Conceptualizing an Islamic Psychotherapy: A Grounded Theory Study

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Abstract

Many religiously committed Muslims do not seek psychotherapeutic services because of assumptions that psychotherapists will not engage with their religious values in an informed and open way. In light of this, an approach to psychotherapy is needed that explicitly values Muslims' religious orientations and commitments and integrates these into clinical practice. The present study builds upon an Islamic model of the soul to develop a data-grounded, experience-based model of Islamic psychotherapy. It does this by adopting a grounded theory approach to the analysis of interviews with 18 Muslim psychotherapists (12 men and six women) from six countries who believed that they integrate Islamic conceptions of psychology into their clinical practice. The ways in which participants understood and applied the four levels of the structure of the soul (the *nafs* or 'lower self'; the *aql* or 'intellect'; the *qalb* or 'heart'; and the *ruh* or 'spirit') in formulating an Islamic psychotherapy are examined. Their conceptualizations and reports of practice spoke of a holistic psychology with an emphasis on embodiment and of psychological difficulties occurring because of blockages or imbalances at the levels of the soul. These were seen as needing to be released to enable clients to align more closely with their pure and good nature that comes from and is connected to God. Participants expressed caution about over-stepping their knowledge and expertise and venturing into deep religious guidance. From these insights, an 'iceberg model' of Islamic psychotherapy is developed.

Keywords: grounded theory, Islamic psychology, Islamic psychotherapy, Muslim mental health, soul

Introduction

In many parts of the world, Muslims face significant challenges and crises that potentially carry implications for mental health, ranging from the experience of trauma in war-torn countries to the repercussions of Islamophobia in contexts where Muslims are a socially devalued minority. Yet many religiously committed Muslims do not seek psychotherapeutic services because of (often legitimate) assumptions that psychotherapists will not engage with their religious values in an informed and open way (Amri & Bemak, 2012; Killawi, Daneshpour, Elmi, Dadras, & Hamid, 2014). In light of this, it can be argued that an approach to psychotherapy is needed that explicitly values Muslims' religious orientations and commitments and integrates these into clinical practice.

Developing such an approach is not a straightforward endeavor. One basic difficulty is that many of the fundamental notions that inform the dominant discourse within contemporary secular psychology and psychotherapies (see Rose, 1998) are distinctly different from those of the Islamic paradigm (Badri, 2008): understandings of the nature of humankind, the purpose and meaning of existence, and the person's developmental trajectory. If therapists are working from within conceptualizations of the person and treatment goals that characterize the dominant, secular way of understanding and practising psychology, they may be undermining fundamental Islamic principles, ethics, or even laws (Abdullah, 1999; Skinner, 2010). In their resource document on religious/spiritual commitments and clinical practice, the American Psychiatric Association (2006) advocated that practitioners maintain respect for patients' commitments (values, beliefs, and worldviews) and avoid imposing their own religious/spiritual (or anti-religious/spiritual) values or other values, beliefs, and world views on their patients. More

specifically, practitioners were encouraged to make treatment decisions with patients in ways that respect and take into meaningful consideration those individuals' cultural, religious/spiritual, and personal ideals. The American Counseling Association (2009) identified and endorsed similar competencies needed for addressing religious and spiritual issues in counseling. Any counselor who wishes to embody these competencies needs to use "spiritual and/or religious concepts that are consistent with the client's spiritual and/or religious perspectives and are acceptable to the client"; establish "goals with the client that are consistent with the client's spiritual and/or religious perspectives"; and be able to "a) modify therapeutic techniques to include a client's spiritual and/or religious perspectives, and b) utilize spiritual and/or religious practices as techniques when appropriate and acceptable to a client's viewpoint."

The question remains of what practitioners need to do to achieve these outcomes in a non-tokenistic fashion. Simply 'Islamicizing' Western secular psychology and psychotherapies (that is, modifying core concepts within Western secular approaches to try to accommodate Islamic values and commitments) can only go so far in speaking to the life world of religiously committed Muslims and engaging with this client group in a deep, holistic way (Abu-Raiya & Pargament, 2011). Instead, there is a need to develop a different psychology and psychotherapy rooted in a model of the person derived from Islamic theology, philosophy, ethics, and guidance. Such an undertaking is a matter of radically respecting and honoring clients' religious beliefs and commitments and acknowledging the potential for healing and growth that exists within their religious framework.

An Islamic model of the person or 'soul' was presented by Rothman and Coyle (2018) explicitly as a basis for an Islamic psychology and psychotherapy. The model that they described was crafted from a close, systematic analysis of interviews with scholars and practitioners in

Islamic psychology, philosophy, religion and spirituality that focused on their understanding of the nature, structure, and development of the soul within the Islamic tradition. The accounts that these participants provided drew upon their familiarity with original sources within Islamic philosophy and ontology. The resultant model is deeply rooted in Islamic theology and its components are referenced in the Qur'an, Hadith, and the works of many early Muslim scholars. It can therefore be seen as a lens, pinpointing key insights from this body of knowledge (albeit with inevitable simplification).

According to this model and its sources, the human soul has an innately pure and good nature (referred to in Arabic as *fitrah*) that comes from and is connected to God (*Allah*) but that becomes covered over and forgotten as a natural part of life in this temporal, material world (*dunya*). Throughout its life in the *dunya*, within the soul there exists a dynamic interplay of conflicting forces that affect the psychological state of the person and determine relative levels of alignment or misalignment with *fitrah*.

The *qalb* or 'heart' is seen as the spiritual center of the person and is where the faculty of intellect or reason (*aql*) is located. The *qalb* has the potential to turn in either of two directions. It can turn toward the lower impulses of the self (*nafs*) and become further misaligned with *fitrah* through the influences of the *dunya* and *shaytan* ('the devil'). This is said to result in a heightening of vices (*muhlikat*), such as anger, envy, greed, and lust, and a state of forgetfulness or heedlessness of God (*ghafla*). Alternatively, the *qalb* can turn toward the higher, Godly nature of the spirit or *ruh* (a term that usually refers to the divine spark within the human being or the aspect of the soul that is connected to God), with the remembrance of *Allah* and the afterlife (*akhirah*) resulting in increased virtues (*munjiyat*), such as wisdom, justice, courage, and temperance, and bringing the soul closer into alignment with the state of *fitrah*.

The relative state of the soul in relation to either of these two poles at any one time is articulated in what were seen as three distinct stages of the soul's development throughout life in the *dunya*. These stages are termed *nafs al amara bil su* ('soul that inclines to evil'), *nafs al lawwama*, ('self-accusing soul'), and *nafs al mutmainah* ('soul at rest'). The model posits that the soul has an inherent inclination toward growth and an upward trajectory due to its primordial nature of knowing God, and that the Islamic tradition, guided by the *Qur'an* (the central religious text of Islam) and *Sunnah* (the tradition based on the life and behaviors of the Prophet Muhammad), encourages and maps out a path for the human being to pursue this trajectory. This is demonstrated in the description of processes along the path that act as mechanisms for exerting effort in the dynamic interplay within the soul as it struggles between opposing 'pulls', namely *jihad an nafs* ('struggle of the soul'), *tahdhib al akhlaq* ('reformation of character'), and *tazkiyat an nafs* ('purification of the soul').

These findings reflect and support those reported by others who have sought to describe an Islamic framework of the psychological nature of the person, most notably Abu-Raiya (2012) and Keshavarzi and Haque (2013), particularly in the centrality of the elements of the soul (*nafs, qalb, aql, ruh*). However, the specific dynamics of how these interrelate and interact are under-developed in Keshavarzi and Haque's (2013) work but are a key feature of the model presented by Rothman and Coyle (2018). (An elaborated presentation of these elements of the soul, their differences and interrelations can be found in Rothman and Coyle's (2018) paper.) In its consistently Islamic grounding, that model diverges more significantly from Abu-Raiya's (2012) Qur'anic theory of personality that follows some of the *a priori* assumptions of Freudian theory and holds a largely negative view of human nature.

With the presentation of this Islamic model of the person or 'soul', there is now a need for studies that translate it into practical applications in the familiar language of psychology and psychotherapeutic interventions. Some attempts have been made to develop and evaluate Islamic psychotherapeutic interventions from Islamic versions of psychology (for example, Abdullab, 2007; Abdullah et al., 2013; Al-Karam, 2018; Keshavarzi & Haque, 2013; Naz & Khalily, 2015). However, these are limited in terms of the nature, grounding or scope of the underpinning Islamic framework or the reported interventions. The study presented in this paper builds upon the Islamic model of the soul described by Rothman and Coyle (2018) to develop a data-grounded, experience-based model of Islamic psychotherapy. The study's research question is: "How is the Islamic model of the soul conceptualized into a psychotherapeutic approach?" This question is answered through the analysis of qualitative interview data from a range of psychotherapists from diverse backgrounds who believe that they integrate Islamic principles into their clinical work.

Method

Research design: The grounded theory approach

As the explicit aim of the research was to develop a data-grounded model of Islamic psychotherapy based upon the Islamic model of the soul, a qualitative, grounded theory approach was adopted for the collection and analysis of data (Charmaz, 2014; Payne 2016). This approach enables new theoretical insights to be developed directly from a systematic interrogation of data and is particularly useful in areas where existing theory is incomplete, inappropriate or entirely absent. Data were generated through individual interviews to enable participants' conceptualizations and reported experiences of Islamic psychotherapy (practice) to be studied in a detailed, contextualized way.

Grounded theory methodology developed out of a programme of sociological research concerned with exploring the experience of dying patients in American hospitals during the 1950s and 1960s (Glaser & Strauss, 1965). The lack of 'grand' theories and the inappropriateness of survey methods (which were popular at the time in sociology) provided the impetus for the development of new ways of doing qualitative research. Glaser and Strauss's (1967) book *The Discovery of Grounded Theory* offered a critique of a number of features of research practice at the time, including the hypothetico-deductive method in which research was designed to test existing theory. Instead they proposed a method of developing theory inductively from close examination of qualitative data. The grounded theory approach was taken up by psychologists early in the popularization of 'Big Q' qualitative methods in that discipline (for example, see Richardson, 1996). (A 'Big Q' approach to qualitative work does not seek to quantify data and does not aspire to the problematized aim of 'objectivity': see Kidder and Fine, 1987.) Although a minority pursuit within contemporary qualitative psychology, grounded

theory is still recognized as a valuable part of the methodological repertoire of that domain, especially in research that aims to build theory (for example, see Lyons & Coyle, 2016).

Its central aim of crafting new theory inductively is achieved through a recurrent sequence of data generation and data analysis and a distinctive approach to sampling. After an initial sample has been recruited and data have been generated (usually by interviewing), those data are subjected to systematic analysis. In a standard grounded theory study, the researchers assign labels or 'codes' to units of meaning within the data (that is, words, phrases, sentences or larger segments of text that are relevant to the research focus) in a process known as 'open coding'. These codes seek to capture the core features of the units of meaning. Through the constant comparison of codes and the identification of connections between them, the researchers develop higher-level 'theoretical categories' that organize the data. The researchers reflect upon these provisional categories and their interrelations and then return to the field, seeking participants who can add new perspectives to the data set to enable the emergent categories to be elaborated, refined, confirmed or queried. The ongoing sampling process is driven by the emergent categories that, in their finalized form, ultimately constitute the resources from which new theory is crafted. Hence it is termed '*theoretical* sampling'. When new data have been obtained and analysed, theoretical sampling is undertaken again. This iterative process ideally occurs until 'saturation' is reached, that is, until no new examples of the categories are identified through fieldwork and a theory can be developed from the categories that can explain all variations in the data (Payne, 2016). However, sometimes practical considerations curtail the process, such as time and resource limitations. In this case, a study can only claim to have begun moving *towards* the production of a grounded theory (for example, see Karlsen, Coyle, & Williams, 2014).

Participants

Participants were sought who believed that they integrate Islamic conceptions of human psychology into their practice of psychotherapy and who could therefore act as 'key informants' concerning integration processes and outcomes. It was difficult to identify a large number of potential participants due to the relative scarcity of practitioners who integrate an Islamic paradigm of psychology compared to the number of Muslim psychotherapists who practise primarily within a secular model. Over the course of the study, 25 individuals were identified and 18 agreed to participate. Most were known by the first author to be self-identified 'Islamic psychotherapists' but others were obtained through personal recommendations and 'snowballing'. All were trained in some form of Western secular therapeutic modality and some had training specific to Islamic psychology. The participant group consisted of 12 men and six women who came from six countries across four continents and ranged in age from 26 to 89 years, with a mean age of 46 years. The sample consisted entirely of practising Muslims.

On the basis of their accounts of applying and integrating Islamic principles, participants were categorized by the researchers into three modes of integration that differed in scope. A list of participants identified by pseudonym, the geographic location where they practise, the therapeutic models and disciplines in which they said they had been trained, and their mode of integration can be found in Table 1.

[Insert Table 1 about here (see p.37)]

Six participants practised Western secular therapy with Muslim clients and aimed to integrate Islamic principles and concepts into this in an *ad hoc* way, engaging within their practice the first two (sometimes three) levels of the soul (that is, the mode of integration in the

top right of Table 1). These participants *aspired* to this form of integration and engagement. However, during their interviews, most reflected that they were not operating in as thoroughly an Islamic way as they had thought, mostly because they were uncertain about what differentiates an Islamic paradigm of psychology from a Western one and what exactly a serious Islamic psychotherapy would involve in practice.

Eight participants had an Islamic religious education and applied that knowledge in a concerted way in psychotherapy practice, engaging the first three (sometimes four) levels of the soul (see the middle of the right-hand column in Table 1). These participants believed that this constituted a properly Islamic approach to psychotherapy. However, they did not actively incorporate into their clinical practice a process of inner spiritual reflection which, with spiritual practices, is central to the work of 'purification of the soul'. This was due either to a lack of personal experience with *tazkiyah* or a lack of understanding of whether or how it has a place within Islamic psychology or psychotherapy. Although most of these participants possessed more Islamic knowledge and training than those in the first group, they were still exploring how to apply parts of that knowledge in clinical practice. To some degree, participants in both of these groups were fusing Islamic teaching with a Western secular framework, with the second group getting much closer to actual integration.

Four participants practised psychotherapy from a uniquely Islamic perspective and did so within the framework and guidance of traditional Islamic spiritual teachings, engaging all four levels of the soul. Those in this group (see the bottom of the right-hand column in Table 1) had training in *tazkiyat an nafs* and were working from within an Islamic spiritual framework of treating the soul. This was their grounding and starting point: they seemed to be drawing upon concepts and methods from Western secular psychology to strengthen their traditional Islamic

approach where relevant. This was the smallest of the three groups of participants, possibly indicating the rarity of such an approach currently.

Theoretical sampling was used after an initial phase of fieldwork. For example, when it became clear that most of the participants who were interviewed in the early stages of fieldwork were using the mode of integration in the top right of Table 1, practitioners who used a more specific and deliberate Islamic approach were then sought. To take another example, when a participant who was trained in Islamic spiritual healing provided insights that extended the emergent categories in new ways, other practitioners who had that experience were sought and were invited to participate.

Data generation

Data were generated through individual, semi-structured interviews conducted by the first author. The interview schedule featured open-ended questions that were developed to help participants share their personal views and experiences of integrating Islamic principles into their therapeutic practice. Participants were first asked to describe and explain their approach (for example, "What approaches do you use with your clients that are informed by Islamic principles?"). The interview then focused on principles and categories from the Islamic model of the soul described by Rothman and Coyle (2018). That model was shown to participants and they were asked whether and, if so, how they applied or might apply (aspects of) it in their clinical practice (for example, "How would/does it look to use *muhlikat* and *munjiyat* in therapeutic interventions with clients?").

When a favourable ethical opinion for the study had been obtained from the researchers' university, the interview schedule was piloted with two Muslim clinicians which

resulted in minor changes. Over the course of the study, eight interviews were then conducted in person in various locations (for example, in participants' offices, in coffee shops, and in rooms at a conference venue) and 10 by Skype. The interviews lasted on average for 60 minutes (range: 30-90 minutes). Each was digitally recorded and transcribed verbatim.

Data analysis

Transcripts were analyzed using the same version of grounded theory that was used by Rothman and Coyle (2018). This version was formulated by Charmaz (2014). It builds upon the original version of grounded theory crafted by Glaser and Strauss (1967) and follows the steps described earlier. In this study, it was used to develop the scope of the Islamic model of the soul through researching and modeling its application in Islamic psychotherapy. In this sense, the study represents a stage in an ongoing grounded theory process whereby a theory or model that has been developed in one study is tested and/or elaborated in subsequent studies with related but different foci.

Data from the initial interviews were engaged with through open coding. As noted earlier, normally these codes would be developed into theoretical categories. However, in this study, theoretical categories were imported from the Islamic model of the soul (see Table 2) and the open coding process was focused on determining how those categories operate or change when applied in psychotherapeutic contexts.

[Insert Table 2 about here (see p.38)]

The application of the theoretical categories was refined/developed through a process of 'axial coding'. During axial coding, possible relationships between (aspects of) these categories were noted, hypothesized, and tested against data obtained in ongoing theoretical sampling until

saturation was reached. Saturation occurred just before the eighteenth participant's transcript was analysed, as data collected from interviews at this point were only producing recurring codes. The emergent model of an Islamic psychotherapy based on the Islamic model of the soul was then re-grounded by going back to the data and validating it against interview text (Payne, 2016).

Quality control

To ensure quality, this study was guided by the criteria for excellence in qualitative work identified by Tracy (2010). These included the worthiness of the topic, resonance, the significant contribution of the work, and rich rigor. As the resultant model represents the outcome of a dynamic, iterative interaction between the data and the researchers' interpretative lenses, for the sake of transparency it is also worth noting the researchers' 'speaking positions'. Both researchers share a longstanding interest in the relationship between religion and psychotherapy, including the potential benefits and challenges of integrating religion into psychotherapy. For the first author, this interest has been explored largely within a private practice setting, integrating Islamic principles into psychotherapy with Muslim clients. For the second author, this interest has been explored mainly through conducting a body of relevant qualitative research over some years, informed by concepts from psychotherapeutic and social psychology. Both authors have longstanding religious commitments: the first author is a practising Muslim, having converted to Islam in 2005, and the second author's religious position is principally informed by Jewish and Christian sources. These sometimes different and sometimes complementary standpoints enabled the development of an analysis that was scrutinized from useful vantage points and that was not idiosyncratic. Findings were shared with various stakeholder audiences which provided external scrutiny and evidence of resonance. For example early renderings of the model in diagrammatic form (that is, early versions of Figure 1) were shown to Islamic scholars, clinicians who are

familiar with the Islamic context, and clinicians not familiar with an Islamic context, to obtain feedback on whether the model resonated with their relative areas of expertise and experience. Responses from these stakeholder audiences were then fed back into the analysis by adjusting the language, descriptions and representations of concepts that were constructed from the data.

In the data excerpts that are used to illustrate the model in the next section, pseudonyms have been assigned to participants; dots indicate pauses in participants' speech; clarificatory material appears within square brackets; and empty square brackets indicate where irrelevant or repetitive material has been excised.

Results

The four main categories that constituted the Islamic model of the soul, as described by Rothman and Coyle (2018), (that is, the nature, structure, stages and development of the soul: see Table 2) were familiar to all participants. With their sub-categories, they were recognized as a legitimate basis for the elaboration of a model of Islamic psychotherapy. The ways in which participants applied the four levels of the 'Structure of the soul' (*nafs, aql, qalb,* and *ruh*) in formulating an Islamic psychotherapy are elaborated in this paper. That category and its sub-categories have been selected as the focus here because participants believed they provide the foundations of how psychotherapy should be understood and practised within an Islamic paradigm.

Structure of the soul

Nafs (lower self)

Most participants represented the *nafs* level of the soul or self as the aspect that is related to behavior, motivation, and impulse. While the word *nafs* in Arabic literally means 'soul', within the classical Islamic literature it is often used to describe an aspect of the soul that is manifested only within the temporal existence. When used in this way, it more closely represents what is usually meant by the term 'self' within contemporary psychology. Within the Islamic model of the soul, the *nafs* was conceptualized as the 'lower self' that accumulates sin or is driven to be disobedient to the commandments of God and/or the natural good *fitrah* self or is simply disconnected from God and truth through an individualization of the self. In applying it to psychotherapy contexts, participants seemed to be principally concerned with how to engage the different aspects of the soul for the sake of working toward change. In the case of the *nafs*, several participants spoke about it as not necessarily "bad" or "evil". Participants used the term 'evil' because of the tendency among Muslims to associate the *nafs* with one of the stages that the *nafs* can fall into, which is called *nafs al amara bil su* ('the soul that commands to evil'). Participants reported attempting to reframe the use of the term 'evil' if and when clients used it based on their familiarity with the Arabic terminology. They tried to understand its role in the self-system or the holistic picture of the integrated soul (including *nafs*, *qalb*, *aql*, and *ruh*) of the person and how it influences the client's presenting problem and desire for change.

In discussing how he engages the *nafs* in therapy, Matthew said he will introduce to clients "the idea of the self and the different levels of the self and some levels of the self that could be harmful to us if we give them free rein in a way." He and other participants spoke of using this conception of "the *nafs* as harmful if left unchecked." They identified the main reason

17

for invoking and engaging with the *nafs* in therapy as being to work with the client to control and direct its inclinations. In speaking of this, Firas said "behavioural inclinations like *nafs* [ ] could be positive or negative." Here Firas illustrates a sentiment that was commonly shared among the participants: that the goal of therapy is not only to subdue or override the *nafs* but rather to understand it and get it working toward therapeutic change within the self-system. To this end Enas went as far as to say that the seemingly negative inclination of the *nafs* can have a positive impact in changing the system or the whole self. She said, "the *nafs* suffer. This suffering of the *nafs* will nourish the *ruh*" [the aspect of the soul that is connected to God] suggesting that even when a person moves toward these so-called 'evil inclinations', the trials and tribulations caused by such inclinations can motivate a person toward change and even cleanse the overall soul.

Whereas behavioral interventions were seen as an important part of overriding the inclinations of the *nafs* and helping to break their hold on the person, most participants said that there needs to be a level of self-awareness fostered in conjunction with any behavioral intervention. For example, Maha said:

> "My goal is to get them [clients] to establish a level of self-awareness and you could call this watchfulness. You're just mindful of what's going on so like when you're in the moment, and this obviously is a thing that you improve on, you don't just arrive there and it's an evolving thing. But to be able to get to a point where you know for example when you speak that, okay, 'Is this coming from ego, like what was I trying to say here?' To be connected to your self is the goal here."

Note that here Maha used the term 'ego' in a casual colloquial manner, invoking a familiar term in English to reference the *nafs* part of the self-system within the Islamic model of the soul. Participants suggested that helping clients reflect on their behavior and motivation and

introducing some tools for self-awareness were an integral aspect of therapeutic interventions that are useful at the level of the *nafs*. Their standard view was that bringing a person's motivation and impulses into awareness can shift them from being enslaved by these inclinations and toward using these insights to build the willpower to overcome them and change behavior.

Participants identified some means by which this self-awareness could be developed. For example, Firas described his approach to working with a client who experienced anxiety and had difficulty sleeping due to racing thoughts and preoccupations with negative self-evaluations and concerns about wrongdoing. He suggested to this client, "Why don't you take five to seven minutes to just sit down and do just kind of a *muhasabah* of your entire day and accountability, just to kind of go through your day from morning until night?" The term *muhasabah* is an Arabic word meaning 'introspective examination' and is a process of taking account of the soul or self. It is known to have been referenced in the Islamic tradition as far back as Umar ibn al Khattab, a companion of the prophet Muhammad, and was popularized by Harith al Muhasibi, whose name became synonymous with the practice (Picken, 2011). Firas explained that he integrates this Islamic concept of *muhasabah* with the popular Western psychological therapeutic practice of keeping a journal of thoughts and activities throughout the day (Kazantzis & Ronan, 2006).

Aql (intellect)

Participants collectively had most to say about interventions that they use at the *aql* level. This was presumably because, although most aspired to a genuinely Islamic model of practice, their training was in Western schools of psychology and psychotherapy with a focus on the mind and/or brain. Hence most of their therapeutic resources focused on cognitive processing.

However, the ways in which they discussed the use of cognitive strategies reflected varying degrees of Islamic specificity.

Participants talked about what they saw as the usefulness of engaging the *aql* as a tool for influencing a dynamic interplay in the soul to encourage a trajectory toward the *ruh* and the upper half of Rothman & Coyle's (2018) model. In other words, the *aql* was seen to serve as a regulating factor in helping the person make choices to rein in the destructive inclinations of the *nafs* and exert control over it to lead toward more disciplined action and alignment with *fitrah*.

While participants acknowledged that the cognitive approach to psychotherapy has its place within the Islamic framework, many expressed the view that it should be considered as only one aspect of the conceptualization of the person and of any resultant Islamic therapeutic approach. They all reflected a concern that, like most people, their clients over-identify with thoughts. They believed that, while it is necessary to work with those thoughts, therapists also need to move their clients beyond that focus. For example, Kabir said:

> "I always tell my Muslim clients, 'Your mind is not your identity, it's just an instrument, it's not your total identity, you need to get out of your head. Stop assuming everything is happening in your head, that's not Islamic.' Islam includes this and this and this and this [pointing to the other levels of the soul represented in Rothman & Coyle's (2018) model]. And so that changes things even from a CBT [cognitive behavioral therapy] perspective which is supposed to be all about cognition."

Thus participants indicated that while CBT and its variants can provide useful resources for Islamic psychotherapy, they cannot provide the entire therapeutic approach. Participants insisted that important aspects of the client's self and psyche and of the non-material world lie beyond the scope of CBT and must be taken into consideration in an Islamic approach. For example,

Mahmoud pointed to supernatural factors that are part of the Islamic framework and are believed to have an effect on a person's functioning:

"Like, say for example working with a person with psychosis for example, and so like psychosis so understanding it from a purely CBT perspective or a Western psychology perspective, it doesn't appreciate a wide understanding of the self or for example the influence of *waswasa* ['evil whispering'], or even in terms of *shaytan*, for example, in terms of understanding their thought patterns and processes or also the possibility of some external influence on the person in terms of *jinn* [unseen supernatural beings] disturbance."

Whereas participants recognized the need for other resources, it was apparent that many felt more comfortable with CBT, even if out of sheer familiarity. This was also said to be the case with clients – that, because of a societal preoccupation with identifying the self with thoughts, clients tend to be more familiar and comfortable in engaging with cognitions. Obaid said:

"That familiarity gives CBT the edge and sometimes unfairly it gives it the edge. And people are more willing to kind of go down that route already. So you know if they don't – it's usually someone who's really like in a – [ ] those people are more, in some ways, they're already on a spiritual plane, transcendent plane."

Here Obaid alludes to the idea shared by some participants that underneath the cognitive level lies a gateway to a more spiritual experience of the self that is more in touch with the soul.

Among the participants who were more comfortable and familiar with engaging the spiritual dimension of the client's experience within the therapeutic encounter, there was an acknowledgment that the primary objective in addressing cognitions was to access deeper emotional material. The relationship between cognition and emotion was not seen as a simple

one: there was an understanding shared by most participants that the *aql* is in effect a function of the *qalb* or 'heart'. Specifically, their belief was that, while we perceive our intellect as located in the head or brain, there is also an aspect that is located in the heart and has to do with feeling. For example, Rayyan talked about engaging the *aql* as a pathway to accessing the *qalb*:

> "I'd say that one [the *aql*] leads to the other [the *qalb*]. So like if it's a self-statement, I feel like the self-statement leads you inward to your heart and then once you get to your heart, then it goes into a spiritual context. Where some people begin with the spiritual but some people have to begin on the outside because they don't even know themselves enough…So it's kind of like a pathway."

This is reflective of the Islamic conception of the heart being the seat of consciousness, something that is shared by other spiritual traditions including Judaism (Morinis, 2014) and Buddhism (Pine, 2005) but which really does not have a correlation with anything one would learn in the field of Western secular psychology.

A few participants went further and expressed the view that the body itself has an element of knowing and thinking that would be considered *aql*. These participants argued for embodiment as a core element of an Islamic psychotherapy and that it is essential to find ways of accessing this bodily knowing as a guide to where the source of imbalance or pathology lies within the whole self-system in order to heal it. As an illustration of this and of the connection between cognition and emotion, Enas said she understood that emotions become stored in the body from trauma and contain types of cognition that can be perceived and expressed by the body itself. She explained that she tracks these to their deeper source within the person's stored emotional material, saying "I reach the core, core, core of the thought that makes the problem. I believe every thought is formed inside of its emotion, every thought." Her understanding was

that every (memory of) traumatic experience that creates an imbalance or blockage and causes dysfunctional patterns within the system of the soul has a cognition. By 'imbalance' here we mean the underlying root cause of why a psychological or psychosomatic symptom is presenting, which is understood as a blockage of the person's *fitrah* or natural healthy functioning. The blockage, in this sense, is the reaction or response from a traumatic experience or event that is keeping the self-system from operating at its prime *fitrah* functioning and thus creating an imbalance. We are defining 'balance' here as the state of equilibrium in the soul where all aspects (*nafs, qalb, aql, ruh*) are integrated. When a dis-integration of these aspects occurs, the self-system or soul is in disequilibrium or imbalance. As Enas succinctly put it, "Every block has *aql*." The contention was that there is information behind each blockage within the psyche that, when understood and reframed or realigned, can release the hold that it has within the person and alleviate the maladaptive symptoms it is causing.

Echoing Enas and elaborating the embodiment motif, Harun explained that the Islamic concept of *aql* involves a level of thinking that even extends to the limbs of the body. He reported that, in his work with clients, rather than saying something like "Explain what it feels like to have your feet contact the ground", he would instead say "What does the mind of your feet perceive as it contacts the ground?" In talking about accessing emotional material by having the client concentrate on the body, Enas said:

> "When I talk to any part of the body, they will just respond and tell me. So their legs will testify. On the judgement day Allah will make the legs, for example, talk. So will all the cells in the body. It is written in [the Qur'an]."

Here Enas refers to the *ayahs* (verses) in the Qur'an that say that on *Yom al Qiyama* (the 'Day of Standing'), when a person is taken to account for their actions in this world after they die, their

own limbs will testify to what they did with them. While some may not read this literally, there are traditional *tafsir* (exegeses) that understand this to mean that there is an aspect of memory in the body. It is this bodily memory that both Enas and Harun reported actively seeking to engage in their treatment of emotional material that was seen as creating blockages to a person being able to live within their *fitrah* state.

From the foregoing material, it is clear that some participants understood the Islamic concept of *aql* as being much broader in scope than the popular representation of the intellect as confined to the mental faculty. This breadth was also noted by the Islamic scholars in Rothman and Coyle's (2018) study that presented the Islamic model of the soul. Indeed, Enas contended that the entire system of the person or soul contains aspects of *aql*:

> "From my experience, in the *ruh* there is a cognitive process, in the *qalb* there is a cognitive process, in the *nafs* there is a cognitive process. So there is no *aql* because the Qur'an never mentioned *aql*. It only says *yaqilun*… it is only processing."

Enas is referring here to the *ayah* in the Qur'an that invokes the concept of *aql* but where the word *aql* is not used; it is not referenced as a thing in itself but as a function of the *qalb*. The *ayah* says, "So have they not travelled through the earth and have hearts by which to reason and ears by which to hear? For indeed, it is not eyes that are blinded, but blinded are the hearts which are within the breasts" (Q, 22:46).

Qalb (heart)

Almost all the clinicians emphasized the centrality of the *qalb* (heart) in an Islamic conception of psychology, just as the scholars in Rothman and Coyle's (2018) study placed the *qalb* at the centre of an Islamic model of the person or soul. However, when it came to clinical application,

participants collectively had much less to say about how they engage the *qalb* in their practice of therapy compared to their reflections on how they engage the *nafs* and the *aql*. This was ironic given that many participants talked a great deal about how their understanding of an Islamic approach is about working with the heart as the center of the person and their psyche. Yet, in discussing how they access and work with the *qalb*, their responses were thin on the whole.

Most participants reported that, in the initial phase of their practice of Islamic psychotherapy with a given client, much of their work focuses on helping the client to re-conceptualize mental health by introducing the idea that the client's psychology is not synonymous with their thoughts but that the heart also plays a central role. Most alluded to the development of a holistic understanding of mental health among clients through psychoeducation as a general early therapeutic goal. Kabir saw this as helping clients in "Recognizing that they have, you know, an organ of perception as the heart and that it's not just all about your mental cognitive dimension." Likewise, in discussing this psychoeducation work with clients, Matthew said, "A harmonious relationship between the mind and the heart is another concept that I often will talk about." Maha said:

> "I try to tell them how we all potentially can experience symptoms by our mind and, to get ourselves away from that, we need to be in the here-and-now because that's the only way that our heart can actually be activated."

This psychoeducation work was seen as helping clients develop greater self-understanding and as a preparative precursor to the therapeutic process. These and other participants stressed that the next step, after enabling clients to recognize and be aware of the heart as a relevant factor, is to help them understand how the heart and mind or intellect interact. The fostering of greater balance between the heart and mind/intellect was seen as the therapeutic goal here. As Maha and

other participants indicated, this step will involve the therapist guiding the client to "activate" or "connect" with the *qalb* in some way.

Of those participants who had developed strategies for engaging the *qalb* within an intervention, many indicated that cultivating a state of present awareness within the self was a key factor in this process. Presence, or *hudur* as it is known in the Islamic tradition, is an integral part of many spiritual practices, most notably in the cultivation of mindfulness which is most usually associated with Buddhism (Hanh, 1976). It is believed to be useful in helping a person make contact with an inner state of calm that is focused on the present moment and not preoccupied with the inner turmoil often caused by a focus on thoughts and emotions which can fluctuate (for example, see Clarke & Tee, 2019). For many Muslims, the practice of cultivating such a state is often a foreign concept and few have an experience of it as part of Islam. However, there is a great deal of historical context to the cultivation of this practice within the Islamic tradition (Badri, 2007). While some of the participants expressed an awareness of this, very few had experience of training in the Islamic practices traditionally used to cultivate *hudur*, such as *tafakkur* (contemplation), *muraqaba* (meditation), *muhasaba* (introspective examination) and breathing practices that are taught within the Sufi *tariqat* (paths/orders). Several participants mentioned that they felt this is an area that needs to be further explored and that these traditional tools and techniques can be adapted to the therapeutic context to aid this attempt to connect with the *qalb* and to deepen any connection.

Of those few participants who tried to engage the *qalb* in this way in therapy, most reported helping clients to spend time physically focusing on the heart center in the chest and quietening thoughts during this process. In this regard, Maha said, "The goal is to connect them [clients], to get them to look inward because the problem is one where we disconnect from

ourselves and look everywhere else for peace and stability." This idea of "looking inward" was referenced by a few participants who described this as a literal act of closing the eyes, dropping into the inner world of the self, and experiencing this state of presence within the body. In explaining his use of this technique, Matthew said:

"Often these ideas of following your heart are like getting out of your head and like trusting what's here [pointing to his chest] rather than always trusting what's up there [pointing to his head]. And I think even from a mindfulness-based perspective, of which I adhere to, it's just this idea of 'Can we get out of the rumination of the mind and of the brain and drop down into what's real for us in the body and in the heart?'"

Exemplifying the motif of embodiment, Harun described a similar process of orienting a client to the experience of the body in more specific terms:

"I say, 'What do you notice in your body at this particular time?' and the homework I give all my patients and all people I work with, I say 'Between now and our next session, notice what happens in your body – the physical states in different situations' and depending upon how resourced they are I may start with very positive things – 'When you see something beautiful, notice what happens in the body.'"

Whether approaching it through the body or through the verbal expression of feelings, there was a shared conception among these participants that the emotional material stored within the *qalb* can be a deep, underlying source of imbalance or pathology within the total system of the person. This unaddressed emotional material was seen as a block at the level of the *qalb*, covering over or impeding one's ability to open the heart to its natural potential to be in a state of peace and balance. Rather than focusing solely on restructuring thoughts as a way of alleviating symptoms, several participants contended that the *qalb* is an access point to the inner spiritual reality of the

person. Engaging the *qalb* was seen as allowing the therapist to work within a more spiritual framework, with the person's soul rather than just the surface level experience of their reactions, impulses, and thoughts in their life in the *dunya*.

Ruh (spirit)

Similar to the *qalb* level of the soul, in some respects most participants seemed rather vague about how they engaged or would engage the *ruh* or 'spirit' dimension in therapy. Some acknowledged that they did not understand clearly how the *ruh* might be engaged. A few went further and expressed skepticism about the possibility of such engagement. Participants who held that the *ruh* can be engaged often pointed to its abstract nature and how this can make it difficult to articulate in a concrete manner exactly how they engaged the *ruh*. For example, Maha said:

> "I think with that just is more about again psychoeducation because I mean you can't really – how do you engage the soul in session? I mean, you do but like how do you?… It's not something that you would just know, like a concrete intervention."

From the preceding discussion, it was clear that Maha was using macrocosmic synecdoche here to refer to the *ruh* aspect of the soul. She was contrasting the task of engaging it with what she saw as the easier task of engaging the *nafs* and the *aql* through feelings, cognitions, and behaviors.

While this view was shared by most of the participants who had less formal training in the Islamic religious sciences or *tasawwuf* because of a general lack of knowledge and understanding, there seemed to be an apprehension in fully embracing and engaging with the *ruh* in terms of clinical treatment even among many of those who were more learned in this respect. Participants reported a central factor that contributed to this apprehension: that in general the *ruh*

is perceived as something only truly known by God and therefore should be regarded with reverence and caution. Several participants referenced an *ayah* in the Qur'an that says "And they ask you, [O Muhammad], about the *ruh*. Say, 'The *ruh* is of the affair of my Lord. And mankind have not been given of knowledge except a little.'" (Q 17:85). This *ayah* was interpreted to mean that the *ruh* is a sort of secret of God's and that even among the learned there can never be full understanding of it. Following from this interpretation, all but one of the participants seemed to act as if there were 'red tape' around the issue of knowing and understanding the *ruh* and therefore for the most part appeared to avoid attempting to involve this aspect in any clinical treatment plan.

Some participants understood the *ruh* as necessarily affected by whatever imbalance has resulted in a person living out of accord with their *fitrah*. They saw the *ruh* as responding or contributing to symptoms that appear as presenting problems, even if its role in those symptoms and problems is not obvious. Firas gave an example of how a client might experience a persistent thought or feeling that something is amiss and may experience anxiety, of which the origin in the *ruh* may not be evident:

> "You know that's more like a *ruhani* [pertaining to *ruh*] thing that's telling you that you
> know there's something that you did that you've left out that you need to take care of and
> it [the *ruh*] can't sit with that, you know, that causes that anxiety."

These participants seemed to be suggesting that the relative state of a person, based on blockages or imbalances at other levels of the soul, has a direct effect on the *ruh* as it responds to the larger system of the person being out of *fitrah*, and that this can be a central aspect of the client's presenting difficulties or pathology. Those participants who believed that the *ruh* can be engaged within therapy and who felt comfortable about their routes of engagement expressed the view

that, whether or not someone understands its nuances on a spiritual level, the *ruh* must be taken into consideration in any appropriate, effective treatment plan within an Islamic framework because it plays a central role in the Islamic conception of the soul. These participants asserted that it is only by engaging the *ruh* that the therapist can bring the client into closer relationship with God, which is what defines optimal psychological health within the Islamic paradigm.

Even though participants felt that the *ruh* had an ineffable and to some extent an unreachable quality, collectively they had more to say about what they actively do in interventions oriented toward engaging the *ruh* than they did about the *qalb*. This was primarily because most of them considered religious practices of worship, prescribed in the Qur'an, as nourishing for the *ruh*. So, although they did not necessarily understand how to assess the state of the *ruh* or a person's connection to it, they felt capable of involving the *ruh* in a treatment plan simply by advocating that which is recommended or obligatory within Islam. For example, Hind said that often she brings acts of worship into a therapy session and does them with the client, for example, making *dua* (supplication). She reported that, if her client is female, she will even pray the *salah* together in the session (that is, the act of worship that Muslims are required to perform five times every day). Such an incorporation of prayer is not uncommon in other forms of spiritually-integrated psychotherapy, such as Christian counselling (Tan, 2011).

In relation to suggesting or assigning *ibadat* (acts of worship) to clients, Hamit said, "They are going to help you gain spiritual strength, so you're sort of essentially feeding to the *ruh*, the spirit, there." Extending this, Rahim said:

"As a specific area, I would occasionally recommend certain spiritual practices like listening to Qur'an. Within my knowledge, reciting certain names or a certain *ayah* like *surat al khaf*, [a specific chapter of the Qur'an], before sleeping for bad sleep. But I know

the limitations of my knowledge in this. I would be prepared to say 'Go and see

somebody that knows more about these things' for something that is more specific."

Here Rahim invoked a sentiment that was shared by many. Participants generally expressed great

caution about over-stepping their knowledge and expertise and venturing into deep religious

guidance. In response to this, some stressed the need to refer clients to religious leaders and

emphasized the desirability of having ongoing relationships with *shaykhs* (spiritual masters) or

imams to whom they could refer clients for religious guidance. Others stressed the need for

therapists themselves to have a substantial education in Islamic religious knowledge. Indeed,

several of the more Islamically-learned participants recommended that Islamic therapists should

be dual-trained in both Islamic sciences and psychology.

A theory of Islamic psychology in practice: The 'iceberg model' of Islamic psychotherapy

Drawing together key insights from the foregoing analyses, Figure 1 presents the resultant

Islamic model of psychotherapy (including the four levels of the soul) as an iceberg. Participants

contended that the *nafs* level appears 'above the waterline', that is, where most of the clients'

presenting problems manifest. This can show up in cases explicitly as behaviour-oriented

patterns or more subtly as personality patterns where a person might be struggling with either of

the stages of *nafs al amara bil su* ('soul that inclines to evil') or *nafs al lawwama*, ('self-accusing

soul') or vacillating between the two. Thus, what is 'visible' within the client's presentation was

generally considered by participants mostly to be symptomatic of imbalances or blockages at one

of the other levels of the soul, further down the iceberg beneath 'the waterline'.

[Insert Figure 1 about here (see p.39)]

Just underneath the waterline is where the level of *aql* is located, where cognitions that are attached to a problematic behaviour or personality pattern cause and maintain that maladaptive behaviour or pattern. This is where cognitive behavioral therapy can exert its effects to help reframe and reprogram these dysfunctional cognitions. Participants argued that models of psychotherapy within the secular Western psychological paradigm tend to focus on or only extend as far as the level of the *aql*. To the extent that this assessment is valid, an unwillingness to move routinely beyond that level may be attributed to the limited scope of the model within which a therapist has been trained and a lack of understanding of and confidence in how to deal appropriately with deeper levels. As has been seen, Muslim therapists who believe they work within an Islamic framework may experience that reticence too if they believe they lack the knowledge or frameworks to move to deeper levels, as represented by the participants in the group in the top right of Table 1.

Although therapeutic interventions at the *aql* level may engage cognitive aspects of blocks to the *fitrah* or higher spiritual self, they largely do not engage the deeper emotional material that is connected to or causes these blockages and that is found at the level of the *qalb*. Those participants who had an understanding of how to engage the *qalb* in therapeutic interventions – represented by a few of those in the group in the middle of the right-hand column of Table 1 and all those in the group at the bottom of that column – said they did so by accessing the emotions and unlocking the block to the *fitrah* self. This removal or opening of blockages happens only at the level of the *qalb*. As this study has found, that is where the key to an Islamic psychotherapy is held to lie, represented by the keyhole shape in the center of Figure 1. The bottom part of the keyhole represents the opening to the *ruh*, which is said to happen as a result

of removing the emotional block that was keeping the person from living in closer alignment with their *fitrah* state, in remembrance of God and their primordial state.

The deepest part of the iceberg is that aspect which is held to be shrouded in mystery: the *ruh*, the pure soul which reflects the truth of God. Only those participants in the group on the bottom right of Table 1 really engaged this level of the soul in their accounts of their therapeutic process, and even then it was agreed that there was a limit to how much can be delved into at that depth within the context of psychotherapy. Further exploration of this level of the iceberg was assumed to lie in the domain of a *shaykh* who has charted such deep waters and has attained a rare, higher spiritual state with which comes greater knowledge of the soul. This is the point where participants considered that the continuation of *jihad an nafs* ('struggle of the soul', a process along the path towards growth of the soul) departs from the realm of psychology, which is mostly concerned with bringing one's *nafs* into equilibrium or more optimal functioning, and crosses into a purely spiritual pursuit which is more concerned with perfecting the *nafs*.

Conclusion

The findings from this study present a framework for an approach to psychotherapy grounded in an Islamic conception of the person or soul and of mental health and wellbeing. These findings and the iceberg model that has been developed from them offer new insights for the continued development of clinical interventions within Islamic psychotherapy. Future research could usefully expand and refine the iceberg model of Islamic psychotherapy presented in this paper by including clients' experiences and providing case examples of optimal practice in relation to specific mental health difficulties. Studies with practitioners and clients, based around each of the four levels of the soul, might impart further specificity to the model. This could provide a

research base for a handbook centred on how presenting problems that are specific to each of those levels might be addressed. Such a resource could be invaluable for experienced and trainee clinicians who are interested in learning about possible approaches and ways of working in Islamic psychotherapy.

Numerous approaches to psychotherapeutic practice could be developed from an Islamic psychological paradigm grounded in the Islamic model of the soul and in the iceberg model of Islamic psychotherapy. For example, an Islamic Cognitive Behavioral Therapy can be rooted in the teaching of early scholars such as Al-Balkhi (Awaad & Ali, 2015; Badri, 2013). Another possibility is an Islamic version of emotion-focused therapy that targets emotional blockages within the *qalb*. There is also scope for developing something akin to an Islamic *Diagnostic and Statistical Manual* which could offer descriptions and understandings of psychological distress from the perspective of the Islamic model of the soul. In this respect, consideration could be given to how the *muhlikat* or 'vices', conceptualized as the dis-eases of the *qalb*, might be mapped onto and understood as diagnostic criteria or categories of distress. Such categories might provide a set of possibilities for further exploration in therapy rather than resources for labelling clients (or for clients to label themselves).

That suggestion echoes longstanding critical perspectives on the nature and use of psychodiagnostic categories (Cromby, Harper, & Reavey, 2013; Marecek & Gavey, 2013). However, its source is the understanding of 'psychopathology' that was offered by the present study's key informants as normal characteristics of the uncontrolled *nafs* rather than as psychological deficiencies in the person. Further questions arise from that understanding. For example, from an Islamic psychological and psychotherapeutic stance, can all psychological distress and difficulties be understood as having spiritual significance or is there a place for

understanding and responding to some in purely secular terms or more specifically within a

medical model? If there is a belief in a genetic predisposition to mental distress or illness, can

this be seen as purely physical or is there an Islamic perspective of epigenetics? Another

question arising from the study concerns the scope of Islamic psychotherapy and how it differs

from traditional Islamic spiritual guidance (*tasawwuf*). Sustained dialogue is likely to be required

among relevant stakeholders, informed by research and scholarship, to yield meaningful answers

to these and related questions that have Islamic integrity and usefulness.

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Table 1. Participants' background information

Pseudonym	Location	Training (self-descriptions)	Mode of integration and levels of the soul engaged in practice
Fatima	USA	Cognitive behavioural therapy (CBT); relational	*Ad hoc* integration of Islamic principles into Western secular therapeutic approaches Levels of the soul engaged: *Nafs, Aql*
Maha	USA	CBT; mindfulness; person-centered	
Matthew	USA	Existential; humanistic; somatic	
Obaid	Qatar	Clinical psychology; neuropsychology	
Safa	USA	Eclectic	
Siraj	United Kingdom	CBT	
Firas	USA	Clinical psychology; CBT	Deliberate, concerted integration of the Islamic model of the soul to inform an Islamic therapeutic approach Levels of the soul engaged: *Nafs, Aql, Qalb*
Hind	USA	CBT; person-centered	
Hamit	USA	Emotional freedom techniques	
Kabir	USA	CBT; existential; humanistic	
Mahmoud	United Kingdom	CBT; psychodynamic	
Rayyan	Turkey	Humanistic	
Samir	United Kingdom	Eclectic	
Shahid	United Kingdom	Psychoanalytic	
Enas	Saudi Arabia	Eclectic	Active engagement of all levels of the soul guided by traditional Islamic spiritual healing practices Levels of the soul engaged: *Nafs, Aql, Qalb, Ruh*
Harun	USA	Somatic	
Mustafa	Sudan	Clinical psychology	
Rahim	United Kingdom	Psychodynamic	

Table 2. Theoretical categories and subcategories from Rothman and Coyle (2018)

| Main Categories	Subcategories
Nature of the Soul	Concept of *fitrah* *Fitrah* exists underneath the projected self Being out of alignment with *fitrah* *Dunya* as distraction *Fitrah* as internal compass – realignment
Structure of the Soul	Distinct features of the soul Soul as whole – integrated nature of the soul *Nafs* (lower self) *Qalb* (heart) *Aql* (intellect) *Ruh* (spirit)
Stages of the Soul	Changing nature/fluctuation of the *nafs* *Nafs al Amara bil su* *Nafs al Lawwama* *Nafs al Mutmainah*

Development of the Soul	The human project of development
	Tazkiyat an nafs (purification of the soul)
	Jihad an nafs (struggle of the soul)
	Tahdhib al akhlaq (reformation of character)
	    • Need for moral reform
	    • *Muhlikat* and *Munjiyat* (Vices and Virtues)
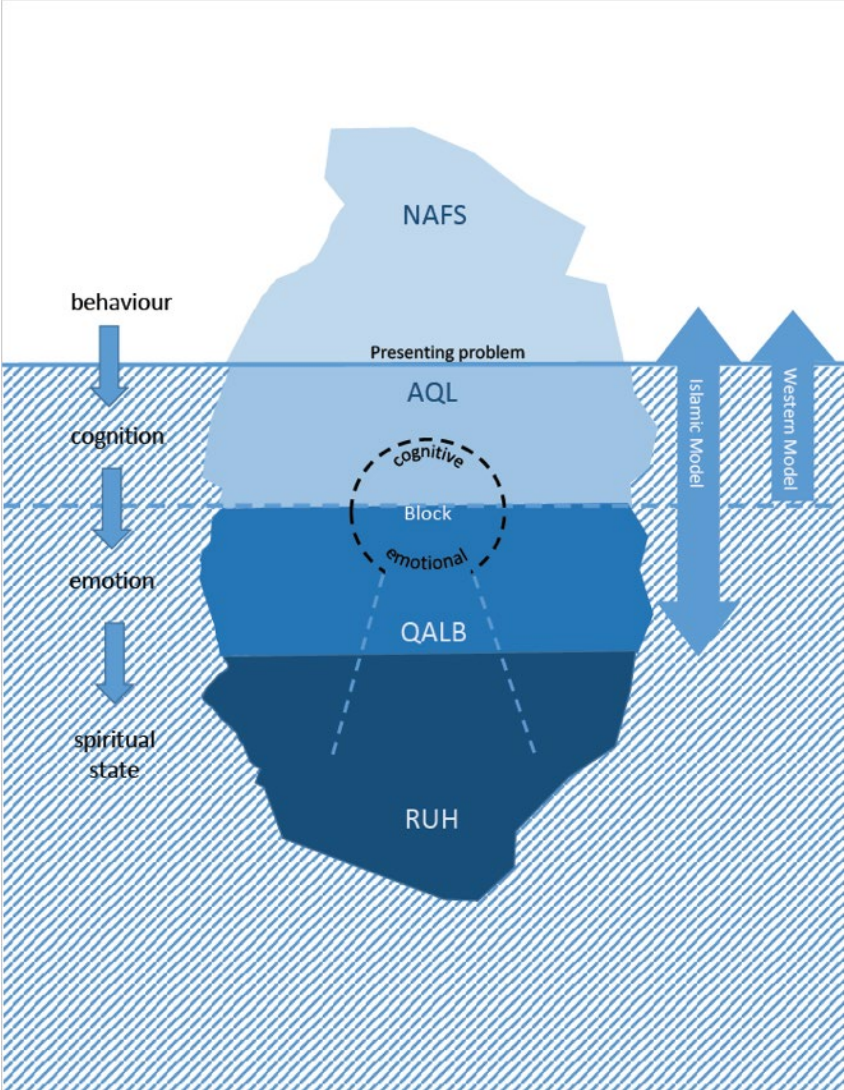
Figure 1. The iceberg model of Islamic psychotherapy