



Restoring the Sacred in Psychotherapy

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Integrating faith-based perspectives in mental health care has increasingly gained traction in psychology and psychotherapy, particularly in approaches that emphasize religious and spiritual interventions (Pargament, 2007; Richards & Bergin, 2014). Within Islamic psychology, scholars have debated whether to Islamize Western psychological theories (Badri, 2013) or to develop a bottom-up model rooted in Islamic epistemology (Rothman & Coyle, 2018). As Western psychology overly relies on samples from Western, Educated, Industrialized, Rich, and Democratic (WEIRD) societies, its universality has already been critiqued (Henrich et al., 2010) and the call for an inclusive psychological science is gaining momentum with scholars advocating for research that includes diverse religious and cultural contexts to enhance psychology discipline's global acceptability (Muthukrishna et al., 2020).

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Among such calls, the development of Islamic Psychology (IP) as an independent discipline is particularly prominent as it tries to look at human nature from a soul-centric perspective which should not come as a surprise because the term 'psychology' itself comes from the Greek words *psyche* (meaning 'spirit' or 'soul') and *logia* (meaning 'the study of'). But as Woodworth (1921) notes, 'First psychology lost its soul, then it lost its mind, then it

lost consciousness; it still has behavior, of a kind.’ Muslims need to reclaim the soul in psychology and establish their discourse and worldview with regard to mental health, one that upholds and respects their faith, values, and culture while drawing from the rich Islamic intellectual heritage.

As I read *Applying Islamic Principles to Clinical Mental Health Care: Introducing Traditional Islamically Integrated Psychotherapy* by Hooman Keshavarzi, Founder of the Khalil Center (USA) & Program Director for Masters in Counseling (Islamic Psychology) at Hamad Bin Khalifa University in Doha, Qatar and his colleagues, I found that the conceptual gaps and uncertainties I previously held about Islamic Psychology (IP) began to take shape, offering a more structured and comprehensive understanding of the field. Unlike previous works in Islamic psychology that attempted to fit Islamic teachings into Western frameworks, Traditional Islamically Integrated Psychotherapy (TIIP) takes a bottom-up approach, building from Islamic epistemology and ontology rather than adjusting secular models to align with Islamic values, making a compelling case for reviving Islamic psychology as an independent discipline, one that is not bound by the secular assumptions of modern psychology.

The book is the result of a collaborative effort, featuring insights from seventeen scholars and practitioners specializing in Islamic psychology. Contributors include Hooman Keshavarzi, Abdullah Rothman, Fahad Khan, Rania Awaad, Bilal Ali, Shaykh Rami Nsour, Khalid Elzamzamy, Paul Kaplick, and several others. Divided into four sections and ten chapters, the book offers a range of perspectives on integrating faith with mental health practice. **Part I** sets the stage for TIIP, beginning with two fundamental chapters. *Chapter 1: Foundations of Traditional Islamically Integrated Psychotherapy (TIIP)* delves into the epistemological and ontological roots of this approach. *Chapter 2: The Role of the TIIP Therapist: Scope of Practice and Proposed Competencies* shifts focus to the role of the TIIP therapist, outlining key competencies required for practitioners, emphasizing the importance of grounding in Islamic traditions, adherence to ethical principles, and the ability to build strong therapeutic alliances.

Part II introduces the Islamic Intellectual Heritage to the reader and contains two chapters (Chapter 3 & Chapter 4). *Chapter 3: Islamic Psychology: A Portrait of its Historical Origins and Contributions* traces the historical development of Islamic psychology, examining its origins and contributions while *Chapter 4: Framing the Mind–Body Problem in Contemporary Neuroscientific and Sunni Islamic Theological Discourse* addresses the long-standing mind-body problem in philosophy and neuroscience. It highlights Islamic conceptions of the soul (*rūḥ*), intellect (*‘aql*), and body, providing potential resolutions for integrating these perspectives into psychotherapy.

Part III of the book discusses Case Formulation and Assessment spanning over two chapters (Chapter 5 & Chapter 6). *Chapter 5: Quantitative and Qualitative Assessment of the Ontological Domains of the Psyche in TIIP* includes case conceptualization models that evaluate cognitive, emotional, behavioral, spiritual, and social aspects of the patient's psyche and assessment methods for psycho-spiritual health within the TIIP framework. *Chapter 6: Dreams and Their Role in Islamically Integrated Mental Health Practice* reviews classical Islamic dream interpretation ('ilm ta'bīr al-ru'yā), its significance in psychotherapy, and clinical applications of dream analysis.

The final **Part IV** of the book focuses on the Treatment of the Domains of the Human Psyche detailed in four chapters (Chapter 7 to Chapter 10). *Chapter 7: Emotionally Oriented Psychotherapy* focuses on emotions and their role in mental health from an Islamic perspective. *Chapter 8, The Use of the Intellect ('Aql) as a Cognitive Restructuring Tool in an Islamic Psychotherapy* explores how Islamic thought conceptualizes intellect and its role in cognitive restructuring. *Chapter 9: Behavioral (Nafsānī) Psychotherapy: Character Development and Reformation* addresses behavioral change through Islamic spiritual practices. The final *Chapter 10: Spiritually (Rūḥānī) Focused Psychotherapy* examines spiritually integrated psychotherapy, including practices like *dhikr* (remembrance of God) and *tawbah* (repentance) as therapeutic interventions. The book concludes by summarizing the contributions of TIIP to psychotherapy and its potential for future research and clinical applications.

Islamic psychology, though deeply rooted in classical Islamic scholarship, has struggled to gain recognition within mainstream mental health discourse. The foreword of the book, written by Recep Şentürk, former rector of the Ibn Haldun University and current dean of the College of Islamic Studies at Hamad Bin Khalifa University, Qatar, has highlighted this very issue, noting that:

“Muslims have produced a very rich scholarly legacy on human psychology since the rise of Islamic civilization... Unfortunately, most of this literature remains as manuscripts in libraries, and very few have been published. Among these few, only a small number have been translated into English” (p. xvi).

While limited access to the classic Islamic literature and manuscripts has been a challenge, the core reason for the limited recognition of IP has also been its orientation and alignment, especially during the initial stance of the Islamization of Knowledge (IoK) approach which primarily aimed at adapting Western psychology to Islamic standards without really questioning the deeper underpinnings of its secular foundations. Malik Badri (1932-2021), arguably known as the father of modern Islamic psychology reinforces this in the preface of the book, stating that:

“The intellectual and ideological battle for mainstream acceptance of an Islamic psychology in a world dominated by reductionistic science situated within a secular background has been long and at times demanding... As they matured and gained more self-confidence, Muslim psychologists abandoned this artificial search for similarities and came up with the holistic approach of ‘Islamization.’ (p. xxi)... However, as many leading Muslim psychologists realized, much of what is researched and written on Islamization was mainly an effort to give the ‘edifice’ of Western psychology an Islamic ‘paint’ without touching the secular worldview on which it was built” (p. xxii).

Despite its extensive intellectual heritage, Islamic psychology has largely remained within theoretical and philosophical discourse, with limited empirical research supporting its clinical applications. While early Muslim scholars such as al-Balkhī (d. 934 CE) and al-Ghazālī (d. 1111 CE) developed sophisticated models of the self (*nafs*), cognition, and behavioral regulation (Rothman & Coyle, 2018), modern psychology has evolved into an empirical discipline driven by evidence-based methodologies. A growing body of scholars argues that for Islamic psychology to be widely applicable, it must undergo a methodological shift—integrating empirical research to validate its principles in contemporary mental health settings (Haque et al., 2016). This book aims to bridge that gap by providing a structured, faith-based therapeutic framework that integrates Islamic principles with modern clinical psychology.

One of the book’s central contributions is its development of Traditional Islamically Integrated Psychotherapy (TIIP)¹, a modality that, according to Keshavarzi & Ali (2021), ‘is a psychotherapeutic framework that is rooted in an inherently Islamic foundation... offering a reconciliatory holistic approach to the construction of a spiritually integrated psychology that draws from empirical, rational, and revelatory sources’ (p. 13). Unlike secular psychology, which often isolates mental health from spirituality, TIIP acknowledges that psychological well-being and “Healing is not simply about symptom reduction but restoring balance within the *nafs* (self), *‘aql* (intellect), and *rūḥ* (soul).” (p. 55), making it a holistic model for treatment. TIIP proposes spiritual purification as an integral part of psychological healing. The theoretical framework offered by TIIP is original, well-structured, and moves beyond Western adaptations and proposes an authentically Islamic paradigm.

TIIP is rooted in an Islamic epistemological framework that combines empirical, rational, and revelatory knowledge. This threefold structure ensures that psychological science remains connected to theological and philosophical truths, fostering a more holistic approach to mental health. TIIP aligns with Sunni discursive theology, which differentiates between definitive (*qaṭʿī*) and probabilistic (*ẓannī*) knowledge. This distinction allows empirical psychology to be interpreted through an Islamic lens without compromising

¹ Khalil Center (USA) offers a 2-level training in TIIP followed by extensive supervision in several countries to be a licensed TIIP Practitioner.

scientific integrity (pp. 14-16). From an ontological perspective, TIIP views the human psyche as a dynamic system made up of interconnected elements: *'Aql* (Intellect), *Rūh* (Spirit), *Nafs* (Lower Self), *Ihsās* (Emotions), and *Qalb* (Heart). Psychological distress, in this model, is seen as a disruption in the balance among these components. Healing, therefore, involves restoring harmony through interventions that blend Islamic spiritual teachings with behavioral science. This integrated framework enables practitioners to address psychological challenges while staying true to an Islamic worldview (pp. 22-29).

The process of change within TIIP follows a structured, multi-stage path that merges psycho-spiritual principles with behavioral science. For patients, this journey unfolds in four key phases. The first, *Inqiyād* (Compliance), establishes a strong therapeutic alliance built on trust and commitment. Next comes *Inkishāf* (Introspective Self-Awareness), where guided self-examination helps uncover cognitive, emotional, and spiritual tendencies. This is followed by *I'tidāl* (Equilibrium), which focuses on achieving balance among the different aspects of the psyche. Finally, *Ittiḥād* (Integrative Unity) brings all these elements together into a cohesive whole, supporting long-term psychological and spiritual well-being. Parallel to the patient's transformation, the therapist also undergoes a process of change, applying specific therapeutic mechanisms to guide the journey. *Murābaṭah* (Alliance and Therapeutic Connection) underscores the importance of a strong therapist-patient relationship, grounded in trust, shared faith, and ethical responsibility. Through *Mukāshafah* (Uncovering), the therapist helps the patient achieve self-awareness, acting as a mirror to reveal hidden aspects of their psyche. Lastly, *Mu'ālajah* (Intervention) involves the strategic use of psycho-spiritual and behavioral techniques to support healing and growth. The ultimate goal for both patient and practitioner is *Ittiḥād*, a state of integrative unity where psychological resilience and spiritual well-being align (pp. 31-36).

Keshavarzi and Ali (2020) articulate TIIP's approach to reconciling science and faith by emphasizing that "scientific findings that can be safely regarded as objective fact, regardless of their Eastern or Western origin, are not to be disputed or hastily assumed to be at odds with divine revelation" (p. 15). They further highlight the Prophetic principle that states, "Wisdom is the lost property of the believer, so wherever he finds it, he is most entitled to it" (p. 16), underscoring its significance in shaping TIIP's engagement with contemporary secular psychologies. TIIP maintains an integrative framework by "drawing upon Islamic core principles while integrating those aspects of behavioral science that are established empirical truths and filtering the admissibility of non-empirical truths through Islamic theology. This is what makes TIIP integrative, as it contains the flexibility and robustness to draw upon the behavioral sciences while remaining loyal to an Islamic orientation" (p. 15).

Furthermore, the book effectively outlines how TIIP therapists should operate not just as clinicians but as *khalīl* (close confidants) or *rafiq* (gentle companions) to their patients (p. 49). This aligns with the Islamic tradition of *tarbiyyah* (spiritual cultivation), emphasizing that a therapist's personal development is as critical as their clinical expertise. The book also illustrates several therapeutic interventional models using TIIP and their case applications. For instance, it introduces the Six M's Model for behavioral modification, that includes *mushārāṭah* (goal-setting), *murāqabah* (self-monitoring), *muhāsabah* (self-evaluation), *mu'aqabah* (consequences), *mu'atabah* (self-reprimand) and *mujāhadah* (spiritual exertion) (p. 256). It then provides a case study on using these principles to treat obsessive-compulsive disorder (OCD) with religious scrupulosity (*waswasa*) (p. 259-263). Such lucid outlining of therapeutic interventions using TIIP offers a structured yet spiritually enriching approach to mental health care.

While TIIP provides a much-needed framework for Muslim mental health professionals, its application remains largely Muslim-centric, which may limit its accessibility for non-Muslim clients who seek spiritually integrated psychotherapy. While this model ensures that therapeutic practices remain culturally and religiously relevant, it also raises an important question: Does it fully reflect Islam's universal nature? Islam is not limited to a specific group but is intended as guidance for all of humanity. The Qur'an explicitly describes the Prophet Muhammad (PBUH) as "a mercy to all worlds" (Qur'an 21:107), emphasizing the inclusive and comprehensive vision of the faith. This leads to a crucial consideration—can TIIP be adapted for non-Muslim clients while remaining true to its epistemological foundations? Given this precedent, there is potential for TIIP to examine how its therapeutic framework might be extended to non-Muslim clients who seek spiritual and existential healing within an Islamic paradigm.

Overall, the book fills a huge void by creating an integrative framework that incorporates theoretical explanations with practical applications of Islamic psychotherapy, which was long due. It challenges the secular foundations of Western psychology, revives Islamic epistemology and ontology, while offering practical, therapeutic and clinical interventions. The book remains a landmark contribution to the field of Islamic psychology and mental health care and a valuable resource for clinicians, researchers, and students of psychology.

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