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Research Article

Islamic Psychological Therapy Interventions Applied by Mental Health Practitioners: A Qualitative Study

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Abstract
Not only is normal functioning like thinking, feeling, or being impaired by psychological problems, but also an individual's social, cultural, existential, and spiritual functioning, all of which need to be addressed. Incorporating religious and spiritual considerations into evidence-based practices should be an iterative process in therapy, particularly when treating practicing Muslim patients. This qualitative study uses a thematic analysis of semi-structured interviews to investigate and identify Islamically-oriented treatment approaches applied by Bosnian mental health professionals in their own practice. A total of 11 mental health professionals (N = 11) were recruited for this study. Results indicate that participants mostly use the Qur'an, the Sunnah, and religious practices such as remembrance, repentance, and gratitude as therapy interventions with practicing Muslims, as well as an open, nonjudgmental, and individualized approach in order to generate self-awareness and psychological, behavioral, and spiritual changes in clients. Such an approach, as reported, results in clients (re)turning to Allah and facilitates the reduction of unhealthy habits. The study also reveals specific issues and needs mental health practitioners reported facing while working with religious Muslim clients.

Keywords:
Religion • Spirituality • Therapy interventions • Mental health • Bosnia and Herzegovina

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Introduction

A specific set of values and concepts encompass the lives of religious Muslims, who generally adhere to their faith. Religious Muslims' adherence to specific religious standards guides their psychosocial functioning, development, and decision-making; determining their life goals and affecting their psychological and spiritual wellbeing. According to the Islamic understanding, as established by some studies, the cause of a client's distress often stems from a misinterpretation, misrepresentation, or misuse of Islamic teachings (Badri, 2014; Rothman, 2021). To effectively alleviate and treat distress and/or present symptoms and complaints in Muslim clients, clinicians must ensure that the psychological approach used is informed by their set of values and concepts (Martinez et al., 2007; Worthington et al., 2011) and incorporates the Islamic theological worldview. Furthermore, treatment should be aimed at correcting the client's misunderstanding through education based on guidance from the scholarly tradition of Islamic knowledge (Badri, 2014) and addressing client spirituality. Applying the Western or secular method of psychotherapy to Muslim religious patients generally yields little or limited effectiveness since it tends to undermine essential Islamic beliefs, ethics, or even laws (Abu-Raiya & Pargament, 2010; Skinner, 2010) that Muslims strictly abide by or adhere to.

Certain religiously-oriented therapies have the most positive effect on treatment (Martinez et al., 2007; Worthington et al., 2011) with clients who are more religiously committed or whose symptoms and treatment goals intertwine with religion. Studies show that religious patients often look for specialists who share their religious affiliation, as they prefer therapeutic techniques that are compliant with their value system (Weld & Eriksen, 2007). Although studies indicate that clients prefer their religious or spiritual issues to be addressed in treatment (Harris, Randolph & Gordon, 2016; Post & Wade, 2014; Shafranske, 2016), numerous authors demonstrate that religion and spirituality are often entirely ignored in training or only marginally covered (Mintert et al., 2020; Pearce et al., 2019; Scott et al., 2016). However, it is suggested that therapists make efforts to adapt therapeutic approaches to fit within the religious perspectives of their clients' (Anderson et al., 2015). Religious or spiritual concerns may occasionally be pertinent to the reason a client seeks therapy. Additionally, such concerns may contribute to conflict or distress for a client.

Even though studies show that spirituality and religion are important aspects of an individual's resilience and ways of coping with trauma and stress (Abdul-Hamid, 2011; Abdul-Hamid & Hughes, 2015; Dein, 2006) and are protective factors for mental health disorders caused by traumatic events (Dervic et al., 2006; Hasanović & Pajević, 2010, 2011, 2013, 2014; Hipolito, et al., 2014; Meadows et al., 2005; Moreira-Almeida, et al., 2006; Pajević et al., 2005, 2017), they are both still not considered and addressed by all clinicians.

Bosnian clinicians and mental health professionals have already made some progress in this aspect (Hasanović et al., 2011; Hasanović et al., 2017; Hasanović & Pajević, 2010; Hasanović & Pajević, 2013; Hasanović & Pajevic, 2015; Hasanović et al., 2015; Hasanović, 2021; Hasanović et al., 2021) by incorporating certain religious principles in their practice in order to address their clients' needs. However, to the best of our knowledge, no study has explored the religious psychotherapy interventions applied by religiously-sensitive therapists from Bosnia and Herzegovina or their effects so far.

Purpose

The purpose of this study is to investigate religiously-oriented approaches and principles of psychotherapy grounded in an Islamic paradigm as well as their perceived effects by Bosnian mental health professionals in their own public or private practice.

Method

Research Design

A qualitative research method was used as it can provide compelling insights into the Islamically oriented approaches and principles used by mental health practitioners who participated in this study.

Sample and Sampling

Initially, 18 participants were contacted. However, 11 agreed to participate in the study. Participants ranged in age from 34 to 64 years (M*age*= 47.09), with seven women and four men, all of whom identify as practicing Muslims. The purposeful sampling technique was used to reach mental health professionals who, relative to their own understanding, practice therapy using an Islamic orientation. Researchers consider that the participants practice therapy within an Islamic orientation for the reason that they have published on this topic previously or have appeared in different local media discussing the topic. The sociodemographic variables taken into consideration were gender, age, profession, and therapeutic orientation (or modality). As can be seen in Table 1, all respondents (except for two) received training in the form of a Western therapeutic modality or technique. Participants voluntarily participated in the study without receiving any material compensation. Before the interview started, participants were informed about the purpose of the study, verbally provided consent to participate, and were assured of confidentiality.

Table 1
Sociodemographic characteristics of participants.

Participant Code	Gender	Age	Profession	Therapeutic Orientation/modality
1.A	Female	57	Psychologist-pedagogue	Psychodynamic, EMDR
2.B	Male	35	Psychologist-theologian Specialized in in Islamic law	None
3.C	Female	37	Arabic language teacher	Neurolinguistic Programing-NLP
4.D	Male	64	Psychiatrist	Psychodynamics, EMDR
5.E.	Female	43	Psychologist	Systemic family
6.F	Female	49	Psychologist	Psychodynamics and EMDR/ first level
7.G	Female	38	Psychologist	Systemic family and schema therapy
8.H	Male	44	Psychologist	None
9.I	Male	63	Psychiatrist	Psychodynamics
10.J	Female	49	Psychologist	Psychodynamics first level, EMDR
11.K	Female	39	Psychologist	Systemic family

Data collection tool and procedure

Researchers' theoretical orientations and personal experiences affect the way they see the world and interpret different phenomena. Being a practicing Muslim therapist could have some influence on research findings and interpretations. The researchers created a semi-structured interview protocol with five open-ended questions. A semi-structured interview for data collection was used since it enables digression from the main theme, and the complexity of the studied subject can be better researched by investigating certain participants' experiences and the meanings they attach to them without the limitations necessarily imposed by the structured interview (Howitt, 2019). To conduct this study, the authors collaborated with a team of experienced researchers and created a semi-structured interview guide after conducting a literature review and drawing from personal insights and experiences on the topic. The interviews were conducted by the first author and consisted of four questions (see Table 2), lasting from 18 to 65 minutes. The interviews took place between June and August, 2022. All interviews were conducted online via the Viber platform in the Bosnian language, audio recorded, and transcribed verbatim by the first author. Only two interviews were interrupted due to a poor internet connection, but successfully resumed afterwards.

Table 2.
Interview guide.

1. Please elaborate on the type of Islamically-grounded principles/interventions you use in your practice.
2. Please elaborate on how you perceive the effect of applying an Islamically-grounded approach to your work with clients.
3. Is there anything else that you feel like you need to say regarding applying an Islamically-oriented therapy intervention in practice?
4. Is there anything else you wish to add that the interviewer forgot to ask but that you find important to say?

The semi-structured interview method allows researchers to investigate multiple complex research questions. It provides qualitative knowledge of a complicated event

on its own, as opposed to quantitative studies that measure average parameters across a sample group. A sample size of 8–12 participants is usually needed for this strategy, which involves the participants individually interacting with the interviewer in an iterative manner (Adams, 2015). As a result, these interviews enable the participant and the interviewer to communicate in both directions. They offer the interviewer a chance to learn more about the subjects by giving them the answers to their questions as well as the context in which they were given. These interviews also permit deviations from the primary theme, which facilitates a more thorough examination of the subject's intricacy. Moreover, with this method, researchers are not limited by the rigid structure of a standard interview and can instead explore people's experiences and the subjective interpretations they attach to them (Seidman, 2006).

All necessary study steps have been recorded in order to uphold the quality of this qualitative study's standards. The investigators aimed to retain an impartial stance throughout the interview and analysis processes. To ensure rigor and trustworthiness, member checking was performed, whereby the authors shared the study's findings and conclusions with some respondents from whom the data was originally obtained (Hadi & Closs, 2016). The study protocol has been approved by the Ethics Committee of the International University Sarajevo (protocol number IUS-REC-01-1893/2021).

Data Analysis

Thematic Analysis (TA) is an appropriate and powerful method to use when seeking to understand a set of experiences, thoughts, or behaviors across a dataset (Braun & Clarke, 2012), and it is designed to search for common or shared meanings. Hence, TA was used to glean participants' subjective meanings and an understanding of Islamically-grounded approaches and principles in therapy. Although it is not possible to provide completely standardized guidelines regarding performing TA, it is important to establish it as a method and not a loose label attached to simple studies that codify data (Howitt, 2019, p. 150). The central processes involved in TA, according to Howitt and Cramer (2017), are transcription, analytic effort, and theme identification. TA was performed using the six-phase method, as exemplified by Nowell et al. (2017), and was carried out in the following order to identify the relevant themes: (a) familiarizing, (b) generating initial codes, (c) searching for themes, (d) reviewing themes, (e) defining and naming themes, and (f) producing the report. Below, we describe each of the thematic analysis process steps.

Thematic Analysis Analytical Process

1. *Becoming familiar with the data*. This process began with preparing the story, transcribing the data, reading it multiple times, and making notes on the first ideas. At this point, many notions and ideas occurred in several bulk sentences that needed to be analyzed.

2. *Generating initial codes*. This process involved systematically tagging noteworthy aspects of the data throughout the full data collection and compiling information pertinent to each code. More than fifty codes were identified at this stage.

3. *Searching for themes*. All pertinent data was assembled for each subject. Additionally, codes were organized into possible themes. In this phase, the researchers categorized and contrasted codes, or meaning units, from each interview.

4. *Reviewing themes*. The data was examined for the purpose of looking for new themes, producing a thematic analysis, and determining whether the themes related to the coded extracts and the complete data collection.

5. *Defining and naming the themes*. To improve the details of each theme and the overall story that the analysis conveyed, further analysis was carried out in order to create precise names and definitions for every subject.

6. *Producing the report.* This phase involved choosing vivid and engaging extract examples, analyzing a final selection of extracts, and connecting the analysis to the research question, objective, and previously examined literature.

The formation of several categories resulted in three overarching categories that best embrace and explain the studied phenomenon: Islamically-oriented therapy interventions (IOTI), the effects of using IOTI, and the therapists' issues and needs related to applying IOTI. The findings were then contrasted with the existing body of literature.

Results

The following results are arranged according to the three main categories:

I. Islamically oriented therapy interventions (IOTI). This category is further explicated through three subcategories: using the Qur'an and Sunnah, Islamic rituals like dhikr, salah, tawbah and gratitude, as therapy interventions with practicing Muslims, and an open and nonjudgmental way to approach all the clients.

II. Participants' perceptions of the impact of IOTI. This category is further explicated through IOTI, helping which helps clients to (re)turn to Allah and leave unhealthy habits.

III. The practicing IOTI issues. This category is further explicated by differentiating between spiritual/religious and psychological problems and Ruqyah treatment. All categories and subcategories are explained, and pertinent examples are provided where necessary.

Islamically-oriented therapy interventions (IOTI): The Qur'an and Sunnah as IOTI

Since all participants reported having not only practicing and nonpracticing Muslims but also non-Muslim clients, they reported considering this factor and designing their therapy approach accordingly. In working with practicing Muslim clients, most participants reported using Qur'anic verses, stories of the prophets mentioned in the Quran, as well as the Sunnah of the Prophet Muhammed to address Muslim clients' needs, which help them gain new insights, and reshape their thought processes and attitudes towards themselves, others, and Allah.

For example, one participant said: "According to my understanding, I offer practicing Muslim clients' Islamic resources by citing hadith and events from the Prophet's life, ayahs, and Islamic principles originating from the Qur'an and Sunnah as universal human values. That usually evokes spiritual wellness and brings relief to my clients" (1.A., age 57).

Another participant claimed: "First, I ask patients if they believe in God; if so, I ask them if they practice religious rituals; and if so, I inquire more. I discover many believers feel guilty because they do not practice religion regularly and present common misconceptions like 'I am a sinner, there is no hope for me, and Allah will not forgive me.' We explore this in detail, and then I relativize all that to them by citing an ayah about Allah's promised forgiveness and His mercy. Teach them not to add to their suffering but to resolve their suffering" (4. D., age 64).

A third participant stated: "When I notice—based on clients' presenting problems—that they can benefit from ayahs and examples from the Prophet's life or hadith, I use the Qur'an and hadith to help them make cognitive changes and restructure their mindset. I do this only when I notice that they can use and benefit from that intervention or reach a point of personal introspection, reexamination, and satisfaction that produces positive results" (5. E., age 43).

Some participants also talk about tailoring their treatment interventions and approach to clients' presenting problems and symptoms, their (mis)understandings, and their (mis)conceptions of their responsibility and role within the family/community.

To illustrate, one participant claimed: "I notice lots of clients who come with misconceptions about themselves as not being good Muslims because they are in psychological distress or diagnosed with psychiatric disorders; they believe practicing Muslims cannot be depressed or in distress. So, sometimes I spend several sessions with them doing psychoeducation about the core concepts regarding what it means to be a human being (insan), what the Qur'an and the Prophet Muhammad said about the insan as the one who forgets and sins, why Allah created the insan (to serve Him), the insan's sinful and fallible nature, and the shaytan's role in people's lives. That

helps clients normalize their condition and gets them to the stage of using their faith and religious practices as resources and positive coping strategies. I suggest they do tawbah and istighfar, read or do morning and evening dhikr, and perform salah regularly. This helps them change their condition and move in a positive direction to the point where many confess that they finally feel good and enjoy doing ibadah, unlike before when it was just an automatic act" (10. J., age, 49).

Other participants reach for their own self-acquired knowledge about Islam and Islamic principles that they learned in Islamic high school (madrasa), but admit that they need more in terms of knowledge: "So, I integrate all my knowledge—mostly knowledge from Madrasa—and rely on my intuition to determine what would be useful to the clients. I use Qur'anic verses, stories, and narratives from the Qur'an and the Prophet's ﷺ life—even the life of Sahaba—depending on the clients presenting problems. It turns out to be very beneficial" (7. G., age 38).

Some participants also emphasize positivism or positive orientation stemming from the Qur'an in their approach and talk about teaching clients about the importance and benefits of using beautiful language and words in relation to others. One participant reported, "Many people use bad words in daily life. We should prompt people to remember and use nice words, which are mentioned in the Qur'an: 'Beautiful words are like a beautiful tree, whose branches (Greek, dendrites) always give fruits.' This was practiced by our Prophet ﷺ, so I tell my clients that we should all follow his example and tell them about the psychophysiological impact of such an act. This produces good results." (4. D., age 64).

Islamic Rituals as IOTI with Muslim Clients

Some participants address the role of sin in client wellbeing and the need to repent and practice gratitude, not only for support and motivation but also for mental processing and individual progress. They also highlight other practices such as the reading and rehearsing of the Qur'an, the performance of salah or prayer for the purpose of restoring peace in the mind and heart, the improvement and betterment of oneself, and the acceptance and acknowledgment of one's fallibility as a human being who has the opportunity to choose to change.

For example, one participant claimed: "I share with my clients that there are certain ayahs, or surahs, in the Qur'an that when people read and think about them or repeat or rehearse them, they feel ease (that is, some sort of meditation), in addition to salah, as a complex way of human worship and ibadah. I suggest my clients read the Qur'an—God's words—because such an act helps clients and people in general instill relaxation and peace and results in behaviors that restore peace in the heart and mind" (4. D., age 64).

Another participant claimed, “I believe many problems are related to people’s sins. The Qur’an is the ultimate cure, so I suggest to clients that they read the Qur’an and pray regularly because that will help them stop sinning. As Allah s.w.t. explained in the Qur’an, such practice produces wellbeing” (2. B., age 35).

A third elaborated: “When clients report feeling guilty because of their sins and their belief that God will not forgive them, I relativize that to them and talk to them about Allah’s promised forgiveness. As Allah s.w.t. says: “If you have sins as much as sea foam, Allah will forgive you if you sincerely repent.” And I always remind them of the part “In the name of Allah, the Most Merciful, the Most Compassionate (Ar-Rahman, Ar-Raheem). I tell them that in invocation—when reading the Qur’an, when doing anything and everything—to intend it in the name and with the name of Allah, the Most Merciful, the Most Compassionate, who is forgiving and will forgive. I support repentance in my patients, guide them to the point where they can say to themselves, ‘I understand that I have sinned, but I will not leave it at that. I will repent, and I want to fix and correct myself; change myself for the better.’ Because they sin, many believers think Allah will not forgive them, so I help them reconstruct that error and talk about Allah’s mercy and forgiveness first and foremost. This results in huge cognitive and body relief on the clients’ behalf” (4. D., age 64).

A fourth participant reported, “Many Muslims are presented with misconceptions, so if diagnosed with depression, a believer feels like a nonbeliever, feels that Allah s.w.t. does not love him or her, and feels that she or he is not allowed to turn to Allah because of that. This is a paradox because the cure is with Allah s.w.t. only and nowhere else. So, there is some sort of chaos and havoc—internal conflict—in the patient. On the one hand, he or she wants and needs that connection with Allah, wants and needs to be good and be loved by Allah s.w.t., and on the other hand, feels that that does not belong to him or her and that he or she does not have a chance or opportunity for that. Addressing and resolving these issues—internal conflicts—by reconstructing and discrediting these beliefs and misconceptions results in great relief for the client” (3. C., age 37).

Another said, “Along with conventional therapy, I suggest to my clients that they focus on and perform ibadat (salah), tawbah, istigfar, tawwakul, and dhikr so they feel supported and motivated when they face tribulations and problems in life” (6. F., age 49).

One mentioned using gratitude as a therapy technique, “I remind my patients of gratitude, being grateful to Allah s.w.t. all the time, and reminding people of God’s goodness. I tell them to list tribulations. ‘Yes, tribulations are there, but practice gratitude every day, and you will see there are a lot of things we should be grateful for.’ Practicing gratitude is very beneficial for psychological and spiritual wellbeing” (2. B, age 35).

An Open and Nonjudgmental Approach to Clients

Since participants acknowledged having non-Muslim clients, some reported calling them to choose to connect with the Higher Power in order to ease their suffering, but while doing so, they reported being nonjudgmental and approaching each client very sensitively by using appropriate terminology.

The following participant said, "If clients are not believers, I tell them: 'You have the possibility—if you change your values from secular to religious—you have the possibility to connect with the Lord of the Universe, with an Exalted or Higher Power (as is said in English), so it will be easier for you to live life and endure all that life inevitably brings'" (4. D., age 64).

Another claimed, "I do not use Islamic or Arabic terminology with clients who are not believers or not practicing. So, instead of iman, for example, I refer to heart, so I tell my clients: 'Check out what is in your heart. What fills and overwhelms your heart, good or bad?' Then we work on filling the heart with good stuff—anything that clients report working for them" (3. C., age 37).

Another respondent stated, "I am very open. I show total acceptance and warmth to all my clients, regardless of their orientation, nonjudgmentally. I do not impose anything on them but inquire about that which helps them restore relaxation, peace of mind, and heart, and we practice that." (1. A., age 57).

Participant Perception of the Effect of IOTI

Understanding how IOTI has been perceived can be further explained through two themes that have been observed: (1) IOTI and clients (re)turn to Allah and (2) IOTI and clients leaving unhealthy habits.

IOTI and Clients (Re)turn to Allah

A client's positive or negative conception of Allah or God is an important factor in his or her wellbeing. Mental health practitioners reported the presence of major misconceptions about Allah. When a therapist addresses these misconceptions and reconstrues them with clients—particularly with clients who perceive Allah as a Being who only punishes—it improves clients' well-being.

As stated by the following respondent, "I start from the point that the Qur'an has answers for any issue. Lots of people have the wrong perception about Allah, as some Bogeyman (babaroga) just waiting to punish people for their bad deeds. So they are afraid, they resist, they think believers must not be feeling bad, and they are not allowed to be unwell. Addressing these misconceptions and reconstructing and discrediting these negative faulty beliefs results in the clients' (re)turn to Allah s.w.t. in such a profound way that there is no better reward for a therapist" (3. C., age 37).

IOTI and Leaving Unhealthy Habits

All respondents reported positive outcomes of using IOTI. They claim that both they and their clients perceive and experience the benefits of using such an approach, to the point that some reported that their clients left unhealthy and harmful habits like alcohol.

"I have lots of people/patients who stop using alcohol and other substances, quit smoking, and report their relationships improving after we address their religious and spiritual needs in therapy. People come to their senses. They say, 'I am a believer and want to share my issues with you only (because you are also a believer and practicing Muslim). I do not trust others.' They find something their soul was searching for. In my approach, I only ask for the soul to come to its senses, contrary to the secular understanding, which focuses on materialism and a material understanding of the meaning and purpose of life" (4. D., age 64).

The Practicing IOTI Issues

The practicing IOTI issues category was further explicated through two subcategories: (1) differentiating between spiritual/religious and psychological problems, and (2) Ruqyah treatment.

Differentiating Between Spiritual/Religious and Psychological Problems

The participants reported having clients with reported spiritual or religious (sihr or black magic-related) problems and their doubts related to identifying, diagnosing, and treating such problems. Some also reported that their clients inquired about Ruqyah (reciting certain Qur'anic verses) as a treatment method:

"So, how do we know and distinguish between a pure spiritual or religious issue or problem and a psychological one? We need some guidelines on this" (8. H., age 44).

"We do not know how to recognize and identify psychological problems related to sihr. And also, we do not know who is certified in our community to treat this kind of problem efficiently; we need this information" (5. E., age 43).

Ruqya Treatment

"I have a personal dilemma with clients who come and confess that they have sihr-related problems and receive Ruqyah treatment while they seek psychotherapy services from me. I am in doubt and confused. Should I accept the person as a client or wait until he or she finishes that type of treatment first? Are they contraindicative or not? What presenting symptoms and problems are the result of sihr, and which are purely psychological? How do I go about doing this?" (10. J., age 49).

Discussion

The participants in this study are all, except for one, Bosnian mental health professionals with a secular educational background, practicing Muslim psychologists and psychiatrists who, as they have reported, practice and hold Islam close to their hearts. Since studies show that religion and spirituality are often overlooked in training (Mintert et al., 2020; Pearce et al., 2019; Scott et al., 2016), making it challenging to address and focus on these topics in therapy (Scott et al., 2016), the findings presented here are the result of participants own personal effort and conscience to offer the best possible care and create sensitivity to their clients' needs.

Research shows that religiosity, both in the framework of external actions and as a belief, leads to an improvement in psychological well-being (Khashab et al., 2015). Addressing clients' religious needs in therapy seems crucial, particularly when working with devout and highly religious clients. The participants in this study reported using Islamically-oriented therapy interventions with practicing Muslims, such as the Qur'an and the Sunnah as well as Islamic rituals like dhikr, salah, repentance, gratitude, and an open and nonjudgmental approach to clients, to foster therapeutic success.

When they work on their issues and challenges, Muslims from around the world frequently consult the Qur'an and the Sunnah for guidance and aid (Owens et al., 2023). The Qur'an and the Sunnah can serve as a form of psychoeducation for Muslim clients. Our participants mostly reported using Qur'anic verses, narratives, and stories, as well as the Sunnah, to generate insight and increase self-awareness, both of which produce behavioral and cognitive changes in their clients. This confirms findings in a previous study that the Qur'an and the Sunnah foster physical, moral, intellectual, emotional, social, and spiritual resilience, offering unique ideas, remedies, and solutions to various contemporary mental health challenges not addressed by mainstream conventional Western psychology and psychiatry (Hassan, 2021). Additionally, like other studies, this study has found that the Qur'an can be read, recited, memorized, or listened to as a means of reducing stress, anxiety, and depression while also improving quality of life and coping (Owens, 2023).

Some participants discussed addressing the false or distorted beliefs of clients as well as feelings of unworthiness of Allah's mercy due to their sins. They also discussed understanding clients' feelings of guilt and depression from an Islamically-oriented therapy framework as well as dealing with such feelings by instructing clients to do dhikr, perform salah, repent (tawbah), and practice gratitude. These confirm previous findings that dhikr, as a special form of spiritual remedy presented through the repetition of prescribed prayer, is a spiritually-oriented therapy intervention (Haque & Keshavarzi, 2014). This repetitive practice of dhikr, along with reflection

and remembrance of God, aligns with mindfulness practices and interventions. Additional studies show that mindfulness interventions, similar to dhikr in their focus on presence and contemplation, were effective in reducing symptoms of anxiety and depression (Hofmann & Gomez, 2017) and reducing multiple negative dimensions of psychological stress (Goyal et al., 2014). Performing salah or praying along with reading, memorizing, and listening to the Qur'an helps reduce anxiety, depression, and stress and improve coping skills and quality of life (Owens et al., 2023).

Sin is understood to be a natural component of human nature and a factor that prevents spiritual growth. Hence, within the framework of Islamic psychology, tawbah is an essential component of practice, which includes questioning and confronting beliefs and actions that are against the Shari'ah (Rassool, 2021). Along with tawbah, another vital Islamic practice and virtue is gratitude. Islam holds that two essential virtues—shukr (or gratitude) and sabr (or patience)—provide a recipe for a happy life for Muslims (Pasha-Zaidi et al., 2021).

Studies show that Islamic rituals play a constructive role in developing the personality of the believer, encourage a disciplined lifestyle, and play a part in increasing self-control, reducing daily life stress and depression (Tahir & Zubairi, 2019), and improving overall mental and physical health (Uyun et al., 2019).

Interestingly, we notice that participants reported differentiating their IOT approach based on the client's background because they work with practicing and non-practicing Muslim and non-Muslim clients. Most participants confirmed that their practicing Muslim clients seek professional help from them because they are practicing Muslims themselves and have a reputation for referring to Islam while working with clients. Hence, our respondents reported being free to use the Qur'an and the Prophet's tradition to help practicing Muslim patients deal with problems.

At the same time, they reported being particularly open and non-judgmental while treating non-practicing Muslims and other patients. Of course, this is part of relational ethics, and professionals should be aware that a therapist's ethical values will not always match those of his or her clients. However, as a part of relational ethics in therapeutic practices, it is not the therapist's place to judge whether a given behavior is good or bad for the person but rather to facilitate reflection and exploration of the client's process (Gergen, 2015). This is exactly what our participants reported doing: applying an individualized approach to their clients and addressing religious and non-religious client needs.

Similar to our study findings, studies in Iran show that applying spiritual therapy (particularly stories, verses of the Qur'an, prayer, sacred texts, God images, and forgiveness) has a positive effect on the treatment of conduct disorder (Mohammadi

et al., 2017). Moreover, spiritual therapy seems to be efficient even in the treatment of gender dysphoria (Mohammadi et al., 2021).

In regard to the perceived effects of IOTI, participants reported that IOTI helps patients (re)turn to Allah and help leave unhealthy habits such as drinking alcohol; additionally, they reported needing help to understand how to differentiate between spiritual, religious, and psychological problems.

According to an Islamic psychological paradigm, the majority of heart and soul illnesses are caused by a person's disconnection from God (Ghazali, 1986, as cited by Rothman, 2021), while other illnesses are viewed as hardships/trials, or tribulations that a person must endure in order to purify their soul and may not actually be curable. Like many traditional healing systems, Islamically-oriented therapists work under the assumption that God is the only one who can truly heal someone and change his or her heart (Moodley & West, 2005; Rothman, 2021); therapists only serve as a channel for such a relationship with God (Rothman, 2021). Our participants reported using IOTI for this purpose exactly as their reports demonstrate clients (re)turn to Allah.

IOTI, as reported by the participants, also facilitates leaving unhealthy habits like smoking and using drugs. While it does not expressly forbid smoking, the Qur'an does offer behavioral guidelines, such as not using intoxicants, so teaching or reminding clients about this can be beneficial to Muslims. Unhealthy habits such as smoking, drinking, or using drugs often start as coping mechanisms in the face of certain adversities. Research from Malaysia shows that reading healing verses provides peace for drug addicts and enables them to live in peace (Ismail et al., 2018). As our participants reported, IOTI helps clients develop their spirituality, find meaning, and reconnect with Allah and their true nature. All of this might serve as a relief from the stress found in their lives and, hence, strengthen their spirituality and aid them in leaving unhealthy habits. Similar to our findings, studies show that spirituality, or religiosity, helps lessen the suffering caused by adversity as it fortifies one's inner being, promotes optimism, and heightens one's level of bodily, mental, and spiritual cleanliness (Sudan, 2019).

In relation to the issues they face while applying IOT, participants reported difficulties related to understanding and differentiating between spiritual/religious and psychological problems and symptoms, particularly when clients either admit receiving some form of Ruqyah treatment or inquire about it. Ruqyah (incantation) in Islam includes the recitation of the Qurʾān, seeking refuge in Allah, remembrance, and supplications, all of which are used as a means of treating sickness(es) and other problems as sources of healing. The main purpose of Ruqyah is to treat and cure the evil eye, the possession of jinn, envy, and black magic, while keeping in mind that the essence is to place full trust, reliance, and dependence only on Allah, the source of all healing and cure (Rassool, 2023).

Rasool (2023) also claims that "scholars advise Muslims who are sick, 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 Shari'ah" (p. 171). Performing Ruqyah, or visiting a person who reads the Qur'an, as a form of alternative religious treatment, primarily for spiritual but also psychological and even physical illnesses, is a very popular practice in Bosnia. Although there is no corroboration from studies, our findings suggest that clients' experiences indicate that they believe mental health issues are caused by jinn or other spiritual forces, leading them to naturally resort to Ruqyah as their first form of treatment. Similar findings are also found among South Asian Muslims in the UK who believe in the existence of jinn, black magic, and the evil eye, deducing that these could cause physical and mental health problems, which further lead them to resort to Qur'anic healers for treatment (Dein & Illaiee, 2013; Khalifa et al., 2011; Littlwood & Dein, 2013).

Indeed, for Muslim health practitioners, it is important to not only acknowledge the presence of religious or spiritual (sihr-related) problems but also be able to distinguish them from psychological or psychiatric ones, in order to offer efficient treatment. While there is a suggestion that the category of "religious and spiritual problems" could be added to the ICD (Abdul Hamid, 2011), this category already appears in the DSM-V (APA, 2013) as a V Code, identifying additional issues that may be useful to clinicians in documenting underlying pathology. Hence, when religion or spirituality are causing problems in the client's functioning, the diagnosis of a religious or spiritual problem occurs (Prusak, 2016). Examples of religious or spiritual problems in the DSM include "distressing experiences that involve loss or questioning of faith, problems associated with conversion to a new faith, or issues of other spiritual values" (APA, 2013, as cited in Harris et al., 2019, p. 96).

Further exemplification of sihr-related issues is necessary in terms of proper symptoms, duration, and diagnostic tools, as well as concurring evaluations made by clinical psychologists (clinicians) and experienced and trained spiritual (Ruqyah) healers, in order to classify these phenomena under other issues of spiritual values. The outcome could be three categories of problems presented: mental disorders, religious or spiritual problems, and a subcategory of purely 'sihr-related' religious problems. Again, we emphasize that this should be a collaborative process between mental health practitioners and religious healers in order to properly diagnose and treat varying problems.

Various factors contribute to the popularity of this treatment practice in B&H, including the secularization of knowledge and social sciences over more than a century, the relative global novelty of the Islamization project and Islamic psychology, and the

delayed educational institutionalization of psychology as a science in Bosnia, which has been intensive and relatively recent (Smajić & Draganović, 2021). For a long time, practicing Muslim Bosnian clients sought and received help for their psychological and spiritual problems from imams, the ulema (Islamic scholars), or others offering Islamic healing, not only because they believed that they could help them, but also because they knew they would accept and not judge them for their beliefs. Furthermore, the local Muslim scholars in B&H sometimes mistakenly associate psychological science with the antireligious views of Freud and pseudoscience (Smajić & Draganović, 2021), which resulted in the assumption that psychotherapists would not engage with their religious values in an informed and open way. Consequently, many Muslims either refuse to seek professional help or seek help solely from Islamic scholars and imams. Similar statements about Muslims not seeking professional help for this reason are seen in Rothman and Coyle's (2020) findings.

Notwithstanding its public appeal, we wish to underscore that mainstream Muslim scholarship does not espouse the notion that certain mental health afflictions are attributable to jinn or black magic, nor does it endorse any actions based on such beliefs. Correspondingly, the Prophet advises those affected by magic to follow protective methods and avoid charlatans and exorcists; hence, it would be appropriate for individuals who believe they have been subjected to magic and have psychological problems to consult a doctor or psychiatrist (Sabry & Vohra, 2013). Also, the Turkish Presidency of Religious Affairs (2018) fervently advocates for psychiatric and psychological interventions as the foremost course of action in such circumstances, all the while cautioning against the dangers of potential scams and charlatanism.

Conclusion

Our findings show that this group of Bosnian mental health practitioners are religiously sensitive and incorporate Islamic teachings and terms into a Western therapy modality when working with clients. Referring to the Qur'an and the Sunnah; narrating stories of the prophets mentioned in the Qur'an or the life and experience of the Prophet Muhammad; reminding clients to perform prayer, do tawbah, practice dhikr and gratitude; all help practicing Muslim clients not only reframe their cognitions and align better with their faith and true nature and (re)turn to Allah, but also reframe and accept themselves, leave smoking habits, and even use drugs. These study results can serve as a solid reference for the specific IOTI applied by Bosnian Muslim mental health practitioners in private or public practice. This study revealed specific issues the participants, as practicing Muslim therapists, face while working with clients. The findings contribute to the existing literature on the significance of incorporating spirituality or religiosity while working with devout clients and can serve as the groundwork for future studies after addressing study limitations.

Limitations

This study has some limitations, primarily related to the sampling, sample size, and analysis method. Although thematic analysis is flexible, this flexibility can lead to inconsistency and a lack of coherence when developing themes derived from the research data. Hence, generalization is possible for this population only. Future research, possibly using a mixed-methods approach, should consider and address these limitations in order to provide better results. Additionally, it should be noted that the researchers' theoretical orientations and personal experiences may have affected the way they see the world and hence interpreted the studied phenomena. Being a practicing Muslim therapist could have some influence on research findings and interpretation.

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