------|-------------------|
| <b>A Broader and more holistic understanding of the self</b>    |           | <b>6</b>          | <b>86%</b>        |
| <b>Positive Psychological Resources and Models</b>              |           | <b>6</b>          | <b>86%</b>        |
| <b>A positive outlook on life and self</b>                      |           | <b>3</b>          | <b>43%</b>        |
| <b>A guide for understanding and incorporating spirituality</b> |           | <b>3</b>          | <b>43%</b>        |

**A broader and more holistic understanding of the self.** The first theme for topic 6 is that an Islamic psychological approach can provide a broader, more holistic understanding of the human being. This theme emerged for 86 % of the participants. An example from the data that illustrates this theme is presented below:

I look at a client from a holistic perspective, so we will look at behavior, cognition, but we will also look at the spirituality aspect and I guess that would be the most common thing that we would see all across the board.

**Positive psychological resources and models.** The second theme that was identified for topic 6 was that an Islamic Psychological approach offers positive psychological resources and

models that can be explored and utilized not only with Muslim clients but with non-Muslim clients as well. This theme emerged for 86% of the participants. An example from the data that illustrates this theme is below:

I think it has masses and masses to offer, and I think we are in the beginning decades of beginning to articulate that, publish that, and do that, and find that out. It's huge. It has the potential to be a game changer particularly for Muslims but for non-Muslims too. It can become a thing in of itself, its own approach. I can just see huge numbers of things coming out of it and developing from it...In every aspect: understanding the self, understanding emotions, understanding behaviors, understanding thinking, understanding how we work, relations, and why we do what we do.

**Positive outlook on life and self.** The third theme that emerged within Topic 6 was that an Islamic Psychological approach offers a positive view of the human being as well as of life and the experiences we go through. This theme emerged for 43 % of the participants. Examples from the data reflecting this theme are below.

One participant stated:

Islam offers hope. That's really the most important, because hope in terms of therapy, like I'm studying internal family systems, by Richard Schwartz right now, and the language is that the therapist is the hope merchant. Every therapeutic model emphasizes hope, and Islam as a religion offers hope because you don't ever have to quit, you can keep trying, there's infinite chances until you die, so that's I think another really important thing. And the other important thing is the power of Allah to change things that we don't think can change. That's also really critical.

Another participant stated:



Islam can also offer the fact that every person is seen as a positive person. There is the absence of evil and negativity. Within psychology there is this concept of, that for example Freudians will say a person is negative or controlled by desires, you know psychologists will kind of looking for a disorder right, “Let’s find a way to categorize someone into a disorder and then treat the disorder.” So it’s not treating the person, it’s treating what they are diagnosed with, but Islam kind of shifts that and says, “No, it’s the person,” and whatever the disorder might be, our goal is to get the person to become self-actualized...

**A guide for understanding and incorporating spirituality.** The third theme that emerged for Topic 6 was that an Islamic Psychological approach could offer therapists a guide for understanding and incorporating spirituality into psychotherapy. This theme emerged for 43% of the participants. Examples from the data that illustrate this theme are identified below.

One participant stated,

It (Islam) offers us therapists I think a resource to bring in that spiritual dimension that can really accelerate healing.

Another participant stated:

I think that the Islamic psychology and its understanding of what spirituality is and the role that it plays in our lives can be something that’s adapted by everyone... We have non-Muslims that come to us, and who identify strongly with their religion, and because we emphasize the role of spirituality and we emphasize the role of cleansing your heart and keeping your heart clean, keeping your intentions clean, doing things for the sake of God, they are able to really value that and bring that into their lives.

### Major Findings

Amongst the 33 themes that were present in this study, 22 of them (66 %) were themes that were present for over 50% of the participants. Amongst these 22 themes, 5 of them were present for 100% of the participants. These five themes were 1) Participants reporting their use of Qur'an and hadith in a manner that is specific to client's presenting problem or experience, 2) The use of *Zikr* (an act of worship consisting of repeated prayers and phrases) by participants in their therapy approach with Muslim clients 3) The use of specific Islamic concepts (i.e., mercy, justice, patience, balance) to address clients' presenting problems or experiences 4) Participants' responses reflecting one of the benefits of an Islamic psychological approach to be that the clients have a positive therapeutic experience and 5) Participants reporting various positive clinical outcomes (i.e., symptom relief, positive cognitive and emotional shifts) as a benefit they witnessed through applying an Islamic psychological approach with Muslim clients. Of the remaining 22 themes that were present for over 50% of the participants, 5 themes were present for 86 % of the participants, 8 themes were present for 71% of the participants, and 4 themes were present for 57% of the participants.

### Chapter Summary

This chapter presented the results and findings of this study. It highlighted the themes and subthemes that emerged within the six topics that the interview questions of this study focused on. The results highlighted data that reflected the usage of Islamic teachings in therapy with Muslim clients, the approaches and views of participants towards an Islamic psychological approach, the ways in which western modalities and Islamic teachings can be integrated together in therapy, the challenges and benefits that participants witnessed through applying an Islamic psychological approach, and finally the implications and benefits that an Islamic psychological

approach has to offer to the understanding of psychology and the progression of the field of psychotherapy

## Chapter 5: Discussion

### Introduction

There are about 2.6 million Muslims in the United States (Pew Forum on Religion & Public Life, 2011), and in the recent 2015 Pew Research Report on “The Future of World Religions: Population Growths Projections, 2010 – 2050,” Islam is identified to be the fastest growing religion in the world. Despite these substantial facts, there is a significant lack of resources available to psychologists and therapists providing therapy to the Muslim population. In addition, despite the growing research efforts and interest in what various religious and spiritual traditions have to offer to the field of psychology and psychotherapy, Islam, although being the second largest religion in the world (Pew Research Center, 2012), still remains significantly unexplored for the psychological resources that are available within its’ teachings.

This minimal presence of psychological research regarding Islam and the Muslim population has led to a lack of awareness amongst professionals about the role that Islam plays in the lives of practicing Muslims (Abu-Raiya & Pargament, 2010; Carter & Rashidi, 2003). This has contributed to the hesitance experienced by Muslims to receive therapy from therapists who are not Muslim (Daiches & Weatherhead, 2010).

Furthermore, the current climate and rise of Islamophobia can play a role in the way psychologists and therapists view Islam and Muslim clients due to the media’s negative portrayal of Muslims and the promoted association in the media that is made between Islam and terrorism (Amer & Bagasra, 2013).

Because of these presenting issues, this study seeks to identify the knowledge, tools, and resources that exist within the Islamic Psychological approaches of Muslim therapists with Muslim clients.

## Chapter Overview

This chapter will review the research questions and their importance, the demographics of participants, and the research data. It will also provide a thorough discussion of major themes that emerged from the data collected. Furthermore, it will highlight the limitations of this study. Finally, it will present the formulations of the data including implications for future research.

## Research Questions

The research questions, *What Islamic teachings and practices showed to be helpful to a client's psychological wellbeing? What are some of the effective ways therapists have integrated Islam with Psychology into their psychotherapeutic practice? What concepts existing in Islamic psychological thought and literature were useful to Muslim clients?*, and, *What benefits and implications does an Islamic psychological approach have for the field of psychology and the psychological wellbeing of clients?* are significant for they set out to identify the effective approaches of Muslim therapists who have Integrated Islam into psychotherapy with Muslim clients, the useful concepts within Islamic psychology thought and literature, and the psychological resources and tools present within Islamic teachings that can be helpful for not only working with the Muslim population but also for broadening our scope of the psychological resources that religion can offer to the field of psychotherapy.

## Participants

A total of 7 participants were interviewed for this research study. Five of them were from the U.S while 2 of them were from the U.K. All participants were Muslim therapists who have worked with Muslim clients for a minimum of 3 years. All participants were familiar with the implementation of Islamic teachings into psychotherapy, the integration of Islam with Psychology into psychotherapy, and the utilization of Islamic psychology thought and literature.

This was identified through the use of the initial screening questionnaire (Appendix D), which determined the qualifications of participants.

### **Research Data**

The data of this research study was collected through the use of interviews. Semi-structured open-ended interview questions (Appendix F) were administered to each participant exploring their Islamic psychological approach to therapy with Muslim clients. The data revealed a total of 33 themes. Of the 33 themes identified, 22 of them were present for over 50 % of the participants. The themes were categorized under 6 topics that the interview questions focused on.

These topics are:

1. Integration of Islam with Psychology into Psychotherapy
2. Utilization of Islamic Psychology Thought and Literature
3. Integration of Western Approaches with an Islamic Psychological Approach
4. Challenges faced through applying an Islamic Psychological Approach
5. Benefits witnessed through applying an Islamic Psychological approach
6. Implications and Benefits of Islamic Psychology to the field of psychology and psychotherapy

### **Discussion of Major Themes**

The following sections will provide a discussion of the major themes that emerged within each of the 6 topics identified above.

#### **Discussion of Major Themes Within Topic 1.**

Topic 1 is the Integration of Islam with Psychology into Psychotherapy. It focused on the knowledge, tools, ideas, and viewpoints relevant to the Islamic psychological approach of

participants. Thirteen themes emerged under this topic. Eleven of the thirteen themes were present for over 50% of the participants and will be discussed further in this section.

The first of these eleven themes was relating Qur'anic verses or hadith to clients' specific situations or experiences. This theme was present for 100% of the participants. All 7 participants found it helpful and useful to not only apply Qur'an and *hadith* (the sayings and teachings of Prophet Muhammad) into their psychotherapeutic approach, but also the manner in which they applied both Qur'an and hadith was specific to the client's needs. This indicates that none of the participants applied Qur'an and hadith in a manner that was separate from client's issues, emotions, or concerns, nor were they applied as a ritualistic component of therapy. One participant gives an example:

So we are dealing with this issue, (He will say) "Oh, Allah (the Arabic word for God) speaks about this issue here, why don't we read what He has to say." And then if the person can read it, they will read, if they can't, I will read it and I'll translate it and then we will discuss, use that as a way of discussion. But generally, it informs the process, and when I am working with somebody, it emerges when the problem arises...

When talking about incorporating the Qur'an, another participant stated:

I find in my experience, it's been me bringing it in, and usually it would be like something arises where the person is feeling stuck on some issue based around a certain concept, either of understanding themselves, or something that's happening in life, and from my own study or experience, I will bring in a passage of the Qur'an and say "Have you heard of this ayah (Arabic word for verse)?"

The second of the eleven themes was the use of *zikr*, and in both the form of *dua* (prayers in the form of supplication), and the names and attributes of God. This theme was present for

100% of the participants. *Zikr* is a key and common act of worship amongst Muslims. Its literal translation is the ‘remembrance of God,’ and it is often a daily practice for many Muslims. All 7 participants found it helpful to integrate *zikr* with their therapeutic approach. One participant stated that *zikr* “is a hugely beneficial tool for cognitive restructuring.” When talking about the benefits of *zikr*, another participant stated,

Basically *zikr*, replacing negative thoughts with a phrase that connects them back to submission to Allah... That is a hugely beneficial tool for cognitive restructuring or there’s lots of different ways of calling it in Western psychology but essentially our minds, the human mind perseverates on things, and if you don’t insert a positive thing to perseverate on, it’s more likely that its gonna perseverate on a negative thought. So, this is what people are now finding to be the most helpful thing in researching psychology and it’s something that has been an integral part of daily life of a Muslim since the beginning.

The use of *dua* is a subtheme within the incorporation of *zikr*. *Dua* is defined as prayer in the form of supplication or calling upon God, and it is a form of *zikr*. *Dua* is a common Islamic practice and many Muslims learn to utilize specific *duas* (plural of *dua*) that are taught in the Qur’an and *sunnah* (life and tradition of Prophet Muhammad). Within Islamic teachings, there are a variety of *duas* that Muslims utilize that are specific to occasions, situations, and emotional experiences. This subtheme emerged for 6 of the 7 participants. One participant stated that *dua* “have a cognitive shifting approach,” and explained further by saying,

...there is a cognitive formation, there is a *dua*...this prescriptive way of forming the mind, obviously it’s not just on the tongue, it’s supposed to be internalized, that if you create a mindfulness of these *duas*, that itself is treatment as well.



One participant found it useful to utilize *dua* to address a client's sleeping issue:

...one of my clients is having trouble sleeping right now, so we were talking about all the stuff they can do psychologically in regards to mindfulness, and breathing exercises and so on and so forth, and preparing for bed and in that preparation time, there is specific *dua* (in the Islamic tradition) that's supposed to be something you can read when you have nightmares or have trouble sleeping. So I gave her that *dua* to add to her preparation time.

Other participants did not incorporate known specific *duas* within Islamic teachings but utilized it in the sense of general communication with God. One participant stated:

I have incorporated prayer with clients, but not in the sense of saying an official *dua* from a supplication book, but more like helping them come up with their own way of making *dua*, having a dialogue with God." Another participant stated, "At the end of the session, whatever they have spoken to me about, I would encourage them to speak to Allah about. So if we had a session about their anger issues, I would ask them to talk about all the things we spoke about to God.

The second subtheme that emerged under the theme of incorporation of *zikr* is the names and attributes of God or translated as *Asmaa Allah* or *sifat* in Arabic. According to the Islamic tradition, there are 99 names of God, each name reflecting an attribute of God and a way to understand Him and call upon Him. Muslims are encouraged to learn the names and attributes of God, and to demonstrate those divine traits with not only humanity and all of God's creation but also with themselves. This subtheme emerged for 4 of the 7 participants. When talking about incorporating the names of God in therapy, one participant stated:

...and one of the things we talked about was reciting Allah's names like, "Ya Salam," (translated as "The Source and Giver of Peace") because it means security, and solace, and wellbeing as well, which a lot of people don't always focus on that aspect...Or "Ya Wali," "The protecting Friend." So it feels comforting and that Allah is close and also there is a healing aspects, so using healing names, or "Al Wadood" (The Most Loving), if somebody is feeling not loved and not accepted, so drawing on the rahma, mercy, aspect of things, or Ar-Rahman (The Most Merciful), the gracefulness or the love that Allah has.

The third theme within Topic 1 that was present for over 50% of the participants was the use of specific Islamic concepts. This theme was present for 100% of the clients. All 7 participants identified various concepts derived from the Qur'an and the life and teachings of Prophet Muhammad that they found useful to integrate into therapy with Muslim clients. These Islamic concepts included: trials and tribulations, mercy, the concept of God being in control, justice, patience, balance, submitting to God, and the hereafter. These 8 identified concepts were the subthemes present within the theme of using specific Islamic concepts. Three of these themes, trials and tribulations, mercy, and God being in control, were present for over 50% of the participants.

Seventy one percent of participants utilized the concept of Trials and tribulations in their therapy approach. Some therapists referred to trials and tribulations as *ibtala'*, which is the formal Islamic term in the Qur'an and Islamic teachings for trials, hardships, or tribulations. The understanding of trials, hardships, and suffering and how to react to them is a common and consistent theme in the Qur'an and in the teachings of Prophet Muhammad. One participant stated that when clients misunderstand their hardships and assume that God is punishing them because of it, the concept of suffering, or *ibtala'* is brought into therapy to explore the client's

conception of suffering. Another participant reported using the concept of *ibtila'* to also address the harmful notion that clients have that they are being punished by God when they go through struggles. This participant stated:

...I'll talk about the concept of *ibtila'*, trials, and it's not bad people that have to suffer, everybody is going to be tested, so those are probably the most common things I find myself referencing again and again." This participant also talks about the purpose of tests with clients: "Everything is a test, everything is ultimately there for you to learn something about yourself in relation to how to be a better servant to Allah.

The concept of mercy was another Islamic concept used by the participants. 57% of the participants utilized the concept of mercy, or *rahma*, as it is referred to in the Qur'an and Islamic teachings. *Rahma* or mercy is a concept taught in the Qur'an, as Muslims are taught to show mercy and compassion to all of God's creation, but also that God is very merciful and compassionate towards His creation as well. Participants reported their use of *rahma* to help address clients' skewed view of God that He is harsh towards them but also so that they can practice showing mercy and compassion towards themselves. One participant stated:

I think probably one of the most common things I reference is the relationship that people have with God and kind of reconnecting them to the aspect of His *rahma*, because a lot of people come in and they are feeling they are either unworthy of, they are unworthy of using prayer as a tool, or moved away from prayer or any kind of spirituality, so I do often find myself kind of highlighting that Allah has infinite mercy.

Another participant stated:

When it comes to somebody having an interpretation of Allah as being harsh or judgmental, or where there is this sort of like fear and apprehension and not really being

sure whether they'll be forgiven, I'm really sort of particular about helping them break that picture, because it's such an essential part and Allah reminds us of it so often in the Qur'an that His forgiveness and His mercy is so much greater and larger and what we should be focusing on more than the aspect of like punishment and condemnation and that so much of that is more about the relationship with their parents or their community than it is with Allah.

Another participant stated,

I have used the whole concept of rahma (mercy) and being born through the womb, which its name is Rahim (Arabic word for womb) as well. A lot of my work is with people who have had trauma in their life. I look at birth trauma and how it impacts later life development, and (the) rahim is the place of nurturing and it's magnificent...and in fact if we were to look at it from this perspective, there is such strength in that, because most of our problems emanate from those very early experiences, even pre-birth, when we are in the womb, and what shapes us. So in many ways we are responding to the earliest experiences.

God being in control was the third concept within the theme entailing the use of specific Islamic concepts in therapy. This concept was present for over 50% of the participants. 57% of participants utilized the concept of God being in control in their therapeutic approach with Muslim clients. One participant stated,

...all the worry of "What if this isn't okay? What if this isn't supposed to happen? What if? What if? What if? It's reminding yourself that Allah is the one who makes everything happen so therefore we should be able to accept this as part of that, so that is something that is sort of about daily wellbeing, psychological wellbeing.

The fourth theme within Topic 1 that emerged for more than 50% of the participants was the use of client's relationship with God. This theme emerged for 86 % of the 7 participants, meaning all but one participant utilized this theme in their therapeutic approach. For practicing Muslims, one's relationship with God is a priority and a fundamental component in their lives. Therefore, when a Muslim is struggling in their relationship with God, it can affect their mental and emotional wellbeing, but also, one's mental and emotional challenges can impact their relationship with God. One participant explained,

...so, the ultimate goal is obviously closeness to Allah, and that in lines with a person's health and wellbeing, so if they are feeling better, doing better, physically and mentally, then they are more likely to be closer to Allah in that sense. And that doesn't always mean better as in like they have no psychological disorders but better in the sense of how well it measures in how close they are with God, how close they are with other people around them, and even how they are with themselves.

Another participant stated, "I'm using their spirituality as a way to address their mental health needs. I'm using their connection with God to alleviate feelings of guilt, or self-hate, or confusion..." This participant gave an example of this by saying:

.... people who are depressed tend to shrink their world so they are isolated, they've lost interest in engaging with others, and so you don't have to leave your room to have a relationship with God, so then you've broadened your circle a little bit, and when you start to feel a little better there, maybe you will go outside of your room, so it's that first kind of connection, because it's a relationship, it's a connection, that people with depression struggle with.

Another participant talked about addressing client's transference issues with God:

The issues that people have with people are transferred onto God as well. But often, quite subconsciously, it takes a long time in therapy to get them to be brave enough to see that they are angry with God or feeling some type of negativity towards Him. Initially, you will get...“I am grateful to Allah for everything” and they don’t really mean that and that’s lovely to say in general conversations but for therapy it’s not helpful, but once we get there and they feel confident to say to me, “Yeah I am really struggling with my relationship with God. I don’t get why I was abused as a child and why that happened to me.” Then, we can start to get somewhere. So that is a therapeutic aim for me with these types of clients: is to help them repair their relationship with God.

The fifth theme within Topic 1 that emerged for more than 50% of the participants was the utilization of Islamic teachings to address and challenge skewed thoughts and beliefs that clients had about God, themselves, others, or their experience. This was a theme that was present for 71% of the participants. The 5 participants who this theme emerged for utilized various teachings from the Qur’an and life of Prophet Muhammad to address and challenge cognitive distortions, skewed or harmful thoughts that the client might be having. One participant talked about utilizing Islamic teachings to address negative thoughts or beliefs that clients might be having about themselves:

Sometimes people have a negative thought about themselves “I’m worthless.” Or “I’m the worst person in the world,” and then we can talk about how every person has a fitrah (Islamic term for pure and innate state) and then that fitrah makes you a positive person, and so you are not born with sin, you are born as a positive human being. At the end of the day, you yourself have value in front of God, whether you appreciate or recognize it or not.”

Another participant talked about utilizing Islamic teachings to address and challenge victim mindsets:

When women come in who are in abusive relationships and they are blaming themselves and they have internalized these messages that the abuser has said that perhaps like he has the right to beat her or she's not a good enough wife, an obedient wife, or whatever it is, I will send them to do research if they are able to, like if they are not in a too highly traumatized state or high level of crisis, I will tell them to do research and we will talk about it. If they are not in a state to do that, then I will pull out the references about who is to blame if there is any kind of oppression, that like the onus is on the perpetrator not on the victim, and how Allah views people who seek justice, and that it's a mandate, we have to stand for it, even for ourselves, and so yeah I will bring all of that in.

This same participant provided an example of a client who had left abusive husband:

...after many many many sessions, she (the client) said, "I need you to ask the Imam (religious leader) what I have to do to like make up for my sin," and she said, "the divorce," and I said to her, "Do you think divorce is haram (forbidden in Islam)?" and she said, "Isn't it?" and I said "Oh my God, no." So then I actually pulled the Qur'an out and had her kind of look for herself with me, because she had been carrying this burden and I said that, "No, the sin is what the guy was doing to you, not you saving your life, or risking your life to try to do the right thing." So there's all kinds of situations where it is very very helpful to bring in Islam, especially when Islam has been used as a control tactic, when there's religious abuse, it's really helpful to bring it in.

The sixth theme within Topic 1 that emerged for more than 50% of the participants was participants praying for or with the clients. This theme emerged for 5 participants. (71% of all participants). When talking about praying with the client, one participant stated:

...that connection you make based on the fact that you are both Muslims. I think that's very therapeutic, like after session, if it's prayer time, we will have salah (formal prayer) here, and the client will join in and prays with us. That connection is there, and there is a therapeutic alliance.

Another participant stated:

So, sometimes when someone is distressed outside of sessions, they might communicate that to me by saying "please make dua (prayer in the form of supplication) for me." And, that is something particular to Muslim clients, in terms of creating a link by saying "please make dua for me," I do think that is quite an interesting and unique part of therapy with Muslim clients that there is this communication of their distress through this connection, but I also wonder how that would then play out in people's minds, but it hasn't gone further than just communication of "make dua" which touches on that higher power, and they also already know that as well, but they find comfort in therapist doing that for them.

Another participant stated, "I will pray for the client after the session, or later that day, after prayer, I'll think of who I've seen that day and make dua for them."

The seventh theme within Topic 1 that was present for more than 50% of the participants was the view that Islam and psychology are not different from one another. It was apparent from the approaches of the participants that integrating Islam with psychology was not a difficult task. None of the participants reported that they experienced any major challenges integrating Islam



with psychology. Five of the participants (71%) viewed Islam and psychology to be two fields that merge easily together. One participant stated, “And so, to me, not only do they fit, psychology and Islam, but they are essentially the same thing...” Another participant stated, “...so to me, there’s no separation (between Islam and psychology). When I read the Qur’an to me, it’s a book of psychology.” Another participant also highlighted the relationship between Qur’an and psychology by stating:

There are a lot of verses in the Qur’an that speak to psychology, for example there are verses that speak about us being naturally anxious and us being created in that way...when I come across those statements in the Qur’an that talk about how we are as human beings, how Allah has created us, what our natural dispositions are, and what we need to work on to change, I definitely use that in therapy.

The eighth theme that emerged under topic 1 was the use of Sufi practices or teachings from Sufism, a dimension of Islam translated in Arabic as *Tasawuf*. This theme emerged for 71% of the participants. Sufism or Tasawuf is known as the spiritual and internal dimension or element of Islamic teachings (Burckhardt, 2009). This theme had two subthemes, *Tazkiyah* and *Muraqabah*. *Tazkiyah* or often referred to as *Tazkiyatul Nafs* is an Islamic Arabic term that means “purification of the soul, or self.” *Tazkiyah* teachings and practices emphasize liberating oneself from the spiritual diseases of the heart and from the influences of the ego or one’s whims and desires on the state of the heart. The second subtheme, *Muraqabah*, is a Sufi practice within the Islamic tradition that means, “to watch over,” “to take care of,” or to keep an eye.” It is a meditative practice that requires a person to watch over, be aware of, or take care of one’s own spiritual heart, soul, and seek knowledge about their inner self, environment, surroundings, and their Creator.

When talking about Sufism, one participant stated,

I would say the biggest untapped resource in terms of scholarly or traditional teachings is in *Tasawuf*, in Sufism... what it is, is a relationship between a mureed (Arabic word for seeker or student) and a sheikh (Scholar or teacher) which is essentially like a parallel to psychotherapy, you know like the fact that you are sitting with somebody who is helping you walk through your relationship to yourself and ultimately your relationship with Allah, and understanding how those two things come hand in hand, and that there is a whole science of the soul (referring to *Tasawuf*)...

In reference specifically to *tazkiyah*, one participant stated:

I have used a heart therapy manual. So I went to an Islamic weekend course on diseases of the heart and the states of the heart and I have used that manual with a couple of clients actually. It's very much like, "Okay you have this disease, okay this is what you need to get rid of it, and there's these number of diseases in the heart, and this is what happens if you suffer from this, and in order to protect yourself from this, do this, this, and this." So it helps them to feel better that Allah recognizes that we have these diseases and feel okay about that, because we got to the point where we processed it and they understood why they are feeling that way.

When talking about addressing a client who is anxious, one participant mentioned the use of *Muraqabah*:

...so somebody very anxious (who) is trying to learn to let go and give up control, so we might do *muraqabah* of sort of handing over control to Allah or focusing on particular *sifat* (attributes) or *asmaa* (names) of Allah for example, and trying to concentrate on that, saying certain *azkar* (plural for *zikir*) and having a particular concentrated focus

while doing that, these are kinds of ways that are there in muraqabah. I actually have a script that I use for inducing some of this imagery which I do like a light imagery kind of script that I have, so I'll turn off the lights and I'll tell them to close their eyes and I will just do this sort of imagery and it is infused with Qur'an in there, and then so after they're done, we process it. So, there is a lot of mithal (Arabic word for example) that are given in the Qur'an about imagery, for example the noor (light) of Allah being like a mishkat (niche for lamps), like a lantern, and so there is this imagery of light, noor, and then [the] ayah (verse) of "So is one whose breast Allah has expanded to [accept] Islam and he is upon a light from his Lord." So again there is imagery there with light, or "a good word being like a tree" and the parable strikes between that and a tree for example, and there is this imagery of the tree, and even like psychologically we know one of the fastest ways to be able to achieve a cognitive restructuring or reframing is through the usage of imagery and of analogies and metaphors, so abstract concepts are difficult for people to engage and so the realm of spirituality can be very abstract and difficult for the human mind to be able to grasp, so there's use of these imageries or analogies to be able to get an appreciation or concentration of what those things are, what they entail.

The ninth theme that was present within Topic 1 was that the goal of an Islamic psychological approach is not just symptom relief. This theme emerged for 71% of the participants. These 5 participants viewed an Islamic psychological approach to go beyond addressing and alleviating the symptoms of a client. One participant stated,

You are dealing with the entire self, so it's not just symptom relief. It's about becoming a better person, becoming the person you want to be when you meet Allah. You have got

this lifetime to improve yourself, to learn about yourself, reflect upon yourself, and to change and to be better. It's almost incomparable to any other model.

Another participant stated,

...again my goal is not necessarily clinical relief solely only, I think that is sort of a byproduct of working on these things. My goal is to inject a different way of approaching life and shifting one's, I think that illnesses have arrived and taken people to places for a reason, and I kind of sometimes say to my clients like a near death experience is an opportunity for you to check yourself and regulate, and look back and say "what am I doing with my life?", and "what have I done up to this point?", and "what can I do differently?", to live differently and meaningfully and with a greater purpose than simply to just give you a tune up and get you back into your life, but rather I like to rock the boat for people to really kind of take a muhasaba (account) or like account themselves or take a deeper reflection of their lives, and mind you I do that by invitation, I don't necessarily impose that. So some of my clients will come in and say "I really just have this specific issue and I want to work on just that and I don't want to work on anything else,

The same participant also explains the view of health within an Islamic psychological approach:

...so the absence of pathology does not signal health, so just because a person does not have a clinical disorder does not mean that they are healthy, so we are not only doing symptom relief or clinical care, we are also doing ta'deeb al akhlaq, (which means) forming positive traits and behaviors in the individual...

The tenth theme within Topic 1 that was present for more than 50% of the participants was the use of drawing from stories of the Qur'an. Four participants, (57%), incorporated or

referenced stories from the Qur'an to address client's emotions or presenting problem. One participant stated, "... if people are feeling ashamed that they have some kind of mental health issue where they're struggling, I'll reference stories of the prophets, illustrating their struggles as well and normalize them." The same participant also stated:

I feel like emotions are addressed throughout the Qur'an in different ways and whether it is Allah addressing the Prophet, peace be upon him, and telling him in Surat Ad-Doha (Chapter 93 of the Qur'an) for example that Allah didn't abandon him, Allah knows the prophet is sad and so there is so much reference to emotion.

The eleventh and final theme within Topic 1 that was present for over 50% of the participants was the use or referencing and modeling of prophetic tradition. Over half, 57%, of participants found it useful to utilize the model of Prophet Muhammad. Following the life and example of Prophet Muhammad, or known by its' Islamic term, the *Sunnah*, is a major tenet of the Islamic faith. One participant stated, "To me it's the Qur'an and the Sunnah. The sunnah is what illustrates the practical application." Implementing the example and tradition of Prophet Muhammad is a modeling tool that clients can utilize to correct their behaviors. One participant when talking about utilizing the *Sunnah* in therapy stated, "...the reason that that's there, is to give us a path of emulation for correcting all of the maladaptive behaviors and patterns that we have acquired through coming into this world." Another participant utilizes the model of Prophet Muhammad when working with couples:

As a couple's therapist, I'm certified as an Imago therapist. Basically one of the key tools in Imago therapy, basically it's teaching people how to communicate effectively. I have chairs that couples sit in and have to face each other, they have to make eye contact, and I teach that and it's basically kind of like active listening, but it has the added component

of validation and empathy and so people resist this, they just resist it. Some couples won't look at each other at all, they don't make eye contact, they don't know how to listen, they interrupt each other...so I will talk about the prophet a) how he, when he talked to people, he made eye contact, he turned his whole face, his whole body to face the other person, he listened a lot more than he talked, he really tried to understand what is in the person's mind and understand their point of view, so that's a way that I will merge it and I'll talk about the importance of effective communication from what we know about marriage, but that also we have an example...who did all of this, he did show affection, he did praise his wife, he did say 'I love you' in public, so I will merge them in this way.

### **Discussion of Major Themes Within Topic 2**

The second topic that the interview questions focused on was "The Utilization of Islamic Psychology Thought and Literature." Throughout history, Muslim scholars contributed to many fields of knowledge, including psychology. This topic focuses on the utilization of knowledge or ideas derived from the works of Muslim scholars that focused on the understanding of psychology through an Islamic lens. Three themes emerged within this topic, and all 3 themes were present for over 50% of the participants.

The first theme was the theoretical understanding of the self that Islamic psychology thought and literature provided the participants with. This theme emerged for 5 participants (71%). All 5 participants referenced the understanding they had from Islamic psychology thought and literature that informed their thinking in therapy and their view of the self and the psychological aspects of the human being. One participant stated, "I have found that the Islamic

view of the self is the most complex and the one that you could really understand how complex human beings are.”

When talking about addressing a client who comes to therapy because they feel a void in their life, one participant stated,

So then, we can talk about the human being as part ruh and part jasm, part spirit, part human body. So the human being was created from the earth and therefore it needs earthly things to survive, food, drink, shelter...etc., and the human being is also created from a ruh, and so this ruh has primordially, this desire to know God, it's built in, so just as the jasad (human body) needs earthly things to survive, you couldn't say lets do zikr muraqabah, and salah (spiritual practices) or any of these things to fill your stomach, it's not gonna happen...but you also similarly wouldn't fill your ruh with earthly things.... because you end up not satisfying it...

The second theme within topic 2 is the use or referencing of Ghazali's thought and literature. Ghazali (c. 1058 -1111) was an influential Islamic scholar whose works not only influenced the Muslim world but the European world as well. He contributed significant works that not only spoke to the understanding of theology, philosophy, and spirituality, but also to the understanding of psychology. In the data collected, the use and referencing of Ghazali's works or concepts emerged for 5 of the 7 participants (71 %). One participant stated,

So, I kind of use a Ghazalian based framework and basically the heart being at the center of it all, the qalb, (Arabic and Qur'anic word for Heart), and the qalb is sort of the receptor and receiver of health and dysfunction so pathology and health manifest itself in the qalb, (based on the hadith) “In the body there is a piece of flesh, if its good, the whole

body is good, and if it is corrupted, the whole body is corrupted and that is surely the heart.

When talking about implementing the importance of self-awareness into therapy, one participant stated,

...inkishaf, (Arabic term for ) self awareness, and that actually comes from Imam Ghazali, with the hadith of the Prophet, “If Allah wants something good for someone, he makes them aware of themselves and the deficiencies within themselves.” And so that kind of self- awareness, are you aware of the things that you do and where they come from? What’s causing you to behave in this manner? If it’s anger for example, is it powered by negative thoughts, is it powered by negative emotions? Is it a learning behavior? Did your father teach you to behave that way when you were growing up? that kind of introspective awareness...

The third theme that emerged within Topic 2 was participants’ own views towards defining and understanding Islamic Psychology. Being that Islamic psychology is still an emerging field, practitioners are still navigating the different understandings and viewpoints of Islamic psychology. One participant who is not yet settled with the term “Islamic psychology” stated,

...I kind of wrestle with the word Islamic Psychology, my only reservation is about the usage of psychology today which carry connotation that are secular or has a particular construct, so I haven’t really come to a conclusion to what I would like to use and what would be the alternative.

Another participant expressed the need for more grounding within the religious aspects of Islamic psychology before it is a set field. This participant stated:



I think a journey needs to happen, like for example regarding Mindfulness, it is a centuries old tradition, but it became secularized in order to be introduced as mindfulness. And I think we first have to discover what Islamic psychology is for Muslims and the religious aspect of it, where we are talking about shaytan, the diseases of the heart, our connection to Allah, before we have something to offer.

Another participant expressed that viewing or defining Islamic psychology solely by what it is known as “the understanding of the self” is limiting.

...the understanding of the person, and how that relates to the different parts of the nafs, but to me that is all really limiting. It’s like saying there is one aspect of Islam that involves psychology and then there is everything else about Islam that is not psychology. And I don’t believe that is what Islam is. Allah’s world, Allah’s universe, Allah’s creation, is all about tawheed (Arabic word for oneness or unity) everything is interconnected, any binary understanding, or polarity, or disconnection is from our perception because in Allah’s haqq (Arabic word for truth), Allah’s haqeeqah (Arabic word for Reality), in His reality, everything is one, and so my understanding of Islamic psychology is my understanding of Islam, so that means that all of Islam is part of Islamic psychology because again my interpretation of psychology is much more broad than I think most people, in that it is essentially understanding the human predicament in the universe and that’s what the cosmology is essentially, that’s what religion is, and then so there is every facet that somebody can study under the theology of Islam, is totally apart of Islamic psychology because it comes into a matter of, if Islam is psychology, the study of the psyche, and the intention is to use this framework for

guiding a person through their development, then why wouldn't you access all of the tools available that Islam offers?

### **Discussion of Major Themes Within Topic 3**

The third topic that the interview questions focused on was “Integrating Western Approaches into an Islamic Psychological Approach.” This topic highlighted the ways in which participants integrated western approaches with Islamic teachings in their approach with Muslim clients. Five themes emerged within this topic: 1) Integrating CBT, 2) Integrating Mindfulness, 3) Integrating Emotion Theories, 4) Integrating a Rogerian approach, and 5) Integrating a Psychodynamic approach. Amongst these 5, the two themes that were present for over 50% of the participants were integrating CBT and Integrating Mindfulness.

Integrating CBT into an Islamic Psychological approach was a theme that presented itself for 86 % of the participants. Six out of the 7 participants viewed CBT as a western approach that they can integrate with Islam and into therapy with Muslim clients. One participant said, “I think CBT is very Islamic, so the techniques of thought diaries, and behavioral experiments, challenging thoughts and things like that is very Islamic.”

Another participant pointed out how well CBT aligns with Islamic Psychology's theoretical view of the self,

...if you take cognitive behavioral therapy, you have cognition which is your mind, and we have behavior, and so in Islam the way that the Islamic model that we conceptualize is we look at aql, which is cognition, and we look at the nafs which is the behavior, and we also look at the qalb which is the emotion. So if you look, literally this model aligns so well with cognitive behavioral therapy, and we even make it a circular model, so we'd

say that the nafs influences the aql, which influences the qalb, which influences the nafs, and so it is like an endless circle, and so it aligns with the framework.

Another participant shared that Islamic psychology literature in the past actually speaks to what is known as CBT today:

Al Balkhi was the scholar from the 9<sup>th</sup> century or something, so he basically wrote this manuscript and when you read it, it's basically cognitive behavioral therapy, but it was thousands of years before people used this term CBT.

The second theme within Topic 3 was the integration of Mindfulness into an Islamic Psychological approach. This theme was present for 71% of the participants. Participants mentioned various ways in which they merged the use of Islamic teachings and practices with mindfulness. One participant talked about integrating *zikr* with breathing exercises and mindfulness. This participant stated,

In psychology we talk about breathing exercises and mindfulness. So what we do is a lot of times, I like to ask my clients, what is your favorite zikr to do? Do you like reading this specific dua? Or what name of Allah gives you the most peace when you say it? And so when they say what that is, I'm like so, when you do the breathing exercise, say that name. A lot of times for them, it's just saying subhanAllah (a form of zikr meaning glory be to God), it gives them so much peace. Okay, so you time it into the breathing exercises and we practice it in session and that's what they will do when they are doing their breathing exercises or when they are doing their mindfulness which is like being in the moment, and doing zikr in the moment.

### Discussion of Major Themes Within Topic 4

The fourth topic that the interview questions covered was “Challenges faced in applying an Islamic Psychological Approach.” Four themes were present within this topic: 1) cautiousness of clients’ reactions to religion being incorporated into therapy, 2) transferring Islamic psychology thought into actual interventions, 3) dealing with clients who have misconceptions about Islam or therapy, and 4) a need for Islamic psychology professional training. Amongst these four themes, only one of them was present for over 50% of the participants. That theme was “cautiousness of clients’ reactions to religion being incorporated into therapy.” This theme was present for 57% of the clients, and it entailed the cautiousness, worry, or sensitivity that participants face to make sure that they integrate Islam only when appropriate to the clients’ wishes and needs. One participant stated,

...sometimes I don’t go as deep as people are ready for, because I’m concerned or worried about what they are going to think, you know there is always this sensitivity around, it’s sort of a eucarious situation to be outright talking about religion and spirituality within the ethical framework and the ethics that I have to go by and its a challenge negotiating that a lot of times.

Another participant talked about the importance of being careful about not letting the client know where the therapist is religiously. This participant stated the following as a challenge,

Your client’s view of you and the faith and actually stopping them from being honest about that without realizing it. Because it is very hard to be negative about, so I often spend a lot of time telling clients that it is okay if you are struggling with your faith, God, or you are on the edge of your faith, or not sure if you want to be Muslim anymore, its

okay to do that, so that is quite challenging, because even though I am saying that, I am still sitting there with the hijab.

### **Discussion of Major Themes Within Topic 5**

The fifth topic that the interview questions focused on was, “Benefits witnessed through applying an Islamic psychological approach with Muslim clients.” Four themes emerged within this topic: 1) positive therapeutic experience, 2) positive clinical outcomes, 3) improved relationships, and 4) clients’ experiences are validated by religion. Amongst these four themes, 3 of them were present for over 50% of the participants.

The first theme of the three is “positive therapeutic experience.” This theme was present for 100 % of the participants. All 7 participants talked about benefits of incorporating an Islamic psychological approach that spoke to a positive therapeutic experience for clients. One participant stated,

...when we bring Islam into our therapeutic practice, we find that there is a source of peace that comes to the clients because they really recognize and bring back that importance of spirituality and God into their lives.

Other participants spoke about the comfort that the client experiences from talking to a Muslim therapist. One participant stated,

They feel very comfortable coming in and talking to somebody who is Muslim versus somebody who is not...So for Muslims there is a comfort that comes with having a Muslim therapist.

The second theme within Topic 5 that was present for over 50 % of the participants was “positive clinical outcomes.” This theme was present for 100 % of the participants. All 7 participants identified benefits that reflected positive outcomes that clients experienced from an

Islamic psychological approach to therapy. Four subthemes were present within this theme: 1) clinical or symptom relief, 2) positive cognitive & emotional shifts, 3) longer lasting effects, and 4) better quality of life. Two of these subthemes, symptom relief and positive cognitive & emotional shifts were present for over 50% of the participants. Six participants reported benefits that reflected a relief and reduction of symptoms in their clients. Three of these participants reported that they collect data from clients through the use of symptom inventories, and that data informs them of the symptom reductions that they witnessed with clients. One participant stated,

In terms of benefits in clinical relief, I mean symptom relief of depression, resolution of their symptoms, and being symptom free. We give a BSI (Brief Symptom Inventory) here in our office, so we do a reflex symptom inventory, pre and post every 4 sessions, and we see that our clients that come in here, after 4 sessions, they are below the clinical threshold, so meaning that they come in with clinical symptoms and they leave sort of not clinical anymore

Another participant stated,

... so anxiety and stress reduction is there, we do a symptom inventory, we have research that shows that the symptoms are in fact decreasing so there is numbers, so the symptoms are reducing. I'm finding people are feeling less stressed.

In terms of positive cognitive and emotional shifts, participants reported benefits such as an increase of happiness, a shift in outlook, and a clearer sense of their goals and direction.

The third theme that was present within Topic 5 was "Improved Relationships." This theme was present for 86% of the participants and it reflected three subthemes: 1) relationship with God, 2) relationship with self, and 3) relationship with others. Participants shared benefits

that reflected an improvement in clients' relationships with God, self, and others. One participant stated, "I've seen people restore their relationship with people in their lives."

### **Discussion of Major Themes Within Topic 6**

The sixth and last topic that the interview questions focused on was "Benefits and Implications of an Islamic Psychological Approach to the field of psychology and psychotherapy." This topic highlights the benefits and implications that an Islamic psychological approach can have for the understanding of psychology, the promotion of psychological wellbeing of clients, and the progression of the psychotherapy field. Four themes emerged within this topic: 1) a broader and more holistic understanding of the self, 2) positive psychological resources and models, 3) a positive outlook on life and self, and 4) a guide for understanding and incorporating spirituality. Out of these 4 themes, 2 themes were present for over 50% of the participants. The first of the two is "a broader and more holistic understanding of the self." This theme was present for 86% of the participants, and it reflected the views that participants have about what an Islamic psychological approach can offer in terms of understanding the self and the psychological aspects of the human being. One participant stated:

I think Islamic psychology can bridge a lot of these (other) fields together...I feel that Islamic psychology can offer a good holistic, psycho-socio, biological too, in the sense that understanding that some aspects of psychology are affected by the biology, but that kind of spiritual model, that unites a lot of the fields together.

Another participant stated:

... bringing the whole self into it, when a client is depressed, it is not just a chemical imbalance in the brain, there are so many other things happening to you, psychologically, spiritually, religiously, physically, you know, yes drugs might help a little bit, but they

are not going to cure the problem, they are not going to keep you well forever, it's a holistic view.

The second theme that was present for over 50 % of the participants was “positive psychological resources and models.” This theme emerged for 86% of the participants, and it reflects the views and responses of participants regarding the psychological knowledge, benefits, tools, and models that are available within Islamic teachings and an Islamic psychological approach to therapy. One participant spoke about the different kind of models within psychology that Islam can offer. This participated stated,

...what Islam has to offer is a model for accountability, a model for justice, and a model for forgiveness, a model for healthy relationships. It offers a way to take care of not only victims but perpetrators as well, because we believe in healing, everybody has the right to be healed. It's very hard for people to stop being perpetrators, but the ones I have seen, it's because they wanted to be good Muslims, and they accepted that what they were doing was unacceptable and offensive to God, so it offers us a treatment protocol, I have no idea what that would look like in a curriculum but I certainly believe it's there.

Another participant stated a similar perspective,

I think it (an Islamic psychological approach) has masses and masses to offer, and I think we are in the beginning decades of beginning to articulate that, publish that, and do that, and find that out. It's huge. It has the potential to be a game changer particularly for Muslims but for non-Muslims too. It can become a thing in of itself, its own approach. I can just see huge numbers of things coming out of it and developing from it. ...In every aspect: understanding the self, understanding emotions, understanding behaviors,



understanding thinking, understanding how we work, relations, and why we do what we do.

Another participant talked more specifically with regards to the *Sunnah*:

I would say more than anything is the Sunnah (life and teachings of Prophet Muhammad) and the idea of following the Prophet Muhammad, peace be upon him, is essentially the embodiment of a personality model or of a way of what we are trying to achieve and a model for how to behave, how to act, how to correct, what to look to, its essentially like we have the benefit of potentially being re-parented. And, so a lot of psychology talks about like pathology or even just psychological issues forming from relationship with the parent and so ultimately to heal anything you have to like re-parent or establish a different corrective relationship somehow with what that flawed or how that pattern was created. There is nobody that has access to do that in anyway without having a perfect example because otherwise you are just picking another flawed individual to correct those patterns with.

### **Limitations**

While there were many significant findings in this study as outlined in the sections above, this research study did have limitations. The main limitation of this study was the small number of participants collected. Initially, the primary researcher set out to interview 10 participants, but faced challenges to find participants who were both licensed therapists and also familiar with the integration of Islamic teachings with psychology into psychotherapy. As a result, only 7 participants were recruited. Also, the researcher initially set out to recruit participants only from the United States, but since there were participants who were interested in this research study from the U.K, and it was a challenge to get the needed participants from the U.S, approval was

requested from the Institutional Review Board (IRB) to extend recruitment of participants to the U.K. Two of the seven participants were from the U.K. Due to the small number of participants in this study, it is the recommendation of the researcher that this research study or similar research efforts be in the future but with more participants.

Another thing to consider when evaluating limitations is that the interest in this research study was not significant. This could be due to a general lack of interest in the research subject, but it could also point to the fact that many Muslim therapists are not yet grounded in their Islamic psychological approach with Muslim clients and do not feel confident enough to participate in this study. Islamic psychology itself is an emerging subject and as we can see from one of the emerging themes within the data, there was not one identified definition of Islamic psychology that all participants shared. In fact, some participants are still navigating its definition and what it means for them.

### **Formulations and Implications**

Over all, the data collected in this study reflected a broader understanding of not only the theoretical views but also the interventions that are available within an Islamic psychological approach. An Islamic psychological approach consists of the integration of Islam and psychology into psychotherapy. This study pointed to ways in which Muslim therapists integrated Islamic teachings with psychology into therapy to effectively work with Muslim clients. Furthermore, this study revealed not only some of the challenges but also the benefits that Muslim therapists witnessed through their integration of an Islamic psychological approach with Muslim clients. Finally, this research highlighted some of the knowledge and resources within an Islamic psychological approach that can provide implications for their usage with not only Muslim clients, but non-Muslim clients as well.

This research study identified that there are several aspects and teachings within the Islamic tradition that Muslim therapists found to be useful to integrate into therapy with Muslim clients. It also identified that Muslim therapists do not experience any major conflicts when it comes to integrating Islam with psychology or integrating western approaches with their Islamic psychological approaches. In fact, it was 71 % of the participants that when speaking about their integration of Islam with psychology, spoke of it in a way that reflected their ease to do so and their view that Islam and psychology are not very different from one another. This research study set out to highlight how two outwardly separate fields like Islam and Psychology can be integrated together into therapy, and the responses of the participants reflected the view that Islam and Psychology are in fact not very separate from one another.

Several aspects of Islamic teachings were identified in this study as psychological resources and tools that Muslim therapists found to be effective when integrating into therapy with Muslim clients. These tools included Qur'anic verses and hadith, stories from the Qur'an, *zikr* (an act of worship in the form of prayers and phrases that are repeated silently or out loud), *dua* (prayer in the form of supplication), the names and attributes of God such as *Ar-Rahman* (The Most Merciful) and *Ar-Raheem* (The Most Compassionate), teachings and practices from *Tasawuf* (Sufism) such as *muraqabah* (meditation) and *tazkiyah* (purification of the self), modeling of the prophetic tradition (or *Sunnah*), the utilization of specific Islamic concepts such as *rahma* (mercy), justice, God being in control, *ibtila'* (trials and tribulations), the *akhira* (hereafter), *i3tidal* (balance), and *sabr* (patience). These tools were utilized to not only speak to a client's spiritual health, but their mental, emotional, and even physical health as well, as many of the participants (86%) viewed an Islamic psychological approach to be holistic in nature and having an understanding that the aspects of the human being are interconnected and affect one

another. In fact, one participant mentioned the use of not only nutritional sciences in her therapy but also the knowledge about diet and health found in prophetic teachings to help address a client's psychological needs. This participant explained,

...focusing on our physical health and wellbeing to support our mental health and wellbeing and spirituality through nutrition, and taking care and making sure you get the right exercise and breathing, you know it all comes together. So I do think that this area of nutrition is very neglected...So, my approach is internal, it's external, it's physical, it's emotional, it's the nutritional aspect... Things like having a healthy balanced diet, from the *Sunnah* diet, or from medicine, using those things...

In addition to the beneficial tools within Islamic teachings that Muslim therapists utilized, this study also highlighted the ways in which Muslim therapists integrated Islamic teachings and tools with Western psychotherapy modalities. The western approaches integrated included Cognitive Behavioral Therapy, Mindfulness, Rogerian and client centered approach, Emotion theories such as EFT, and even psychodynamic approaches. Some other approaches that were present in the data but not frequent enough to be part of any of the emerged themes were Acceptance Commitment Therapy (ACT), Open Dialogue, Imago therapy, and EMDR.

These findings are important for they offer potential benefits for not only Muslim therapists but also non-Muslim therapists working with Muslim clients. The fact that Islamic teachings align well with several Western approaches can possibly be a motivating factor for non-Muslim professionals to integrate Islamic teachings, seeing that there are ways in which they can actually be merged with some of the known psychotherapy approaches they utilize. The ways in which participants explained how they integrated western approaches into their Islamic psychological approach can provide applicable examples to both Muslim and non-Muslim

professionals who wish to provide more competent, effective, and religiously sensitive care to their Muslim clients. Therefore, it is important that this data be utilized to educate not only Muslim but also non-Muslim professionals about the ways Islam actually speaks to many psychological resources that are already known in western education. For the purpose of educating both Muslim and non-Muslim therapists working with Muslim clients, the table below highlights the tools in Islamic teachings that are compatible with CBT and or Mindfulness. CBT and Mindfulness were the western psychotherapy modalities that were most utilized by the participants. Therefore, the table will highlight the Islamic tools that participants found to be compatible and can be integrated with CBT, Mindfulness, or even both modalities.

Table 7

*Islamic Tools Compatible with CBT, Mindfulness, or Both*

| Islamic Tool   | Compatibility & Integration |
|--|-----------------------------|
| <i>Zikr</i><br>(An act of worship consisting of repeated prayers or phrases)   | Both CBT and Mindfulness    |
| <i>Dua</i><br>(Prayers in the form of supplication or calling upon God)  | Both CBT and Mindfulness    |
| Names and Attributes of God<br>(There are 99 names of God within Islamic teachings that reflect the many attributes of God such as His mercy and compassion) | Both CBT and Mindfulness    |
| <i>Muraqabah</i><br>(Meditative & Reflective Sufi Practice)  | Both CBT and Mindfulness    |
| <i>Salah</i><br>(Formal Prayer)  | Mindfulness                 |

This study identified key benefits to Muslim clients when integrating Islamic teachings into therapy. These benefits included a positive therapeutic experience for the client, validation of their struggles, positive clinical outcomes such as symptom relief, better quality of life, positive cognitive and emotional shifts, and progress that has longer lasting effects. Other

benefits included improved relationships with God, self, and others. These findings provide us with an understanding of the positive effect of incorporating faith with clients who practice that faith. It not only speaks to the importance of integrating Islam into therapy with Muslims, but it also speaks to the importance of integrating faith in general with participants who adhere to a particular faith. These benefits identified in this study confirm the substantial research out there that highlights the positive benefits of religiously and spiritually integrated therapy. More than ever, there is an increase of research efforts that focus on religiously and spiritually integrated therapy approaches. The findings in this study not only support the continuation of such efforts and validate their importance, but they also can contribute to the furthering of religious and psychological literature specific to the Muslim population.

Although there were several benefits identified in this study, there were also some challenges that participants experienced through applying an Islamic psychological approach with Muslim clients. These challenges include the need for more professional trainings that incorporated the Islamic component, not just the psychological component. Although this was a theme that was present for less than 50 % of the participants, it is still important to consider for it speaks to the need amongst Muslim professionals for not only support but also training specific to their needs as therapists working with the Muslim population. This identified challenge also highlights the presenting problem of this research study, which states that professionals lack psychological resources that are relevant to effective psychotherapy approaches with Muslim clients. To see that even Muslim therapists are feeling the effects of the gap within the literature points to the need for further research efforts like this that extensively explore Islamic teachings and their incorporation into therapy. The increase of these research efforts can provide implications for a training model that both Muslim and non-Muslim professionals working with

Muslim clients can use. This is important to highlight, because although there are extensive trainings available to therapists on various western psychotherapy topics, there are a lack of trainings that incorporate the integration of religion, especially the integration of Islam. Being that Islamic psychology and the integration of Islam into psychotherapy is still an emerging field, many Muslim therapists find themselves unsupported in trying to integrate Islam and psychology together. One participant when talking about challenges said, "...there is no manual, a training program, we are sort of pioneers in this area." This participant also mentioned the challenge of transferring theory and research into application, which was another theme of this study, but one that emerged for less than 50 % of the participants. This participant expressed,

I think the challenge in integrating Islamic psychology is that it is in itself s a tall order, the approach, sort of prior to coming to these conclusions, and reading and researching, and studying and consulting, you arrive at the challenge of "how to" or how to work with people, I think that's been the biggest challenge...

When talking about the hope for future trainings that are more inclusive of Islamic teachings, one participant stated, "I would love to have that and I pray for it." Being that this study identified that participants are still grappling with their view and definition of what Islamic psychology is because it is an emerging field, professional trainings that include the Islamic elements can possibly offer Muslim therapists more clarity in navigating their views and definitions of Islamic psychology.

It is also important to note that the challenges faced by participants point to one of the limitations identified earlier in this chapter. One limitation was the small number of participants in this study. Collecting the initially intended number of participants (10) was a challenging task, one reason being that although there are Muslim therapists who work with Muslims, many

were not grounded in the application of Islamic psychological teachings and interventions into therapy. On the other end, the researcher discovered several religious leaders and professionals who provided counseling to Muslim clients and were very much grounded in Islamic teachings but were not grounded in psychological teachings and applications. Finding therapists who integrated both Islam and psychology was a difficult task and this speaks to the lack of current trainings that can incorporate both Islamic and psychological resources to professionals.

This research study also pointed to the significant role that religion plays in therapy with clients who identify as religious. It also pointed to the universality of Islamic teachings. Although participants were collected from both the U.S and the U.K, there were no significant variations in their understanding or utilization of Islamic teachings in psychotherapy. This points to the fact that although these participants were located in two different countries, Islam as a faith is a unifying and constant factor in their therapeutic approach. It also points to the fact that Islam and faith still played a dominant role in therapy for religious and practicing Muslim clients even though they were located in different countries. This can offer us some insight when working towards creating religiously integrated therapy approaches for Muslim clients. It shows us that the integration of Islam can be applicable to Muslims in various countries and locations for the basic tenets of Islam are universal.

Finally, this research identified psychological knowledge, resources, and tools that exist within Islamic teachings. Through discussing the integration of Islam with psychology into psychotherapy (topic 1), several aspects of Islamic teachings that were identified spoke to clients' cognition, emotions, behaviors, spirituality, and even coping mechanisms. Through discussing the use of Islamic psychology thought and literature (topic 2), the data highlighted that Islamic psychology offers a complex and holistic understanding of the self or psyche and



the psychological components of the human being. And through the discussion of the benefits and implications that an Islamic psychological approach has to offer to the world of psychology and psychotherapy (topic 6), several findings pointed to the psychological tools, resources, and models within Islamic teachings that can be useful to the fields of psychology and psychotherapy if explored further and studied. Highlighting the potential benefits and implications that an Islamic psychological approach has for the understanding of psychology and the progression of the field of psychotherapy is important for several reasons. Firstly, it offers implications for future research efforts that explore the psychological benefits of religious teachings and spirituality. This area of research currently is in shortage of literature that speaks to what Islam can offer in terms of psychological benefits. Secondly, it provides implications for the advancement of effective and competent therapy approaches with Muslim clients. And last but not least, these findings can be a means of bridging the gap of understanding between Muslims and non-Muslims not only in the therapeutic setting, but also amongst professionals, as professionals are not immune to the influences of Islamophobia and the negative portrayal of Muslims in the media. These findings and their further exploration not only can positively impact the way professionals approach Muslim clients, but scholarly efforts that shed light on the positive (psychological) resources within Islamic teachings can help address the misconceptions that many have of Islam as being this inaccessible, foreign, or even evil religion. Education and knowledge are one of the most valuable ways and paths to bring humanity together.

### **Conclusion**

This study aimed to identify the ways in which two seemingly separate fields, Islam and Psychology, can be integrated together to effectively provide therapy to Muslim clients. It explored the benefits but also the challenges that Muslim therapists witnessed through applying

an Islamic psychological approach with Muslim clients. In addition, this study explored the inherent psychological resources and tools that exist within Islamic teachings. Findings in this study pointed to the Islamic knowledge and tools that Muslim therapists found to be effective with Muslim clients. In addition, it highlighted the ways in which participants integrated Islamic tools with psychology and western therapy approaches to address the spiritual but also psychological needs of Muslim clients. This study also identified participants' usage and understanding of Islamic psychology thought and literature. Furthermore, this research study presented the benefits and implications that an Islamic psychological approach can offer to the understanding of psychology and the progression of the field of psychotherapy. Finally, the findings of this study provided implications for future research efforts that involve exploring and creating appropriate professional trainings for therapists working with Muslim clients, as well as exploring the widely untapped psychological resources and tools available within the Islamic tradition.

## References

- Abu Raiya, H., & Pargament, K. I. (2010). Religiously integrated psychotherapy with Muslim clients: From research to practice. *Professional Psychology: Research and Practice, 41*(2), 181.
- Ahmed, S., & Reddy, L. A. (2007). Understanding the mental health needs of American Muslims: Recommendations and considerations for practice. *Journal of Multicultural Counseling and development, 35*(4), 207.
- Ali, O. M., Milstein, G., & Marzuk, P. M. (2014). The Imam's role in meeting the counseling needs of Muslim communities in the United States. *Psychiatric Services.*
- AlRawi, S., Fetters, M. D., Killawi, A., Hammad, A., & Padela, A. (2012). Traditional healing practices among American Muslims: perceptions of community leaders in southeast Michigan. *Journal of Immigrant and Minority Health, 14*(3), 489-496.
- Abu-Ras, W., Gheith, A., & Cournos, F. (2008). The Imam's role in mental health promotion: A study at 22 mosques in New York City's Muslim community. *Journal of Muslim Mental Health, 3*(2), 155-176.
- Amer, M. M., & Bagasra, A. (2013). Psychological research with Muslim Americans in the age of Islamophobia: Trends, challenges, and recommendations. *American Psychologist, 68*(3), 134.
- Barnett, J. E., & Johnson, W. B. (2011). Integrating spirituality and religion into psychotherapy: persistent dilemmas, ethical issues, and a proposed decision-making process. *Ethics & Behavior, 21*(2), 147-164.
- Boehnlein, J. K. (2006). Religion and spirituality in psychiatric care: looking back, looking ahead. *Transcultural psychiatry, 43*(4), 634-651.

- Carter, D., & Rashidi, A. (2003). Theoretical model of psychotherapy: Eastern Asian-Islamic women with mental illness. *Health Care for Women International*, 24(5), 399-413.
- Center, A. D. G. (2011). Muslim Americans: Faith, freedom, and the future. *August*. <http://www.gallup.com/se/148805/Muslim-Americans-Faith-Freedom-Future.aspx> (accessed April 4, 2012).
- Cobb, S. (1963). *Islamic contributions to civilization*. Avalon Press.
- Deuraseh, N., & Abu Talib, M. (2005). Mental health in Islamic medical tradition. *International Medical Journal*, 4(2), 76-79.
- Ead, H. A. (1999). History of Islamic science. *The Alchemy Web Site*, <http://www.alchemywebsite.com>.
- Esposito, J. L. (2011). *What everyone needs to know about Islam*. Oxford University Press.
- Mohamed, Y. (1995). "Fitrah" and Its Bearing on Islamic Psychology. *American Journal of Islamic Social Sciences*, 12(1), 1.
- Farooqi, Y. N. (2006). Understanding Islamic perspective of mental health and psychotherapy. *Journal of Psychology in Africa*, 16(1), 101-111.
- Faruqi, Y. M. (2006). Contributions of Islamic scholars to the scientific enterprise. *International Education Journal*, 7(4), 391-399.
- Hamdan, A. (2007). A case study of a Muslim client: Incorporating religious beliefs and practices. *Journal of Multicultural Counseling and Development*, 35(2), 92-100.
- Haque, A. (1998). Psychology and religion: Their relationship and integration from an Islamic perspective. *American Journal of Islamic Social Sciences*, 15, 97-116.

- Haque, A. (2004). Psychology from Islamic perspective: Contributions of early Muslim scholars and challenges to contemporary Muslim psychologists. *Journal of Religion and Health, 43*(4), 357-377.
- Hodge, D. R., & Nadir, A. (2008). Moving toward culturally competent practice with Muslims: Modifying cognitive therapy with Islamic tenets. *Social Work, 53*(1), 31-41.
- Iqbal, M. (1940). The secrets of the self: asrar-i khudi. *Forgotten Books*.
- Iqbal, M. (2013). The reconstruction of religious thought in Islam. *Stanford University Press*.
- Kelly, E. W., Aridi, A., & Bakhtiar, L. (1996). Muslims in the United States: An exploratory study of universal and mental health values. *Counseling and Values, 40*(3), 206-218.
- Lee, S. A., Reid, C. A., Short, S. D., Gibbons, J. A., Yeh, R., & Campbell, M. L. (2013). Fear of Muslims: Psychometric evaluation of the Islamophobia Scale. *Psychology of Religion and Spirituality, 5*(3), 157.
- Mirdal, G. M. (2012). Mevlana Jalāl-ad-Dīn Rumi and Mindfulness. *Journal of Religion and Health, 51*(4), 1202-1215.
- Morris, G. J., & McAdie, T. (2009). Are personality, well-being, and death anxiety related to religious affiliation? *Mental Health, Religion and Culture, 12*(2), 115-120.
- O'Connor, S., & Vandenberg, B. (2005). Psychosis or faith? Clinicians' assessment of religious beliefs. *Journal of Consulting and Clinical Psychology, 73*(4), 610.
- O'Connell, L. J., & Boehnlein, J. K. (2000). The worlds of religion and psychiatry: Bioethics as arbiter of mutual respect. *Psychiatry and religion: The convergence of mind and spirit, 145-157*.

- Padela, A. I., Killawi, A., Forman, J., DeMonner, S., & Heisler, M. (2012). American Muslim perceptions of healing key agents in healing, and their roles. *Qualitative Health Research, 22*(6), 846-858.
- Padela, A. I., Killawi, A., Heisler, M., Demonner, S., & Fetters, M. D. (2011). The role of imams in American Muslim health: Perspectives of Muslim community leaders in southeast Michigan. *Journal of Religion and Health, 50*(2), 359-373.
- Hackett, C., Connor, P., Stonawski, M., Skirbekk, V., Potancoková, M., & Abel, G. (2015). The future of world religions: Population growth projections, 2010-2050. *Washington, DC: Pew Research Center.*
- Pew Forum on Religion & Public Life, (2011), “The Future of the Global Muslim Population, Projections for 201-2030”
- Post, B. C., & Wade, N. G. (2009). Religion and spirituality in psychotherapy: a practice-friendly review of research. *Journal of Clinical Psychology, 65*(2), 131-146.
- Psychology in medieval Islam. (2015, November 14). In *Wikipedia, The Free Encyclopedia*. Retrieved 18:02, February 27, 2016, from [https://en.wikipedia.org/w/index.php?title=Psychology\\_in\\_medieval\\_Islam&oldid=6905578](https://en.wikipedia.org/w/index.php?title=Psychology_in_medieval_Islam&oldid=6905578)
- 78
- Roysircar, G. (2003). Religious differences: Psychological and sociopolitical aspects of counseling. *International Journal for the Advancement of Counselling, 25*(4), 255-267.
- Rumi, J. (1995). *The essential Rumi* (C. Barks, Trans.). Minneapolis, MN: Book Sales.
- Sabry, W. M., & Vohra, A. (2013). Role of Islam in the management of Psychiatric disorders. *Indian Journal of Psychiatry, 55*(Suppl 2), S205.

- Smither, R., & Khorsandi, A. (2009). The implicit personality theory of Islam. *Psychology of Religion and Spirituality, 1*(2), 81.
- Springer, P. R., Abbott, D. A., & Reisbig, A. M. (2009). Therapy with Muslim couples and families: Basic guidelines for effective practice. *The Family Journal, 17*(3), 229-235.
- Tan, S. Y. (1996). Religion in clinical practice: Implicit and explicit integration.
- Weatherhead, S., & Daiches, A. (2010). Muslim views on mental health and psychotherapy. *Psychology and Psychotherapy: Theory, Research and Practice, 83*(1), 75-89.
- Williams, V. (2005). Working with Muslims in counselling: Identifying sensitive issues and conflicting philosophy. *International Journal for the Advancement of Counselling, 27*(1), 125-130.
- Worthington Jr, E. L., & Sandage, S. J. (2001). Religion and spirituality. *Psychotherapy: Theory, Research, Practice, Training, 38*(4), 473.
- Worthington, E. L. Jr., Kurusu, T. A., McCollough, M. E., & Sandage, S. J. (1996). Empirical research on religion and psychotherapeutic processes and outcomes: A 10-year review and research prospectus. *Psychological Bulletin, 119*(3), 448.
- Worthington, E. L., Hook, J. N., Davis, D. E., & McDaniel, M. A. (2011). Religion and spirituality. *Journal of Clinical Psychology, 67*(2), 204-214.

## Appendix A: Solicitation Letter

Date:

Dear (*Founder or Owner of Organization*),

My name is Marwa Assar, a doctoral student at The Chicago School of Professional Psychology working towards my PsyD degree in Applied Clinical Psychology. I am currently conducting a research study on the integration of Islamic psychology into psychotherapy with Muslim clients. I am writing to you because your organization, *Name of Organization*, would be a great platform to recruit interested participants for my study. I would like to kindly request your permission to have my recruitment flyer posted on your website, social media pages, or mailing group with the hopes of attaining the attention of Muslim therapists who would like to participate in this study.

I thank you in advance for your time and consideration. You can email me back with your response at [mx8682@ego.thechicagoschool.edu](mailto:mx8682@ego.thechicagoschool.edu).

Regards,

Marwa Assar



## Appendix B: Recruitment Flyer

*(This advertisement is for research purposes)*

Are you a Muslim therapist who provides Islamic Psychological Counseling or Therapy?

Seeking participants to talk about how they integrate Islamic Psychology into their therapeutic approach with Muslim clients

### **Primary Researcher:**

Marwa Assar, ED.M is a doctoral student at the Chicago School of Professional Psychology in Southern California, working towards a doctoral degree in Applied Clinical Psychology.

### **Participants must meet the following qualifications:**

- Is a licensed Muslim therapist or counselor
- Has provided therapy to Muslim clients for a minimum of 3 years
- Has a Masters or Doctorate Degree in Counseling, Psychology, or Marriage & Family Counseling
- Integrates Islam with Psychology into his or her therapy approach
- Understands and Implements concepts from Islamic psychological thought and literature
- Implements Islamic teachings and practices into psychotherapeutic practice

**All information will be kept confidential**

*(Please be advised that corresponding by email runs the normal risk of not being fully confidential as online communications is not.)*

**If Interested:** Please email the primary researcher, Marwa Assar at

[mx8682@ego.thechicagoschool.edu](mailto:mx8682@ego.thechicagoschool.edu)

## Appendix C: Recruitment Letter

Date:

Participant Name

Email Address

Dear Potential Participant:

My name is Marwa Assar, and I am currently a doctoral student at The Chicago School of Professional Psychology. Thank you for your response to the recruitment flyer regarding my research study. My research focus is on an Islamic psychological approach to psychotherapy. The purpose of this study is to examine how various Muslim therapists have integrated Islamic teachings with psychology and implemented Islamic psychological approaches into their therapeutic practice to effectively help Muslim clients. This research study hopes to acquire a better understanding of the helpful and effective ways therapists have helped Muslim clients, who currently have limited access to appropriate psychotherapeutic services that meet their needs.

I would like to invite you to participate in an initial screening phone call session with me. The purpose of this phone call is to offer you an opportunity to learn more about the research study and ask any questions you may have. In addition, I will administer a screening questionnaire that will further determine whether you best qualify for the study. Should you qualify and agree to participate in this study, the informed consent form will read to you during the phone call session. The informed consent form will explain to each participant the purpose of the study, benefits of the study, risk to participants, as well as confidentiality. You will have an opportunity to ask questions about the research study and the information discussed in the informed consent

form. Prior to the conclusion of the phone call, you will be provided a password to open any future emails regarding this research study. Adding a password encryption to all emails will minimize the risk of a confidentiality breach through our email correspondence. After the phone call session is concluded, you will receive the informed consent form through email (with password encryption), and you will be asked to electronically sign it and email it back. Upon receipt of the informed consent form, I will contact you through email or phone (depending on your preference) to schedule a convenient time to conduct the research interview. I will conduct audio-recorded interviews with each participant in this study. The lengths of these interviews will last for approximately 1.5 hours.

If you choose to participate in this study and would like to schedule the initial screening phone call session, please reply to this letter through email. Please provide in the email the phone number you would like to be contacted with in the future, as well as the best days and times that you are available to participate in the initial screening phone call session.

For any questions, please do not hesitate to contact me at (xxx) xxx –xxxx or email me at [mx8682@ego.thechicagoschool.edu](mailto:mx8682@ego.thechicagoschool.edu). Thank you for your time.

Sincerely,

Marwa Assar

## Appendix D: Screening Questionnaire

**The introduction and instructions below will be read to each potential participant during the initial screening phone call session prior to asking the screening questionnaire questions.**

**Introduction:** *Thank you for showing an interest to participate in this research study. This research study is titled “An Islamic Psychological Approach to Psychotherapy” and the purpose of this study is to identify effective ways in which Muslim therapists have integrated Islamic teachings with Psychology and incorporated Islamic Psychological thought into their psychotherapy or counseling practice with Muslim clients. In order to better understand whether or not you qualify to participate in this study, I will ask you specific questions in this questionnaire. These questions will evaluate the extent to which you have worked with Muslim clients. They will also evaluate the extent to which you have incorporated Islamic teachings, integrated Islamic teachings with Psychology, and implemented Islamic Psychological thought into your psychotherapeutic practice with Muslim clients. Finally, the last few questions will explore the extent of your knowledge and practice of the Islamic faith.*

**Instructions:** *There are 15 questions in this screening questionnaire. Please answer each question after I read it to you. A majority of the questions are multiple choices. For the multiple-choice questions, I will read to you the choices you have to pick from. Feel free to ask me to repeat any questions that you might not have heard correctly.*

### Questions:

1. **How many years have you been working as a therapist or counselor? 7 to 8**
2. **How many years have you been working with Muslim Clients?**
3. **What percentage of your total clients/caseload over the last 3 years were Muslim?**

- a. <10%
  - b. 10% -20%
  - c. 20%-40%
  - d. 40%-60%
  - e. 60%-80%
  - f. 80% and above
- 4. I have integrated Islamic teachings and practices into my psychotherapeutic approach with \_\_\_\_\_% of my Muslim clients:**
- a. Less than 10%
  - b. 20% to 40%
  - c. 40% to 60%
  - d. 60% to 80%
  - e. 80% and above
- 5. I have integrated Islam with Psychology into my therapeutic approach with \_\_\_\_\_% of my Muslim clients:**
- a. Less than 10%
  - b. 20% to 40%
  - c. 40% to 60%
  - d. 60% to 80%
  - e. **80% and above**
- 6. I have integrated concepts from Islamic psychological thought and literature into my psychotherapeutic approach with \_\_\_\_\_% of my Muslim clients:**
- a. Less than 10%

- b. 20% to 40%
- c. 40% to 60%
- d. 60% to 80%
- e. 80% and above

**7. Do you incorporate the Quran (the Islamic Holy Book) in your therapy approach?**

**Yes or No**

**If Yes: I incorporate the Quran in approximately:**

- a. Less than 10% of all my sessions
- b. 20% - 40% of all my sessions
- c. 50% of all my sessions
- d. 60% - 80% of all my sessions
- e. 80% - 100% of all my sessions
- f. All of my sessions

**8. Do you incorporate the Hadith (sayings & teachings of Prophet Muhammad) in your therapeutic approach? Yes or No**

**If yes: I incorporate the Hadith (sayings & teachings of Prophet Muhammad) in approximately.**

- a. Less than 10% of all my sessions
- b. 20% - 40% of all my sessions
- c. 50% of all my sessions
- d. 60% - 80% of all my sessions
- e. 80% - 100% of all my sessions
- f. All of my sessions

**9. Do you incorporate prayer in your therapy approach? Yes or No**

**If yes: I incorporate prayer in approximately:**

- a. Less than 10% of all my sessions
- b. 20% - 40% of all my sessions
- c. 50% - 60% of all my sessions
- d. 60% - 80% of all my sessions
- e. 80% and above

**10. Over all, I incorporate at least one or more types of Islamic resources (Quran,**

**Hadith, Other Islamic literature) in approximately**

- a. Less than 10% of all my sessions
- b. 20% - 40% of all my sessions
- c. 50% of all my sessions
- d. 60% - 80% of all my sessions
- e. 80% and above

**11. I adhere to praying 5 times a day in my life:**

- a. Disagree
- b. Strongly Disagree
- c. Agree
- d. Strongly Agree

**12. I generally try to follow the teachings of Prophet Muhammad:**

- a. Disagree
- b. Strongly Disagree
- c. Agree

d. Strongly Agree

**13. I generally try to follow the teachings of the Quran:**

a. Disagree

b. Strongly Disagree

c. Agree

d. Strongly Agree

**14. I try to increase my knowledge of what Islam teaches:**

a. Disagree

b. Strongly Disagree

c. Agree

d. Strongly Agree

**15. I have learned about Islamic teachings and practices through**

(You can choose more than one)

a. My own studies/readings

b. Informal outlets (conferences, classes...etc.)

c. Formal Outlets (Educational Institute)

d. Other (please explain): \_\_\_\_\_



## Appendix E: Informed Consent

**Title of Study:** An Islamic Psychological Approach to Psychotherapy

**Researcher:** Marwa Assar

**Introduction & Purpose of Study:** Thank you for agreeing to volunteer your participation in this study. There are insufficient psychotherapeutic approaches available that meet the needs of Muslim clients and the needs of professionals working with the Muslim population. Therefore, this researcher is seeking out your sincere and honest feedback about the approach you utilize to effectively work with Muslim clients. The information you will be providing is tremendously appreciated. Please keep in mind that your feedback is valuable and will play a role in advancing the quality of therapeutic services provided to the Muslim population.

Thank you again for your participation.

**Procedure:** If you agree to participate in this study, you will complete an interview about your experience incorporating Islamic teachings, integrating Islam with Psychology, and implementing Islamic psychology principles in your therapeutic practice with Muslim clients. During the interview, the researcher will ask you open-ended questions. The entire interview session will be audio recorded and will be later transcribed word for word into a typed word document. The length of time of the interview will be about 1 to 1.5 hours. The researcher may contact you within two weeks after the initial interview if necessary to clarify information and complete the interview. This follow up communication will also be audio recorded. There is no cost for your participation and there will be no payment or compensation for your participation in this study.

**Risk to Participants:** This study involves minimal risk due to it mainly focusing on the effective therapy approaches you have taken with Muslim clients. There is some risk that

you might be uncomfortable or upset in talking about your experience working with Muslim clients. In this study, there is some chance that talking about your past experiences providing therapy to Muslim clients might be upsetting or trigger negative emotions. Should that occur, you will be immediately emailed the following link

(<http://mentalhealth4muslims.com/mental-health-directory/>), which gives you access to an online directory of Muslim therapists in various locations in the U.S. If you do not reside in the U.S and should you feel any distress as a result of this study, please contact the researcher (see contact info below) and she will provide you with the contact information for therapists in your area that you can seek out for support.

There is also the normal risk of a confidentiality breach through email correspondence. To minimize such risk, the researcher will add a password encryption to all documents emailed to selected participants.

Finally, there is minimal risk of exposure of identity through audio tape recordings. To reduce any risk of exposure through audio recordings, your personal information will not be recorded during the interview. The audio recordings will only consist of your responses to the interview questions, and you will be asked to not use any personal identifying information (such as name or location). If using a video conferencing tool, the researcher will remind you to ensure the confidentiality of the interview by making sure no one overhears the conversations and that you are in a private and secure location. Furthermore, the researcher will remind you that she will be speaking to you from a secure location with complete privacy during the video conferencing interview session.

**Benefits to Participants:** There is no direct benefit for your participation. However, it is the researcher's hope that you will benefit from knowing that you are contributing your insights

and knowledge to educate other therapists about effective practice with Muslim clients. Your willingness to share your knowledge and experiences will contribute to a broader understanding of Islamic psychology and its implementation in psychotherapy with Muslim clients. Any useful findings will be of benefit to the progression of effective therapeutic practice with the Muslim population. Should you like to be contacted by the researcher about the results of the study, please indicate here:

Yes \_\_\_\_\_ No \_\_\_\_\_

**Alternatives to Participants:** Participation in this study is on a voluntary basis. You have the right to not answer any questions you choose not to. You also have the option of discontinuing your participation in the study without any consequences. Please be aware that the researcher may discontinue your participation from this study at any time as well.

**Confidentiality:** The name and personal information of each participant will remain confidential. Participants' names will be removed from any documentation other than informed consent, and they will be assigned a number and letter. In addition, all emails sent to selected participants will include a password-encryption to minimize the risk of a confidentiality breach through email correspondence. Each selected participant will be provided a password that is unique and only known to them and the researcher. They will need this password to open documents emailed to them regarding the research study.

Audio recordings of interviews with participants will be immediately transcribed into written word and the audio recording will be destroyed. The transcriptions of the interviews will be saved on a flash drive as well as printed out. Both the flash drive and the printed transcriptions along with any personal contact information (such as phone number and email), informed consent forms, and any materials related to the research study will be stored

in a locked and secure file cabinet with access available only to the researcher. After the interview and follow up process is completed, all emails and phone information will be deleted from the computers or phones storing that information. Prior to deletion, all email messages will be printed for storage.

In accordance with the American Psychological Association (APA) guidelines, the research materials will be stored for a minimum of five years after publication of the research. After five years, the researcher will then destroy all stored material in a confidential manner.

**Questions/Concerns:** If you have any questions, please feel free to contact the principal researcher, Marwa Assar via phone at (xxx) xxx-xxxx or email at [mx8682@ego.thechicagoschool.edu](mailto:mx8682@ego.thechicagoschool.edu). You may also contact the Dissertation Chair, Dr. Jack S. Wasserman at (xxx) xxx-xxxx. In addition, if you have questions concerning your rights in this research study you may contact the Institutional Review Board (IRB), which is concerned with the protection of subjects in research projects. You may reach the IRB office Monday-Friday by calling 312.467.2343 or writing: Institutional Review Board, The Chicago School of Professional Psychology, 325 N. Wells, Chicago, Illinois, 60654.

**Consent:**

**Please provide your contact info including phone number and email here, so that the researcher can contact you to schedule your interview appointment.**

**Phone number:**

**Email:**

**Participant:** The research study and procedures have been explained to me. I have read and understood all the above statements. I agree to participate in this study. I understand that my participation is voluntary and I do not have to sign this form if I do not want to be part of this research project. I will receive a copy of my consent form for my records. Finally, I

understand that providing my electronic signature below means I am providing my legal signature to participate in this study.

Please sign by typing your name in below indicating that you confirm that you have read and understood all the above statements. After you provide your signature, please email this document back to me, the primary researcher, at [mx8682@ego.thechicagoschool.edu](mailto:mx8682@ego.thechicagoschool.edu)

**Signature of Participant:**

**Date:**

**Signature of Researcher:**

**Date:**

## Appendix F: Interview Questions

**Instructions to participants prior to administering interview questions:** *In a few minutes, I will turn on the audio-recording device and I will begin to ask you the interview questions. Before we begin, I would like to remind you that this is a confidential study. Therefore, in order to protect your confidentiality as well as the confidentiality of your clients, I ask that you do not use any identifying or personal information (such as name or location) revealing your identity or the identity of your clients. These interview questions are aimed at understanding your Islamic Psychological approach and the effective ways you have integrated Islam and Psychology into your psychotherapeutic practice with Muslim clients.*

1. What aspects of Islamic teachings and practices do you find to be effective in incorporating into your psychotherapeutic approach with Muslims?
2. How have you integrated Islam with Psychology into your psychotherapeutic practice with Muslim clients?
3. How have you integrated concepts from Islamic psychological thought and literature into your psychotherapy practice with Muslim clients?
4. In what ways have you merged Islamic Psychology and Western Psychology to effectively help Muslim clients?
5. What benefits have you witnessed from the integration of Islamic teachings and practices into your psychotherapeutic approach?
6. What challenges have you faced in your efforts to integrate Islamic psychology into your psychotherapeutic approach?
7. What benefits does an Islamic psychological approach offer to one's psychological wellbeing based on your experience implementing it with Muslim clients?
8. What implications does Islamic Psychology have for the understanding of psychology and the field of psychotherapy?

## Appendix G: Debriefing Statement

*The following debriefing statement will be read to each participant at the end of the interview:*

Thank you for volunteering your participation in this study. The interview you participated in will be a great service to not only professional therapists but to Muslim clients as well. There are insufficient psychotherapeutic approaches available that meet the needs of Muslim clients and the needs of professionals working with the Muslim population. Therefore, the information you have provided is tremendously appreciated. Please keep in mind that your feedback is valuable and will play a role in advancing the quality of therapeutic services provided to the Muslim population. Before we conclude, I would like to take this time to offer you an opportunity to ask any questions you might have or share any comments or concerns. Thank you again for your participation.