

Re-Examining the Anatomy of Islamic Psychotherapy and Counselling: Envisioned and Enacted Practices

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Abstract

Islam is a major world religion and considered one of the Abrahamic, monotheistic faiths, focusing on monotheistic belief. The population of Muslims is estimated to be over one billion people and it is a heterogeneous rather than homogeneous community. Muslim communities are made of different race, ethnic groups' nationalities and cultures across the globe and united by their common Islamic faith. There has been an exponential growth of Muslim communities in most countries of the West and Southern hemispheres. This growth has resulted in an increased prevalence of psychosocial and mental health problems leading to a demand of psychotherapeutic and mental health services. The increased of mental health problems among the Muslim communities has brought new challenges to therapists to provide a non-Eurocentric therapy approach based on the worldview of their Muslim clients. It is argued that mainstream psychology has lost its 'soul' and is largely devoid of the psycho-spiritual concerns of their clients. The therapeutic interventions of mainstream therapies, based upon a mono-cultural perspective, are failing to meet the holistic needs of Muslims. Based on the increasing recognition of the need to provide holistic therapy, a new paradigm shift is needed in the development of Islamic psychotherapy and counselling.

INTRODUCTION

There has been an increasing diversity of Muslim communities throughout Europe and other countries, both as new immigrants and refugees, and indigenous Muslims. They are no longer invisible minorities. Factors such as racism, covert hostility, fear, hatred, prejudice toward Islam and Muslims have given rise to microaggressions and Islamophobia. The health disparity and the social and economic marginalisation of Muslims have compounded their burden of psychosocial and mental health problems. The emergence of this cluster of Muslim communities is a reality that challenges mainstream therapists and service provision to provide holistic and worldview oriented therapeutic approaches to their clients. The main contention is that traditional psychology and its clinical application has largely been ethnocentric in its orientation, training and application based on the Anglo-Saxons, White middle-class value system (Katz, 1985; Naidoo & Kagee, 2009), which is alien to most Muslims.

These notions have led to therapeutic interventions without the 'soul'. One of the criticisms of the ethnocentric approaches to psychotherapy and counselling is that it "demonises and oppresses individuals and groups whole cultures." (Charema & Shizha, 2008). Despite an "increased attention to diversity and multiculturalism in the counselling

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profession” (Walden et al., 2003), there is a need for a new for a paradigm shift to have more openness to multi-cultural diversities and a greater acceptance of other worldviews and culturally-oriented therapeutic practices (Rassool, 2015). However, having a menu of the summaries on Islam with a “laundry lists” of guidelines on cultural values, traditions and counselling practices risk reinforcing the inherent institutional racism, stereotypes and prejudices (Rassool, 2015).

For Muslim clients, trials and tribulations and human suffering are part of the life journey, and a component of the spiritual/religious dimensions of health and illness. The spiritual / religious dimension becomes part of the salvation process and an important part of their coping strategies. Muslim religious beliefs have an impact on the mental health of individuals, families and communities, and are considered a central component of identity (Nassar-McMillan & Hakim-Larson, 2003). There is ample evidence of the relevance of religiosity and spirituality in the lives of individuals. The findings of a meta-analysis of over 300 studies have showed that a positive relationship exists between spiritual or religious factors and health (Thoresen, 1999). However, this was not demonstrated in all the cases.

Religious involvement has generally been conducive to better well-being and mental health outcomes (Ano & Vasconcelles, 2005; Brawer et al., 2002; Cotton et al., 2007; Johnstone et al., 2012). In psychotherapeutic practice, spirituality has been identified as playing a central role in the outcomes of clients but the process of how it can be applied to enhance clients’ positive psychosocial outcomes in clinical setting remains somewhat limited (Blando, 2006). Islamic psychotherapy is at variance with the Western-oriented counselling approaches in several perspectives including the rejection of the underlying philosophical principles of the nature of man and the development of personality; the promotion of collectivistic value system; the instillation of ethical standards; and the integration of Islamic beliefs and practices.

The aims of this paper are to examine the barriers that inhibit patients from seeking mainstream psychotherapy, to compare and contrast between psychotherapy or counselling (the term psychotherapy is synonymous with counselling in the context of this paper) and Islamic psychotherapy. The contrast between mainstream psychotherapy and Islamic psychotherapy or counselling are based on the religious relationship; the sources of knowledge; what causes illness and maintain sound mental health and responses to illness; and the values, growth and development of both types of therapies. In addition, the focus, purpose, process and intervention strategies of psychotherapy and Islamic psychotherapy are compared. Spiritual interventions from an Islamic perspective are presented.

UNDERSTANDING WORLDVIEW OF MUSLIM CLIENTS

The spirituality, beliefs and worldviews of Muslim clients in the management of psychosocial and mental health problems are well recognized (Ansary & Salloum, 2012; Blando, 2006; Fischer et al., 2010; Hanin Hamjah & Mat Akhir, 2014; Haque & Kamil, 2011). Therapists need to have self-awareness and avoid the misperception of beliefs and practices of Muslims. What is of real significance is the familiarity needed with the health beliefs and health seeking behaviours of Muslims. The heterogeneity and ethnic diversity of Muslim clients means that it has become increasingly important to be cognisant with the sociological, cultural, psychological and religious perspective of the Muslim clients. According to Rassool (2015) “Individuals’ perceptions and beliefs regarding health and sickness, especially mental health, are deeply rooted in the spiritual traditions of Muslim communities”. The assessment of the health beliefs and the religiosity identity of Muslim clients need to be undertaken as a matter of good practice. However, therapists should be cautious in their understanding that not all Muslims are religious. There seemed to be significant minorities of non-practicing Muslims living in the West and they are identified (or

openly self-identify) as cultural Muslims. Though, those Muslims would not perceive themselves as cultural Muslims because their primary identification is with their religious practices (Rassool, 2015). During the process of building the therapeutic relationship, therapists need have self-awareness of, and be cognisant with, some of the religio-cultural factors that may impinge on the client-therapist relationship. By having this core knowledge of these factors would facilitate therapists in relationship building, assessment, communication strategies and therapeutic interventions. There is an understanding that having the knowledge of the religio-cultural practices of Muslims, and having cultural sensitivity remain important characteristics of effective therapy (Altareb, 1996; Sumari & Jalal, 2013).

THERAPY IS TABOO

However, for most Muslims, therapy is taboo. There is a growing literature that indicates the reluctance among some Muslims to success service provision and secular-oriented therapy for their mental health problems. Muslims are disinclined to seek psychotherapy or counselling because of the following factors: They consider it degrading or inappropriate to self-disclose personal information to a non-Muslim therapist; therapists are viewed as being insensitive to cultural and special needs; Muslims are reported they want their concerns addressed from a religious viewpoint'; Muslims expressed a hesitancy to trust mental health services and professional; Muslims have the fears that their Islamic values may not be respected; their ailments are a punishment from God, so no need for therapy or other pharmacological treatment; Muslims have limited knowledge and familiar with mental health services; because of perceived stigma; stigma associated with mental illness, shame; distrust; the use of informal indigenous resources; accessibility of Muslim therapists and therapists within the Muslim community; perceptions that their religious and cultural needs not being accommodated for; communication difficulties; mistrust and perceived discrimination; seeking counsel outside of the family for personal reasons; reservations towards Western psychology; shame and guilt towards family or community, and unfamiliar with the role of the therapist (al-Krenawi & Graham, 2000; Aloud & Ratur, 2009; Ansary & Salloum, 2012; Eltaiba, 2014; Kobeisy, 2001; Nassar-McMillan & Hakim-Larson, 2003; Padela et al., 2012; Turkes-Habibovic, 2011).

Mah (2015) suggested that "Although Muslims from a religious perspective consider seeking help for treatment of illnesses an obligation, their help seeking with Western professionals may be affected by their distrust in non-Muslims' worldviews and attitudes toward them and their faith, or negative experiences they have had in the past.". The need for a new paradigm in the development of Islamic psychotherapy and counselling is beyond dispute.

ISLAMIC PSYCHOTHERAPY: CONCEPTS AND MODELS

Islam psychotherapy is a contemporary response as a therapeutic approach in meeting the changing psychosocial and mental health needs of the Muslim patients. The notion of this approach is the understanding of the nature of human beings which incorporates spirituality into the therapeutic process. Rassool (2018) suggested that "The formal and informal literature encompassed a number of tentative explanations and definition of Islamic psychotherapy. In reality, many authors discussed Islamic psychology rather than Islamic psychotherapy. Even though classified as a new phenomenon, Islamic therapy or counselling is fundamentally as old as the beginning of spirituality in Islam." That is, the rationale for the coined phrase of the 'Dodo Bird Revival of Islamic Counselling' (Rassool, 2018). Zakaria & Akhir (2016) have categorised the definitions of Islamic counselling and psychotherapy into three dimensions: Traditional, Modification and Integrative. From the traditional approach to counselling, this is referred to as the psychological advice and wisdom practiced by Prophet

Table 1. Differences between Counselling & Islamic Counselling adapted from Rassool (2015)

Factors	Psychotherapy (Mainstream)	Islamic Psychotherapy
Orientation	Judeo-Christian	Islamic
Religious relationship	Oppositional Secular	Integrated
Sources of knowledge	Man-made Theories and empirical evidence based on Western scientific paradigm	Divine revelation (Qur'an) and Sunnah Evidenced-Based (<i>Halal</i>)
What causes illness?	Bio-Psychosocial Factors	Bio-Psychosocial and Spiritual factors
Sound Mental Health	No divine intervention. biological or biopsychosocial factors.	Submission to God. Integration of material and spiritual life
Values	Materialistic and Individualistic. Socio-moral value structure Value laden and dependent	God consciousness Spiritual-Divine will Islamic values and morality Collectivism
Growth & Development	Cognitive and Psychosocial development	Spiritual, Cognitive & Psychosocial development
Focus	Limited focus on the physical world	Disregard for spiritual aspects of human beings Seen and Unseen world
Purpose	Promotes personal growth/self-understanding	Promotes the clear purpose and meaning of life
Process	Individual-based and Individual-focused	Mutual responsibility, Social obligation, and Healthy altruism
Responses to illness	Psychological reactions	Spiritual reactions: Patience and Prayers
Relationship between mind and body	Mind-body interaction	Mind-body-soul interaction
Personal Development	Unlimited freedom	Freedom based on the Sharia'h
Therapeutic Strategies	Based on Humanistic, cognitive behavioural and psychoanalytical interventions	Based on Humanistic, cognitive behavioural and spiritual interventions
Dream Technique	Dream work not emphasised	Use of prophetic analysis of dreams (unlike psychoanalysis)
Undesired (Negative) Behaviour	Rationalisation	Therapy of repentance

Muhammad or Islamic advice system, based on Islamic theology. In the Modification dimension, Islamic counselling is similar to orthodox counseling, with Islamic elements of beliefs and practices embedded in the philosophy and intervention strategies. The Integrative dimension defining counseling as an integration of main aspects in conventional counseling with the fundamental aspects in Islam (*aqīdah* (faith), *ibādah* (worship) and *Shari'ah*). In the context of this paper, Islamic counselling is referred to as a form of counselling which incorporates spirituality into the therapeutic process. Islamic counselling, thus, is an application of therapeutic interventions using counselling approaches that are congruent with Islamic beliefs and practices, and spiritual interventions.

There are several models of Islamic psychotherapy including the model developed by Stephen Maynard & Associates. This model has the foundation of the therapy based on the Qur'an, the Sunnah and the Islamic Science of the Self. It is stated that "In our model of Islamic Counselling these concepts come from the Islamic Science of the Self (*Nafsiyat*), developed in *Tassawwuf*, an aspect of which is repairing the heart. In this framework, human beings are more than simply their bodies or their minds. When problems arise, often we can't resolve the problem with our minds or our bodies, so we are compelled to open up our hearts in search of understanding." Keshavarzi & Haque's (2013) model is based on the use of Al-

Table 2. Approaches congruent with Islamic Beliefs and Practices

Type of Therapy	Focus	Congruent with Islamic Beliefs and Practices
Psychodynamic counselling	Goal-oriented. The primary purpose in psychodynamic therapy is to uncover repressed emotions and experiences.	Secular. Not congruent with Islamic principles.
Humanistic therapy	Adoption of a holistic approach to human nature Focuses on self-development, growth and responsibilities. Self-actualisation	Some similarities between patient-centred approach and Islamic perspective. Needs modification to accommodate Muslims clients. Issues associated with being genuine, unconditional positive regard and self-actualisation.
Cognitive behaviour therapy	Evidence-based intervention strategy for psychological problems. However, from an Islamic narrative,	There is wide consensus among Islamic scholars that the underlying principles on which cognitive therapy rests are congruent with Islamic values. Abu Zayd Ahmed ibn Sahl Balkhi, was the first known cognitive psychologist. He considers that faulty thinking leads to psychological problems of anxiety, anger and sadness and suggesting cognitive therapies for anxiety and mood disorders.
Solution Focused Brief Therapy	Short-term, goal-oriented approach Focus on 'here and now' and the future. Clients choose the goals they wish to accomplish, No to diagnosis, history taking, or exploring the problem.	The principles and approaches are congruent with Islamic beliefs and practices. The technique of the miracle question, the issue of sin and evil, and the understanding of social hierarchy in Islamic society needs some modification

Ghazali's conceptualisation of the human soul, into four aspects of a person that signify his or her spiritual identity. These are the *Nafs* (ego or self), *Aql* (Intellect), *Ruh* (Spirit), and *Qalb* (Heart). This framework enabled the enhancement of mental health within an Islamic context. There are others models in Islamic counselling and it is not within the scope of the paper to examine comprehensively these models.

However, some of the models of Islamic counselling have been critically reviewed by applying a set of criteria to evaluate their efficacy. For example, the models or approached have been evaluated by their description of the underlying philosophy, assumptions, basic principles and elements, concepts, strategies, and their core techniques. Some models that claimed to be 'Islamic' are superficial in contents, nature and the process of psychotherapy. There is limited underlying philosophy, assumptions, basic principles and techniques used. The nature and scope of some of the models are heavily influenced by extreme Sufi doctrines or pseudo-Islam and practices and they are esoteric in their approaches. For example, the spiritual healing practices of Sufism, including the supererogatory group rituals are regarded as innovations (*bid'a*) in Islam (Rassool, 2015).

Keshavarzi & Haque's (2013) Model is currently the most comprehensive model that fulfils most of the criteria despite not being a technique driven theory. This model provides an integrative, collaborative therapeutic counselling relationship and is not attached to any particular therapeutic technique or school of counselling psychology. This approach purports to enhance the clients' personal growth and development, and helps clients resolve the ultimate struggle in their spiritual development. It approach is psychosocial in its orientation and is more closely aligned with clinical practice that are congruent with Islamic beliefs and practices. One of the strengths of this model is that it provides the therapist with a set of principles and constructs which serve as a guide to the foundation of Islamic psychotherapy or counselling practice. In Keshavarzi & Haque' (2013) Model of Islamic therapy, the authors identified some of the limitations of their theoretical model. They stated that "this model is

not postulated to be comprehensive enough as a manual for the treatment of the disorder with Muslim populations, nor does it offer a sufficient discussion of the various presentations of clinical pathologies that would necessitate accommodations or adjustments in the application of the model". There is the need for supplementary refinement to be undertaken to make its application viable in different settings with a diversity of psychosocial and spiritual problems. Skinner (2019) developed his model of the self-derived from traditional Islamic thought which include aspects of the self: *Ruh*, *Qalb*, *Aql* and *Nafs* three types or levels: *Nafs Ammara*, *Nafs Lawwamma*, and *Nafs Mutmainah*. According to Skinner (2019),

"In the ideal, healthy, balanced person, consciousness is centred in Qalb which is open to Ruh and which directs Aql, and together with Aql directs the lower Nafs. In this state, Aql is able to exercise sound reason, its perception of the external world is realistic, it sees the value of moral conduct, its operations are imbued with wisdom, and it is able to exercise a wholesome direction on the Nafs. The disrupting influences on the Nafs Ammara (the lower Nafs) is weakened, and their tendency to wrong action countered by the Nafs Lawwamma (the instinct to remorse). And from this state, the self is capable of being transformed, even if only temporarily, into the Nafs Mutmainah (the tranquil or rested Nafs), which could be described as the state in which the self is in total surrender to the Qalb and completely incorporated into the worship of God. (pp. 1090-1091)."

The aim of the model is to enable the clinician to make diagnoses and apply appropriate therapeutic interventions. It is claimed that this model is "adopted by Ihsaan, the Bradford based Islamic Psychological therapy clinic (UK), and has been found acceptable to Islamic therapists over the last 30 years." (Skinner, 2019). The Rassool's (2015) psychotherapy practice model is a framework for psychotherapists based on an adaptation of Barise's (2005) social work practice model. The Islamic Psychotherapy Practice Model should be viewed as a framework for the psychotherapy process rather than as a rigid template for psychotherapy practice in working with clients with psychosocial and spiritual problems. There are eleven stages in the model which has been conceptualized to deal with a diversity of problem behaviours and treatment strategies. The proposed model consists of selected concepts (Al-Jawziyyah, 1977) and based on Stage of awakening (*Qawmah*) and intention (*Niyyat*); Stage of consultation (*Istisharah*); Stage of contemplation (*Tafakkur*); Stage of guidance-seeking (*Istikhaarah*); Stage of wilful decision (*'Azm*); Stage of goal-and-route vision (*Basirah*); Stage of absolute trust in God (*Al-Tawakkul-Allah*); Stage of action (*'Amal*); Stage of help-seeking (*Isti'aanah*); Stage of self-monitoring (*Muraqabah*); and Stage of evaluation (*Muhasabah*) (Rassool, 2021). The basis of the Islamic psychotherapy practice model is a circular (or spiral) model rather than a linear model. According to Rassool (2015),

"Generally, it is assumed that when one stage was completed, client would move into the next stage. Many clients are more likely that client may go through several cycles of awakening (Qawnah) contemplation (Tafakkur), goal and route vision (Basirah) before either reaching the action ('Amal) or exiting the system without the attainment of the desired and permissible goals. The stages are not clearly delineated, and many stages must be re-experienced or readjusted partly or completely and the client passes through the psychotherapy process and enters and exits at any stage and often recycles several times. The proposed practice model is appropriate for those clients who are not motivated to change because it is adaptable to clients' set of psychosocial and spiritual needs (pp.75-76)."

The contrasting features between psychotherapy and Islamic psychotherapy are presented in Table 1. Several criteria have been used to identify differences and commonalities between the two approaches.

Islamic psychotherapy is guided by the principles of the Islamic belief and practices and provides an integrated framework for clinical practice. However, the application of secular theories of human nature, the development of personality, and intervention strategies from

secular psychotherapy or counselling outside the *Tawhid* paradigm (Unicity of God) is therefore rejected. The good practice guideline for Islamic psychotherapy or counselling is based on an Islamic perspective with the components of approaches and techniques which are congruent with Islamic beliefs and practices. This means incorporating the Qur'an, Sunnah, Hadiths and Islamic ethics in the therapeutic process. The psychotherapy or counselling approaches congruent with Islamic beliefs and practices are presented in [Table 2](#).

COPING AND SPIRITUAL INTERVENTIONS

In Islamic psychotherapy, spiritual interventions can be undertaken to treat spiritual and psychological problems. There is ample evidence to suggest that people often turn to religion when coping with stressful events, psychological and spiritual problems. Micozzi (2006) suggested that “the blending of spirituality with the tenets of alternative, complementary, and integrative therapies provide individuals with a means of understanding how they contribute to the creation of their illness and to their healing”. A combination of approaches including traditional psychotherapeutic methods and spiritual interventions form the basis of Islamic psychotherapy and counselling.

The spiritual interventions are mainly derived from the Qur'an and the Prophet's (ﷺ) teachings. Muslim clients are encouraged to undertake self-healing through prayers, supplications (*Du'as*), meditation, reading the Qur'an and trusting God. The Qur'an emphasises clearly that the difficulties in this world are to test the believer and also asking people to have patience in facing their problems (Qur'an 21:35; 2:155). There are many verses of the Qur'an asking Muslims to bear these trials, despair and sadness with "patient perseverance and prayer." (Qur'an 2:45; 3:200; 16:127; 11:115; 40:55; 41:35; 103:2-3). Since Allah is the decision-maker, believers must be dependent on Allah and having trust with Him (*Tawakkul*). Some of the verses that express this trust in Allah (Qur'an 3:159; 9:51; 65:3; 14:12). It is narrated that Prophet Muhammad (ﷺ) said: "If you had all relied on Allah as you should rely on Him, then He would have provided for you as He provides for the birds, who wake up hungry in the morning and return with full stomachs at dusk." (Tirmidhī, 1969).

Making supplications is the weapon of the believer has enormous potential to help us ask for forgiveness and other things. Allah says in the Qur'an (Interpretation of the meaning):

“So remember Me; I will remember you. And be grateful to Me and do not deny Me (Qur'an 2:152).”

There are many supplications that can be made directly to Allah, the Almighty. The Prophet (ﷺ) said: “The *Du'as* of any one of you will be answered so long as he does not seek to hasten it, and does not say, ‘I made *Du'as* but I had no answer.” (Bukhari, 1986).

The remembrance of Allah (*dhikr*) is central to the daily Islamic practices, and Allah and His Prophet have praised the blessings of *dhikr* in numerous verses and sayings (Qur'an 2:152; 13:12; 73:8). There is a general consensus among scholars on the acceptance and permissibility of the remembrance of Allah by heart and by tongue, for the one with ablution and without ablution. The kinds of *dhikr* that is allowed by all scholars in the form of *tasbih* (glorifying), *tahmid* (praising), *takbir* (exalting), and praising for the Prophet (s)." (Imam Nawawi). Sheik Islam Ibn Taymiyah, said that “the example of *dhikr* to the heart is that of fish to water; and if you don't do *dhikr*, your heart will die.” Furthermore, prayers, fasting, pilgrimage, and reciting verses of the Qur'an are part of the spiritual interventions' package.

The use of prayer and having faith in God are the strategies that are the most frequently used by people to cope with personal problems (Bade & Cook, 2008; Koenig et al., 1988). The mandatory prayer is a form of direct communication or conversation with the divine.

Prayer as a therapeutic tool is a very significant element in helping people cope with their difficulties

For Muslims, prayer (*As-Salah*) is the second pillar of Islam. The main purpose of prayer is the remembrance of God as stated in the Qur'an (Qur'an 2:14; 2:238). Another function of prayer is acting as a shield or protection against evil (Qur'an 29:45; 11:114). Prayer is a form of meditation which gives your soul peace and contentment. Allah says (Interpretation of the meaning):

Those who have believed and whose hearts are assured by the remembrance of Allah. Unquestionably, by the remembrance of Allah hearts are assured. (Qur'an 13:28).

Accordingly, the characters that prayer builds include: "God-fearing, good speaking and good acting." (Philips, 2021). Spiritual interventions in therapy may include the prayer of repentance (*Salaat al-Tawbah*) as prescribed in the *Shar'iah*. The client can perform this act of worship and ask God to pardon his sins with the hope of his repentance being accepted. It is narrated that the Messenger of Allah (ﷺ) said:

There is no one who commits a sin then purifies himself well and stands and prays two rak'ahs (units of prayer), then asks Allah for forgiveness, but Allah will forgive him. Then he recited this verse: 'And those who, when they have committed Faahishah (illegal sexual intercourse) or wronged themselves with evil, remember Allah and ask forgiveness for their sins; -and none can forgive sins but Allah (Abū Dāwūd, 1969).

There are verses in the Qur'an that contains rules of guidance and codes of behaviour to promote good health and healing (Qur'an 10:57; 17:82). According to Athar (2011), healing from the Quran is of three types: a) Legislative effect: This includes faith (*Imaan*) in God as not only the Creator but the Sustainer and the Protector. This also includes the medical benefits of the obligatory prayers, fasting, charity and pilgrimage. b) Health Guidelines: Health-promoting items from the Qur'an and the tradition of the Prophet Mohammed (ﷺ) including the use of honey, olives, fruit, lean meat, avoiding excessive eating, and the prohibition of alcohol, pork, homosexuality, sexual promiscuity and sex during menstruation. c) The direct healing effect of the Qur'an: In a study conducted by Ghiasi & Keramat (2018), there is evidence to suggest that listening to the recitation of the Qur'an had an effect in lowering blood pressure, heart rate, and to cause smooth muscle relaxation in Muslim Arabs, non-Arab Muslims and even in non-Muslims".

Ruqyah in Islam is a form of incantation. Sheikh Assim Al-Hakeem suggested that "it is the recitation of the Qur'an, seeking of refuge in Allah, remembrance and supplications that are used as a means of treating sicknesses and other problems as the Qur'an is a source of healing ". The goal of *Ruqyah* is to treat and cure evil eye, possession of *Jinn*, envy and black magic. *Ruqyah* has shown to have a direct healing effect. "It is permissible for you to recite Qur'an over water and to drink some of it and wash yourself with it." (Uthaymeen, 2003).

The conditions for using this approach is to have sincerity and placed one full trust, reliance and dependence only upon Allah. Allah, the Almighty, is the source of all healing and treatment. It is stated that (Uthaymeen, 2003):

"There is nothing wrong with the Muslim reciting Ruqyah for himself. That is permissible; indeed it is a good Sunnah, for the Messenger (ﷺ) recited Ruqyah for himself, and some of his companions recited Ruqyah for themselves."

It was narrated that: "When the Messenger of Allah was ill, he would recite al-Mi'wadhatayn over himself and spit drily. When his pain grew intense, I recited over him and

wiped him with his own hand, seeking its *barakah* (blessing).” (Bukhari, 1986). It is acceptable that an individual can recite *Ruqyah* for himself or for someone else. The strongest supplications that can be used are the *al-Fātiḥah* and *al-Mi’wadhatayn*. For an account on how to perform *Ruqyah* on oneself see Al-Hakeem (2014). The Scholars advise Muslims one who is sick (Uthaymeen, 2003),

Whether that is spiritual (mental) illness such as anxiety and depression, or physical illness such as various kinds of pain, to hasten first of all to treat the problem with Ruqyah as prescribed in Shar’iah. Then we advise treating it with natural materials which Allah has created, such as honey and plants, for Allah has created special properties in them which may treat many kinds of diseases. We think that you should not take artificial chemical remedies for anxiety. For this disease a person needs a spiritual remedy rather than a chemical one. So he needs to increase his faith and his trust in his Lord; he needs to make more Du’as and pray more. If he does that, his anxiety will be removed. Seeking to relax by means of doing acts of worship has a great effect on the soul, dispelling many kinds of psychological disease. Hence we do not see any benefit in going to a psychologist whose beliefs are corrupt, let alone one who is a kaffar. The more the doctor knows about Allah and His religion, the best advice he will give to his patient.”

It is valuable to remind ourselves the words of Allah: (interpretation of the meaning): *Verily, with every difficulty there is relief* (Qur’an 94:5-6).

CONCLUSION

There is an increasing recognition of the need for effective therapy with Muslim clients based on the development of Islamic psychotherapy and counselling. In summary, the nature and process of Islamic psychotherapy have a spiritual dimension and take into consideration of the purification of the soul (*Tazkiyah an Nafs*). The approach to this therapeutic model is to use psychotherapeutic and interpersonal skills, giving advice (when appropriate), educating the client in the creed (*Aqeedah*) and Islamic jurisprudence (*Fiqh*), and working with people to facilitate their psychological and spiritual growth and development. Given that the principles and practice of Islamic psychotherapy are not yet in a form where its actual implementation can be monitored, it first requires guidelines that can be integrated into a theoretical or conceptual framework based on the *Tawhid* paradigm.

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