



## Islamically Integrated Psychotherapy

By Carrie York al-Karam, ed. 269 pp. West Conshohocken, PA: Templeton Press, 2018. \$29.95, ISBN 13: 978-1-59947-541-7

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Published online: 23 October 2018

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Many practicing Muslims consider psychotherapy to be a Western science and perceive it as a threat to Islam. Traditionalist Muslims are wary of the atheistic roots of modern psychology, and they worry that therapeutic treatments could undermine religious adherence by explaining traditionalist beliefs as pathological defense mechanisms. Many Muslims also strongly stigmatize mental health services as a sign of weakness and lack of faith. Qur'anic recitation and prayer, rather than secular therapies, are the proper Islamic remedies for emotional problems. Only ten percent of American Muslims say they would seek help from a mental health professional.

*Islamically Integrated Psychotherapy* seeks to bridge the gap between Islamic spirituality and psychotherapy by pulling together the work of nine practicing Muslim clinicians who are synthesizing Islam with Western therapeutic approaches. The contributors discuss (1) the ways in which Islam is a system for psychological well-being, or a “science of the soul”; (2) marriage counseling within an Islamic framework; (3) the Prophet Muhammad as a psycho-spiritual model; (3) the use of Qur'anic stories in family therapy; (5) the use of Islamic teachings when working with adolescents; and (6) integrating Sufi and Shia spirituality into the therapeutic process.

One of the most vexing barriers to psychotherapy is the hesitancy of traditionalist Muslims to criticize their parents. For Muslims, psychotherapy can set up a conflict between addressing adverse experiences involving parents and fearing the commission of blasphemy by insulting parents. Dr. Layla Asamarai (chapter 2) makes the case that although backbiting is prohibited in Islam, therapeutic sharing is permissible, because the goal of therapy is building more authentic and honorable relationship with parents. Dr. Asamarai cites the Prophet Muhammad as a model of therapeutic sharing. The Prophet's childhood was full of adversity and pain, yet Muhammad did not hide his pain, but talked openly about it.

For many Muslim patients, a key to achieving psychological health is for patients to develop a more flexible reading of the Qur'an. Therapists often challenge their patients to

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see Qur'anic truth as taking not just one fixed form but as requiring openness and receptivity that can help us see life in a broader and more complete way. Dr. Rabia Malik (chapter 6) describes Qur'anic stories as truth stories with moving images. As we engage them, different truths appear, and these truths may change depending upon who we identify with in the story.

Dr. Malik tells the story of Shahid to illustrate this. Shahid is acutely depressed and filled with resentment toward his mother. Shahid's mother expects obedience from Shahid in not pursuing his desires to be a musician and a photographer, activities she considers forbidden in Islam. Shahid comments that he cannot be "a good enough son for my mum unless I am willing to be sacrificed like Ishmael was by Abraham" (p. 161). Shahid's therapist works with him in exploring alternative interpretations of the story of Abraham's sacrifice of Ishmael. In the story, it is not just Ishmael who is an obedient son. Abraham is a father who is willing to sacrifice or let go of his attachment to Ishmael. The Qur'an thereby places an ethical imperative on both children and parents. This shifts the dogmatic cultural script of obedience toward parents and recontextualizes Shahid's relationship with his mother. If God does not require human sacrifice, what are the implications for Shahid's mother/son relationship?

In another case study, therapist Dr. Afshana Haque (chapter 4) challenges a harsh and demanding father with stories from the Qur'an about the Prophet Muhammad's kindness and mercy toward children. The therapist then discusses the way in which the Qur'an was revealed. The initial chapters (the Meccan suras) brought the hearts of the early believers closer to Allah and his Messenger. Once their faith and love were secured, the later chapters of the Qur'an (the Medinan suras) focused on establishing rules and regulations. In the same way, if we build a foundation of love and connection with our children, they will become more compliant with rules and expectations.

*Islamically Integrated Psychotherapy* is full of stories of couples who find themselves caught between Islamic tradition and modern values. One newly married woman in the U.A.E. thought that it was a woman's right to receive full financial support from her husband. She felt that she did not have to contribute financially to the household even though she made more money than her husband. Her counselor cited the Prophet Muhammad's first marriage to Khadijah as an example of a non-traditional marriage that is starkly different from what many Muslims think to be the Islamic way. Not only was the Prophet 20 years younger than Khadijah, Khadijah was a businesswoman for whom Muhammad worked, and Khadijah supported the prophet and his companions during the Meccan boycott.

A much more difficult case is that of Reem and her husband Hamad. Reem is furious that Hamad took a second wife, but Hamad insists that he has done nothing unlawful. Though polygamy is an acceptable practice in Islam, it is normal for the wife to feel betrayed. The Prophet Muhammad acknowledges the pain that polygamy can cause when he prohibits his son-in-law Ali from taking another wife while married to his daughter Fatima, indicating that it would hurt Fatima, and what hurts Fatima would hurt him. Hamad's therapist uses this story to help Hamad understand that his behavior, though lawful, is still hurtful to his wife.

Dr. Fyeka Sheikh (chapter 8) adopts Al-Ghazali's concept that the self (*nafs*) comprises three states: the *nafs al-ammarah* (ordering self), which is seen as the most unhealthy and egotistical; the *nafs al-lawwama* (the blaming and evaluating self); and the *nafs al-mutmainna* (the calm and peaceful self). In Islamically integrated psychotherapy, Al-Ghazali's construct can be used as a substitute for the Freudian concepts of id, superego, and ego.

Sarah is a Muslim girl who is plagued by guilt because she has seen sexually explicit materials in school and cannot get these images out of her mind. Dr. Sheikh writes that her *nafs al-lawwama* (blaming self) is “in overdrive, promoting excessive guilt” (p. 217). Unfortunately, Sarah’s Sunday school teachers taught her that in Islam, thoughts and intentions must be pure. Sarah’s therapist helped Sarah see Qur’anic principles that distinguish between thoughts and actions. Far from condemning Sarah for her thoughts, the Qur’an would commend her for not acting on her thoughts. Also, the concept of intention in Islam is foundational, as our intentions are more important than our actions. Although thoughts (unprovoked sexual thoughts) may be negative, Sarah had no ill intention, and she had never acted on her thoughts.

The premise of *Islamically Integrated Psychotherapy* is that Muslims need no longer stigmatize the mental health profession as hostile to Islam. In the last two decades, psychotherapy has come a long way in recognizing the psychic benefits of religious commitments and practices. Moreover, the Islamic tradition urges people to seek healing, and this book gives us vivid descriptions of therapeutic techniques based on Islamic principles. Some outcomes are more favorable than others, but in the cases recorded in this book, the introduction of Islamic spirituality helped clients engage more fully in therapeutic processes. This makes *Islamically Integrated Psychotherapy* a resource for any reader who wants to explore how Islam and psychotherapy are enriching each other in clinical settings.