

# Exploring Client Perspectives in Islamic Psychology Therapy: A Thematic Analysis

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**Abstract.** This qualitative research paper explores clients' perspectives of therapy from an Islamic Psychology paradigm. Employing a thematic analysis methodology, this study extracts meaningful insights from client narratives to shed light on the unique aspects of Islamic psychological therapy. The main themes that emerged from the analysis encompass the transformative potential of Islamic therapy, the discernible pitfalls inherent to Western therapy, the substantial impact of Islamic therapy on wellbeing and opportunities for service development in the field of Islamic Psychology. Through an in-depth exploration of these themes, this paper seeks to contribute a better understanding of the potential benefits and implications of therapy from an Islamic Psychology paradigm.

*Keywords: Islamic Psychology; Therapy; Self; Client Experience*

## Introduction

### *Western Psychology: A culturally biased and niched Psychology*

The concept of Psychology across the West presents itself as a universal and objective science (Skinner, 2019) but its therapeutic modalities have emerged from specific cultural paradigms which influence the way we perceive the world, the type of questions we ask and the way we confirm our reality (Waheed & Skinner, 2022). Indigenous populations have been subjected to culturally niched therapeutic approaches which have been developed in the West and typically studied with WEIRD (Western, Educated, Industrialised, Rich and Democratic) populations (Rassool, 2000; Keith, 2019; Skinner, 2019). There is limited cross-cultural evidence underpinning these approaches (Sue et al., 2009; Ciafalo, 2019) but the culturally biased practice of Western Psychology continues to this day (Waxler, 1974; Enriquez, 1990; Healy, 2002). This practice, and its adverse effects, have led indigenous communities to become victims of misdiagnosis, involuntary psychiatric hospitalisation, lower quality of care and early dropout rates (Chang & Berk, 2009; Utz, 2011; Ault-Brutus, 2012; Lynch et al., 2018).

### *Islamic Psychology: A Paradigm Shift*

Islamic Psychology is an approach to understanding human psychology based on the Qu'ran, Prophetic traditions and developments from early Islamic scholars such as Al-Ghazali and Al-Balkhi (Skinner, 2019). By the late 1960's, a movement began to develop Islamic solutions to social problems within Muslim countries (Malik, 2019); these problems were borne out of the blind adoption of secular Western knowledge systems which were reductionist, fragmented and materialistic in nature (Keshavarzi & Haque, 2013). The year 1979 marked the modern revival of Islamic Psychology with

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Malik Badri's seminal work, *The Dilemma of Muslim Psychologists*, where he argued that the agnostic components of Western Psychology, and their culturally specific understanding of psychodynamics, were culturally insensitive and potentially damaging to Muslim culture: highlighting the epistemic injustice in the field.

Islamic Psychology, and its therapies, hold a holistic understanding of the psyche; an understanding which derives from Islamic traditions and sources and informs the way a client is viewed, understood and treated (Skinner, 1989/2018; Skinner, 2019). These traditions define five major parts to the Self: the Ruh (Soul), Qalb (spiritual heart), Aql (intellect/cognition), Hawa Nafs ('animal' energies) and Jism (Body). These components have been elaborated on by Al-Ghazali (Frager, 2013) and illustrated in Figure 1 (below). This understanding of the Self is not exclusive to Muslims: it has a resonance with Jungian psychology, and it is seen as universal to the human psyche where the spiritual heart is the centre of the Self as opposed to the mind (Al-Ghazali, 2015; Deuraseh & Abu Talib, 2005). The Islamic Psychology therapy process in, and of, itself differs from Western therapy in that the spiritual heart is engaged throughout the process and the therapist facilitates the client's awareness to the internal experiential realities within the Self (Al-Ghazali, 2015).

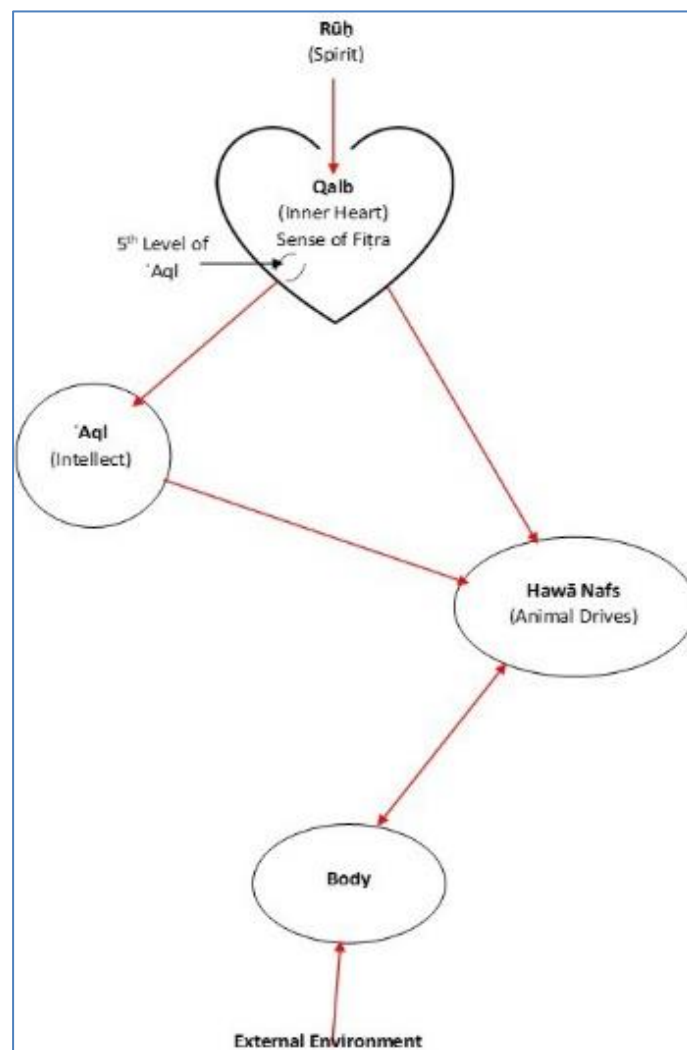


Figure 1: An Islamic conceptualisation of the Self (Skinner, 2019)

The literature suggests three approaches to defining Islamic Psychology. These are: the Islamic Filter approach, the Islamic Psychology paradigm approach, and the Comparison approach (see Kaplick & Skinner (2017) for a detailed description). The Islamic Psychology paradigm approach was developed by Professor Skinner, and colleagues, in the United Kingdom and approved by Malik Badri and then clinically implemented with the organisation, Ihsaan Therapeutic Services CIC (Skinner, 2019). The therapy intervenes at four levels: the Qalb, Hawa Nafs, Aql and Jism (Al-Ghazali, 2015; Skinner, 1989/2018; Skinner, 2019) with the ultimate aim of bringing people back in connection with the spiritual heart and the inner direction that proceeds from that. These components are interconnected and an imbalance at one level may have an adverse effect on the other levels of the Self. The initial level(s) chosen for intervention will be dependent on the clinical presentation and preferred therapeutic approach of the therapist (Al-Ghazali, 2015). The interventions can be but are not limited to: culturally attuned therapy, dietary changes informed by the traditional Tibb model, physical activities (e.g. archery, swimming and horse-riding), Jungian type psychodynamic work, spiritual exercises in the form of Islamic Contemplation/Dhikr and dream analysis.

Research has typically shown better outcomes when the client and therapist have a shared understanding of mental health difficulties (Thomas et al., 2009; Skinner, 2010). For Muslims, their onto-epistemological position combined with what they hold sacred and their orientating compass will influence how they conceptualise and express mental health difficulties (Utz, 2011; Abdullah, 2002). For example, Muslims might view a mental health difficulty as a trial sent by God to purify them (Rassool, 2000). However, when Muslim clients reach out to public services which offer culturally niched therapies from a Western perspective, they are often faced with a therapist who has not been trained to comprehend these dimensions in a culturally sensitive way (Hamden, 2008; Helms, 2015). This, as well as the fear of being judged by the therapist, can hinder the therapeutic process (Inayat, 2007).

Little attention has been paid to the cross-cultural construction of distress within Western therapies which can lead to simplistic and incomplete diagnoses (Skinner, 2019). For example, low mood is characterised under depression in the National Institute of Clinical Excellence guidelines; the cause is often attributed to cognitive or biological imbalances and treated with Cognitive Behavioural Therapy and/or anti-depressants. Nevertheless, this clinical presentation could be attributed to feelings of remorse which are necessary for the growth process. Treating Muslims with interventions that offer no meaning restricts their personal growth and worsens prognosis (Skinner, 2019, Thomas et al., 2009). There is a great need for cultural and spiritually competent therapies, yet Muslims are still experiencing inequalities within the mental health service (Malik, 2019; Grey et al., 2013; Choudry, 2016). To our knowledge, this study is one of the first in exploring clients' experiences of Islamic Psychology, and its therapies, with the aim of providing an in-depth understanding of service user experience.

## Methods

This qualitative study used semi-structured interviews and Thematic Analysis to guide data analysis; this process allowed the researchers to reflect whilst engaging with the dataset to identify patterns and categorise them into themes (Braun & Clarke, 2006).

### ***Participants***

Nine Muslim participants, aged between 18 and 60, were recruited to the study through Ihsaan Therapeutic Services CIC (see table 1). Ihsaan Therapeutic Services CIC is a community psychology service providing specialised psychological therapies to meet the needs from within the Muslim, and other, communities for more religiously and culturally appropriate therapies. There were five females and four males service users, all of whom were from a South Asian background. Eligibility criteria included service users who had undertaken Islamic based psychological therapy for at least three months.

Table 1. Participant details

<b>Pseudonym</b>	<b>Gender</b>	<b>Context of referral</b>
Fatima	Female	Childhood abuse in the form of neglect
Hannah	Female	Low mood and anxiety
Abbas	Male	Social anxiety
Tanzeela	Female	Bereavement
Nabeela	Female	Domestic violence inc. separation and divorce
Rasul	Male	Managing mental health and wellbeing
Zainab	Female	Cultural and religious interpretation of mental health difficulties (e.g. punishment from God)
Aqib	Male	Managing mental health and wellbeing
Warik	Male	Cultural and religious interpretation of mental health difficulties (e.g. Djinn possession)

### ***Data collection, analysis and procedure***

A snowball method was employed where clinicians contacted service users via telephone or email to see if they were interested in participating in the study. If interested, contact details of service users were shared with the primary researcher who then arranged a date and time to conduct the interviews. Information sheets were shared via WhatsApp which provided a synopsis of the study. Participants agreed to participate by electronically signing a consent form. Interviews were recorded so responses could be transcribed using the Jefferson System. Recorded data was stored safely on an encrypted, password-protected computer. All participants' names were changed to maintain anonymity and confidentiality. The audio recordings were erased following the transcription process. Participants were informed of the interview schedule at the beginning of the interview. A debrief form was sent to the participants for the purpose of providing a final opportunity to withdraw from the study. The method of Thematic Analysis involved reading transcripts multiple times to become familiar with the dataset, identify commonalities and code them into themes. The second level of analysis involved reviewing initial codes and searching for sub-themes whilst the final level consists of reviewing themes and ensuring they were congruent with quotations. This also included labelling the themes in accordance with the chosen topic.

## Findings

The inductive thematic analysis resulted in four main themes. Every theme was examined together with verbatim interview quotes.

### ***Transforming Lives with a Holistic and Islamic Model***

This theme represents the participants' positive experiences with reference to the holistic nature (bio-psycho-social-spiritual and the environment) and client-centered approach of therapy; this contributed to a deeper understanding of the participants' needs.

*"The Islamic (therapy) is the full package: holistic, psychological, emotional physical, spiritual" (Fatima)*

*"I wanted someone who would understand the cultural implications of what I went through and empathise with my religious dilemma... Having that understanding from the get-go and not having to worry about anything in terms of my culture and being judged for being a south Asian woman" (Hanna)*

*"I felt at ease sharing all my issues in depth because I knew that the therapist would understand exactly what I was talking about without feeling embarrassed, she showed full understanding of my issues"*  
(Zainab)

*"It was very like... take your own time and your own space, she (the therapist) was very patient with me and helped me to deal with my problems. The therapy took everything into account" (Hanna)*

### ***Pitfalls of Western Therapy***

This theme represents the contrast between Islamic psychological therapy and conventional Western therapies; participants reported no consideration of cultural and religious issues when receiving conventional Western therapies.

*"I lost my young son, and I am talking about the bereavement... but the NHS therapist is like what is that kafan (shroud)... I thought oh my god I'm not getting any support whatsoever... so you begin at a disadvantage" (Tanzeela)*

*"And not just Muslim clients I would recommend it to non- Muslims too. It's just a much better understanding of the spiritual side of things, and that is missing from general psychology and counselling sessions" (Rasul)*

*"Other (western) therapies they had you know fixed CBT sessions and they do not really deviate from the standard format" (Abbas)*

*"In the NHS the psychologist would just say you're depressed, you've got anxiety, and that I have to accept it. It (western therapy) is worse, like to tell someone you're broken or you're damaged makes them feel worse. . . they'll have no motivation to do anything" (Fatima)*

### ***Impact of therapy***

This theme represents the impact of Islamic psychological therapy which included but is not limited to: improvement of well-being, hope and developing culturally-sensitive coping strategies.

*“I felt my whole world was falling apart, I used to drive to work, and do the school runs. I used to be crying my eyes out, but I have come a long way since then. Honestly the Islamic Psychological therapy has helped me so much” (Nabeela)*

*“I’ve been to dozens of sessions with non-Islamic therapists and counselling sessions, and what the Islamic therapist did in a few sessions was more valuable and life changing. They (western therapies) were useful, but they only gave me like half a picture and a quite blurry one as well, but the Islamic therapist helped me to clear all that up” (Rasul)*

*“Islamic counselling gives you hope” (Fatima)*

*“I had a different understanding of what it (medical condition) was. When I was talking to the Islamic therapist, my understanding flipped and changed completely. They (previous counsellors) made me think it was a disorder. The Islamic therapist made me realise that it was more than that” (Rasul)*

*“It helped me to look outside the box, look forward instead of back and (turned) negatives into positives... (also helped me to) become more resilient and pick myself back up” (Nabeela)*

*“I feel like a better person. I do get into despair but now I feel like Allah is there even if everyone else leaves you. That’s why he showed me this, that’s why he showed me that, and I can comfort myself now” (Fatima)*

### ***Service Development Opportunities***

This final theme represented areas for development which included the importance of wider availability and funding.

*“The therapy was very helpful for me and would be for other people from different cultures and backgrounds... the UK is made up of a lot more cultures and background, and that needs to be reflected within the NHS. I think there needs to be a lot more initiative and funding” (Hannah)*

*“We all pay taxes right? We should be getting this (Islamic counselling) kind of service from the NHS” (Tanzeela)*

### ***Discussion***

The results of this small-scale study highlight clients’ experiences of Islamic psychological therapy.

All participants reported transformative experiences, many of whom referenced the holistic nature of Islamic Psychology. The approach integrated different aspects of the Self (e.g. Ruh, Qalb, Aql, Hawa Nafs and Jism) which were integral to the way distress was conceptualised and understood (Malik,

2019; Amri & Bemak, 2013). For example, some participants viewed their struggles as a punishment from God and suffered from guilt before attending therapy. However, by reframing these thoughts through a spiritual lens (e.g. life after death, the purpose of distress and the reliance on God) facilitated progress and led to reported improvement in well-being (Inayat, 2007). This was deemed to be integral to the healing process and has been advised to be met with respect and acceptance by psychotherapists (Carter & Rashidi, 2004).

Most participants had previously been offered conventional Western therapies from the National Health Service (NHS). It was reported that these therapies failed to understand cultural nuances and the religious context of their concerns, which is something that is repeatedly experienced by Muslims (Helms, 2015; Inayat, 2007). With modern Western practices, there is an inclination towards reductionism, as well as being rooted in Western religious and cultural heritage, limiting the relevance to Muslims (Weatherhead & Daiches, 2009). Participants reported barriers such as the fear of being misunderstood by a therapist; a common fear of Muslim clients undertaking Western therapies which is partly to do with negative stereotypes and societal narratives around Muslims (Abu-Raiya, 2013). This combination of factors can cause significant challenges for Muslims to build a trusting relationship with their therapist, which in turn may lead to early dropout rates. This highlights the need to provide better service provision and culturally attuned therapy for the Muslim community in addressing their mental health needs (Utz, 2011; Farooqi, 2006; Inayat, 2007; Choudry, 2016; Richards & Worthington, 2010).

It was also reported by participants that Muslims pay tax and are working members of British society, and this should be reflected within NHS structures and care pathways. There is a dire need for interventions that have been culturally adapted for Muslims (Al-Ghazali, 2015; Utz, 2011; Kaplick & Skinner, 2017). However, it is evident in this study that not much has changed within NHS mental health services to accommodate for Muslims in the UK. This study shows the need for increased availability of such services by statutory providers. Although there has been an increase in research on Muslim mental health over recent years, empirical studies on the usefulness and experience of Islamic psychological therapies are sparse (Haque et al., 2016). Furthermore, there is a lack of research concerning on the application of Islamic psychological therapy. This study aims to fill this gap as it is one of the first studies exploring this subject area. It sheds much-needed light on the experience of the therapy and contributes to the field of Islamic psychology.

## Conclusion

This small-scale study provided much-needed insight into clients' experiences of Islamic psychological therapy. This research can be viewed as a foundation to showcase the need to apply this model into the National Health Service.

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