



# *Muraqaba* as a Mindfulness-Based Therapy in Islamic Psychotherapy

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## Abstract

This article first describes Sufism, the mystical/spiritual tradition of Islam then move to define Islamic psychotherapy and the various aspects of *muraqaba* by providing an overview of the Sufi literature. I will also highlight how the techniques used in *muraqaba* can be adapted and used as mindfulness-based stress reduction, mindfulness-based cognitive therapy, meditation, transcendental meditation, mind-body techniques (meditation, relaxation), and body-mind techniques. Although *muraqaba* might not be effective for all mental health issues, I suggest a possible value of *muraqaba* for treating symptomatic anxiety, depression, and pain. Furthermore, Muslim clinicians must be properly trained in classical Sufi traditions before using *muraqaba* techniques in their clinical practice.

**Keywords** Islamic psychotherapy · *Muraqaba* · Mindfulness-based stress reduction · Mindfulness-based cognitive therapy · Meditation · Transcendental meditation · Mind-body techniques (meditation, relaxation) · Body-mind techniques

## Introduction

Mindfulness-based therapy models such as mindfulness-based stress reduction (MBSR), mindfulness cognitive behavioral therapy (MBCT), dialectical behavior therapy (DBT), and acceptance and commitment therapy (ACT), and mindfulness-based relapse prevention (MBRP) are usually viewed as an integration of Buddhist psychology and Western psychology. Initially, these models were used as psychotherapeutic tools to treat a relapse in cases of depression. A review of the Islamic tradition, particularly the Islamic theological and psychological sources, reveals that many aspects of mindfulness-based therapy models also existed in the Islamic tradition and were an integral part of Sufi psychology.

Many Muslim psychiatrists, clinical psychologists, counselors, social workers, and spiritual caregivers integrate classical Sufi psychology with mainstream therapeutic approaches such as MBSR, MBCT, DBT, ACT, and MBRP in their clinical settings. The interest in both Muslim and non-Muslim meditation practices is especially growing in Islamic psychotherapy because of multiple clinical research studies that show that

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mindfulness-based therapy helps in multiple physical and mental health issues (Simkin and Black 2014). In this regard, *muraqabah* is widely used as an Islamic contemplative exercise (Haque et al. 2016). Although *muraqaba*-based mindfulness-based therapy can be used by non-Muslim therapists with proper training, Muslim psychotherapists can mainly benefit by practicing it in their attempt to treat mental, emotional, and spiritual health issues expressed by their Muslims clients.

This article aims to highlight this psychotherapeutic technique in Islamic counseling by exploring the traditional sources of *muraqaba* (meditation) as a tool to Islamically oriented cognitive behavior therapy. First, I argue that *muraqaba* is a beneficial spiritual and psychological tool that has a therapeutic implication with Muslims in clinical settings. Although Muslim clinicians look to the classical Sufi tradition for this rich spiritual practice, they also need to adapt it to treatment context, diagnoses, and interventions. I will first describe Sufism, the mystical/spiritual tradition of Islam then move to define Islamic psychotherapy and the various aspects of *muraqaba* by providing an overview of the Sufi literature. I will also highlight how the techniques used in *muraqaba* can be adapted and used as mindfulness-based stress reduction, mindfulness-based cognitive therapy, meditation, transcendental meditation, mind-body techniques (meditation, relaxation), and body-mind techniques. Although *muraqaba* might not be effective for all mental health issues, I suggest a possible value of *muraqaba* for treating symptomatic anxiety, depression, and pain. Furthermore, Muslim clinicians must be properly trained in classical Sufi traditions before using *muraqaba* techniques in their clinical practice. Although the application of *muraqaba* in therapy requires knowledge and training in Sufism, both Muslim and non-Muslim therapists can also benefit from the application of some elements of this therapy in their practice.

## Sufism: Islam's Mystical/Spiritual Tradition

Sufism provides an essential foundation for Islamic psychotherapy as it has been recognized as the life-giving core since the emergence of Islam (Chittick 2007, 2001; Murata and Chittick 1994; Nasr 2007; Ernst 2011; Rahman 1966; Schimmel 2011; Sells 1996). Sufi concepts have provided a strong foundation for Islamic psychotherapy in the past and continue to do so in the present. For example, the emphasis on the training of *nafs* (ego, self, soul) in Sufi psychology and its approaches to emotional and spiritual diseases have proved helpful in reducing stress and treating depression and anxiety. The word *nafs* refers to the “soul” or “the self.” It is described as the spiritual reality of all living beings. In the Islamic tradition, it is also interpreted as the human potential to actualize the fullness of self-awareness, *aql* (the intellect), or the “lower self,” referring to spiritual impulses (Esposito 2016). Therefore, many Muslim counselors, spiritual caregivers, and psychotherapists recommend certain spiritual practices such as *dhikr* (the rhythmic repetition of God's names) prescribed by the Sufi masters. As a ritual activity, *dhikr* is mentioned in the Qur'an (i.e., Q. 33: 41–42). It is either performed in a group or individually.

Although there is no consensus on what the name of Sufism refers to, and it is beyond the scope of this study to present the diverse theories of Sufism's nature and origins, it is helpful to mention here that there are various explanations for the etymology of the term *tasawwuf* (Sufism). Some believe it is derived from *suf*, the word describing the rough woolen garments worn by many Sufis. Others draw a connection between the term and the *suffa*, an ascetic group of the Prophet's companions known as the People of the Bench. Due to the influence of Greek philosophy, the term is often associated with *sophos* (wisdom). It is also possible that the term is connected to the Syrian Sufi, Abu Hashim al-Sufi (d. 767).

And finally, there may be a connection between the term and the *safwa* (chosen ones) who practiced *tasfiyat al-qulub* (the purification of the heart) (Ernst 2011). Despite some controversies about the legitimacy of Sufism as part of the Islamic tradition, abundant examples show that prominent Muslim scholars such as Imam al-Shafi‘i, Imam Hanbal, and Ibn Qayyim al-Jawziyah followed the Sufi path. Also, many *shaykhs* (Sufi leaders) were prominent Hanbali jurists; for example, ‘Abd al-Qadir al-Jilani (d. 1166) founded the Qadiri Sufi order, one of the largest Sufi orders in the Muslim and the Western world. Therefore, Muslim psychotherapists use Sufi practices as a legitimate tool in their clinical practice to help their clients not only improve their relationship with God but also address their mental and emotional health problems by their devotional rituals and practices (Isgandarova 2018).

Nevertheless many Sufi writers, including a famous thirteenth-century Sufi leader Muhyiddin Ibn ‘Arabi (d. 1240), prescribed four levels of understanding to be reflected in Sufi practice: *shari‘ah* (exoteric religious law), *tariqah* (the mystical path and a term that was used to refer to the Sufi orders), *haqiqah* (truth), and *ma‘rifah* (gnosis) (Frager 1999). *Shari‘ah* provides the foundation for the practice because it offers genuine guidance for living ethically and morally in this world. Without it, one cannot move to the higher levels. Sufism represents a unique branch of the Islamic tradition that embraces “the earlier exemplary life of the Prophet Muhammad” (Green 2012, p. 4). By integrating *shari‘ah* and *tariqah*, it supports the *salik* or *murid* (follower of a spiritual path) to discover esoteric knowledge, to experience God directly, and to follow the practice of *awliya Allah* (God’s prophets and friends) in their private and public lives.

Although in the West not many Muslims currently follow the traditional Sufi orders, some of the most popular Sufi orders are the Qadiriya, the Rifa‘iyah, the Shadhiliyah, the Suhrawardiyah, the Jerrahi Sufi order, the Naqshibandi, the Tijaniyah, and the Mawlawiyah in Anatolia and the Aḥmadayah in the Nile Delta. The Qadiriya order was established around the teachings of ‘Abd al-Qadir al-Jilani (d. 1166) in Baghdad; the Suhrawardiyah is based on the teachings of Abu al-Najib al-Suhrawardi (d. 1168) and his nephew Shihab al-Din al-Suhrawardi (d. 1234); the Rifa‘iyah was founded by Aḥmad al-Rifa‘i (d. 1182); the Shadhiliyah was founded by Abu al-Ḥasan al-Shadhili (d. 1258) in Egypt and North Africa, and the Chishtiyah by Mu‘in al-Din Chishtui (d. 1142) in Central and South Asia. What differentiates these Sufi orders is their distinctive identity in terms of some Sufi concepts, i.e., *fanaa’* (passing away) and *baqa’* (abiding or remaining in God) or *sukr* (drunkenness or intoxication) and *sahw* (sober). For example, some Sufi orders such as the Yasawiyah and the Naqshibandiyah followed Abu Yazid al-Bistami (d. 874) who was famous for saying ecstatic utterances; whereas others (i.e., the Kubraqiyah and the Mawlawiyah) follow Abu al-Qasim al-Junayd (d. 910) emphasized sober Sufism, external aspects of the Shari‘ah such as ritual purity and fasting (Isgandarova 2018).

## The Overview of Islamic Psychotherapy

Islamic psychotherapy is a process that engages in assessing and treating cognitive, behavioral, emotional, and spiritual disturbances using Islamic and Western psychological interventions. Also, Islamic psychotherapy provides information, advice, encouragement, and instruction to the client using sources in the Islamic tradition. Those who provided Islamic psychotherapy used the Qur’an and the Prophetic tradition as the original foundation of their practice. However, during the period when Islamic sciences became diversified under the influences of Indian, Greek, Christian, and other thoughts, Islamic

psychotherapy also became a highly complex field. For example, Islamic psychology known as *ilm-al nafsiat* (the science of the soul/self or psychology) became a unique branch of Islamic sciences and explored self or psyche in the context of psychology, psychiatry, and the neurosciences (Ashy 1999; Deuraseh and Abu Talib 2005). Gradually, Muslim clinicians and therapists or *al tabib al-ruhani or tabib al-qalb* (spiritual physician) also developed *al-ilaj al-nafsy* (psychological therapy) to cure or treat soul and mind (Haque 2004). Muslim clinicians and therapists successfully used the work of Muhammad Ibn Sirin (d. 728) on dreams, the psychotherapy and music therapy of Abu Yusuf Ya'qub ibn Ishaq as-Sabbah al-Kindi (Alkindus) (d. 873), the clinical psychiatry of Ali ibn Sahl Rabban al-Tabari (d. 870), cognitive therapy and psychosomatic medicine of Abu Zayd Ahmed ibn Sahl al-Balkhi (d. 850), physiological psychology of Ibn Sina, and the concept of spiritual diseases of Harith b. Asad al-Muhasibi (d. 857) and Abu Hamid al-Ghazali (d. 1111).

Nowadays Islamic psychotherapy is becoming an independent discipline but is related to other forms of Islamic studies such as Islamic psychology, education, preaching, theology, Sufi tradition, and ethics. Islamic psychotherapy literature usually focuses on the interpretation and application of different Western-based counseling theories and techniques along with sources in the Islamic tradition (Abdullah 2007; Dharamsi and Abdullah 2012; Sabry and Adarsh 2013; Keshavarzi and Haque 2013; Hodge 2005; Abu-Ras 2011; Isgandarova 2008; Isgandarova and O'Connor 2012; Isgandarova 2012; Badri 2000; Podikunju-Hussain 2006; Badri 2000). In this regard, those who prefer an integrative approach in Islamic psychotherapy came up with few recommendations on how to use compatible Western approaches with traditional Islamic techniques. For example, some of them recommend Cognitive Behavior Therapy (Awaad and Ali 2015), Family Therapy (Isgandarova and O'Connor 2012), or other short-term approaches like Solution-Focused and Narrative Therapy (Valiante 2003). Manijeh Daneshpur (2012) also suggested that the family systems theory can be used as a framework for understanding Muslim family behaviors and dynamics because it holds similar values to Islam about family relationships and identifies family interactions as milestones for emotional development, behavioral patterns, values, and loyalties for the individual members. However, a considerable number of psychotherapy books also pay attention to the careful use of Western psychological approaches (Dwairy 2006).

## The Overview of *Muraqaba* in the Sufi Tradition

Sufi practices are abundant. Therefore, there are major methodological differences between Sufi orders (i.e., Naqshī, Qadiri, and Mawlawi), including in the practice of *muraqaba*. However, almost all Sufi orders agree that *muraqaba* is the most common mindfulness tool in the Sufi tradition.

In Arabic, *muraqaba* derives from the word “*raqeeb*, meaning “to watch over,” “to take care of,” or “to keep an eye.” In the Qur’an (i.e., 4:1), it is also one of the names/attributes of the Creator, referring to God’s role as a protector or caretaker. In Sufi practices, *muraqaba* is translated as “meditation” (Ernst 2011) or contemplation (Azeemi 2005). Regardless of how it is translated into English, in Sufi practice, it also refers to a certain type of meditation. In this type of meditation, the *salik* (one who follows the spiritual path) watches over or takes care of his *nafs* (soul) and acquires knowledge about it and its relationship with the creator by being mindful of his/her inner feelings and outer surroundings. The individual performs the traditional *muraqaba* without the physical presence

of his master, or in the presence of the master. During the *muraqaba*, the *salik* needs to observe *batin* (inner), *zahir* (outward) and *ghayb* (hidden) states of being. Generally, *muraqaba* practice also has certain levels: beginning, middle, and higher stages. During these stages, the *salik* observes/watches over certain signs such as *ihsan* (excellence), *nur* (light), *haatif-e ghabi* (subtle sounds of the cosmos, manifestations of the attributes of God), reflection on life after death, the spiritual heart, the purpose of life, nothingness, and also the non-material universe.

## Practicing *Muraqaba* in Clinical Settings

As previously outlined, *muraqaba* can be used as a meditation-based therapy in Islamic psychotherapy solely based on the Islamic tradition. It can be incorporated to mindfulness-based stress reduction (MBSR), mindfulness cognitive behavioral therapy (MBCT), dialectical behavior therapy (DBT), acceptance and commitment therapy (ACT), and mindfulness-based relapse prevention (MBRP). Taking into consideration that *muraqaba* also contains the same ideas with a variation of meditation style, this section describes the classical techniques in *muraqaba*, and how they can be used regarding therapeutic goals such as spiritual, mental, and emotional well-being.

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### Meditation-based therapy

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Techniques of <i>Muraqaba</i>	Therapeutic/clinical implications
<i>Mushahada</i> (observation)	Presence
<i>Tasawwur</i> (imagination)	Focused attention and open monitoring
<i>Tafakkur</i> (contemplation of creation)	Creativity
<i>Tadabbur</i> (contemplation of God's names/attributes)	Connecting with self, nature, and higher power
<i>Muhasaba</i> (self-assessment)	Clarity Serenity

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## The Preparation Stage

In the preparation stage, the Muslim psychotherapists prepare the client before the therapy by setting up rules to follow similarly the *salik* who needs to be mindful of the first stage or *maqam* of this type of spiritual practice. The Muslim therapist can apply the rules of the Naqshibandi Sufi orders where it is the responsibility of the *shaikh* to provide clear instruction and guidance to prepare the client for the therapy. Generally, in Islam, such a preparation starts with bodily purification which is called *wudu'* or ablution. Therefore, the Muslim psychotherapist should ask the client to begin the preparation by taking ablution. Islamic jurisprudence is flexible in terms of ablution. In this regard, Muslim psychotherapist can provide choices if the client is unable to take ablution. Then the client is asked to enter into *muraqaba* or the stage of observation of feelings, thoughts, and bodily sensations. This stage usually lasts 5–15 min in the beginning, but then it can be increased to longer time periods. For this purpose, in the traditional settings, the *salik* usually sits in a dark room kneeling down in front of his *shaikh* (Sufi master) with his eyes and mouth closed and focusing on the inner aspects of self and his presence before his *shaikh*. The

sheikh also makes sure that the *salik* follow the instructions by “checking the attendants’ attentiveness by rapidly rolling his eyes over all of them” (Hussein 2018, p. 30). In contemporary clinical settings, the therapy room does not need to be dark; a dimly lit room is sufficient to produce greater levels of relaxation and positive feelings. Also, the client does not need to kneel down but needs to sit in such a way that he remains motionless and still to relax more. In mindfulness-based therapy, this is similar to the process of a body scan.

At the preparation stage, breathing is an important stage of preparation. The Muslim psychotherapist needs to teach the client how to exercise slow and deep breathing. For example, in the Naqshibandi way of *muraqaba* practice, the *salik* imagines white light entering through stomach when he/she inhales through the nose and says *dhikr*. The common *dhikr* is “Allah Hu” which is considered one of the most sacred chanting in the Sufi tradition. For example, according to Hazrat Inayat Khan (1983), the *Hu* is also the most sacred sound referring to the Divine. When one chants the name of *Hu*, he/she imagines the blackness of carbon monoxide when he/she exhales through the nose. Depending on the orientation, the Sufi orders developed two categories of *dhikr*: the verbal *dhikr* (*dhikr jali*) and *dhikr* of the heart (*dhikr kafi*) (Saniotis 2018). The hand position should follow certain positions. This special hand positioning represents the 99 Names of God. If the client is comfortable with this format, the Muslim psychotherapist can use these traditional elements at this stage. In the Sufi tradition, the special way of deep breathing along with a *dhikr* helps the *salik* to progress. Sa’di Shirazi (d. 1292) states that “Every breath taken in replenishes life, and once let go it gives joy to the soul. So each breath counts as two blessings, and each blessing requires thanksgiving...” (Chittick 2005, p. 73; also see Shirazi 2003). The Muslim psychotherapist can use this citation to encourage the client to reflect on the ability to breathe.

For a deeper reflection and contemplation in *muraqaba*, the Muslim psychotherapist can also prepare the physical environment by using candles, roses/flowers, and turning off any devices that prevent concentration and cause distraction and interference. This practice will boost mindfulness of sensory experience such as sound and vision.

Further, traditional Sufi writers believe that an effective *muraqaba* is possible through practicing the five pillars of Islam, including daily prayers, charity, and also practicing social responsibility, kindness, and good manners (al-Ghazali 1993). They also taught that it is important to be in a state of *wudu*<sup>7</sup> (ablution, physical cleanliness) all the time to attain spiritual purification. They also recommended practicing *tafakhur* (contemplation) on the creation and God’s 99 names/attributes, and exercise *muhasabah* (self-assessment) before and after prayers in order to prepare the self for *muraqaba*.

The stage of preparation should also involve discussion of attitudes toward treatment. A famous tenth-century Muslim psychologist and founder of Cognitive Behavioral Therapy, Abu Zayd Ahmed ibn Sahl al-Balkhi (d. 934), offered sociological explanations as to why people do not seek help when they experience extreme fear and worry. For example, he mentions three major barriers that prevent the person from actively seeking treatment: (1) cultural beliefs about obsessions, (2) attitudes toward seeking treatment, and (3) loss of hope in finding a treatment (Awaad and Ali 2015, p. 187). This kind of preparation allows the client to address unconsciousness and defensive attitudes toward treatment, to find a resolution and reduce *ghaflat* (heedlessness). In this regard, by giving an example of a drunk driver, Keshavarzi and Haque (2013) state, “The driver’s condition—drunk, tired, angry, sleepy—will greatly influence his or her ability to operate the vehicle. Thus, one is encouraged to always be in a self-reflective state, to monitor one’s day-to-day actions, views, cognitions, and behaviors as to whether one is attempting to truly live as a Muslim” (p. 236).

## The Stage of Mushahada

One of the important therapeutic/clinical implications of *muraqaba* is to help the client to improve their ability to concentrate and focus. In this regard, according to Khwaja Shahsuddin Azeemi, who is the leader of the Azeemia Order, the Indian Sufi Syed Shah Waliullah Dehlawi (d. 1762) mentioned that the *salik* needs to use “the force of perception concentrate on an object or idea, whether it is Divine Attributes or on the separation of body and soul or any other topic” (Azeemi 2005, p. 71). However, the role of the Muslim psychotherapist is to help the client to achieve the desired level during the *muraqaba*, which is being attentive to God. In this stage, Muslim psychotherapists teach the client to be mindful of whims, undesired thoughts, and control them during the *muraqaba*. However, unlike the contemporary Western practice of mindfulness, as Syed Ghauth Ali Shah (1804–1880) mentions, traditional *muraqaba* encourages to attain “a point where the person himself becomes the meaning and becomes unaware of self” (Ali Shah, cited by Azeemi 2005, p. 70).

For ibn ‘Arabi, this aspect of *muraqaba* is the stage of *mushahada* (witnessing; observing) when “the individual self is annihilated” (Chittick 2005, p. 72). As Ali Shah mentioned, the Sufis believed that when “the heart is attentive to God or anything other than God then all internal organs follow its command, because they are all obedient to the heart” (cited by Azeemi 2005, p. 70). This means that if a person is able to achieve an increased awareness/mindfulness of the Creator all his/her mental and physical organs will achieve the state of mindfulness. Ibn ‘Arabi’s student Muhammad ibn Ishaq Sadr al-Din al-Qunawi (d. 1273) (1949) even likened this process to achieving a total emptiness, which is compatible with similar contemporary ideas of optimal states of mindfulness that encourages freeing of the mind from unnecessary thoughts and being aware of the moment. Similarly, in mindfulness therapies, the concept of decentering is used to help the client remove the focus of attention from the self toward others. In cognitive therapy, it is expressed in terms of “cognitive-shifting” that refers to “re-directing one’s focus of attention away from a fixed idea or recurring thought, and toward a different focus of attention” (Mirdal 2012, p. 1209).

In the classical Sufi tradition, the object for contemplation includes various subjects such as the face of the *shaikh*, the prophet Muhammad, the Qur’an, and God. In Sufi psychology, thorough focused attention on these objects by the person does not allow the mind to wander. Similarly, a Muslim psychotherapist can use various objects, such as elements of nature, to help the client focus on and observe the flow of emotions, feelings, and thoughts without being stuck, reactive, or distracted. A proper practice of *mushahada* should help the client to remain still and motionless and endure the burden of emotions without being reactive. Sufis believe that letting go of whims and unwanted thoughts should produce more positive feelings and thoughts at the end. After 3–5 min of *mushahada*, the Muslim psychotherapist can ask the client to describe his/her experience of both pleasant and unpleasant bodily sensations, feelings, and emotions in a non-judgmental manner. Also, the client should be instructed that there may be times when they cannot control unwanted thoughts, whims, and memories, and they should not be discouraged. Sufi literature also includes stories of well-known and master Sufis who admitted that there are whole ranges of spiritual, emotional, and mental states or *hal* (plural *ahwal*) that can be beyond the control of the individual (Ernst 2011, p. 115). For this purpose, the Muslim psychotherapist can, for example, use the key concepts in Mevlana Jalal-ad-Din Rumi (d. 1273) such as “ acceptance and acknowledgement of both positive and negative

experiences; unlearning of old habits and looking at the world with new eyes; decentering, changing one's focus from Self to Other; and attunement of body and mind..." (Mirdal 2012, p. 1208). In this regard, Rumi emphasized, "experiential approach" versus "experiential avoidance" (Mirdal 2012). Therefore, at this stage, the Muslim psychotherapist can help the client to accept whatever comes to the client during the process of *muraqaba* and reflect on them in order to gain insight.

## The Stage of *Tasawwur*

In classical *muraqaba*, the stage of *tasawwur* (imagination) usually involved feeling the presence of God, but since the eighteenth century, it also included the spiritual presence of Prophet Muhammad and the *shaikh* (Esposito 2010). In some settings, i.e., for Indo-Muslims, the holy Ka'ba located in Mecca represents the symbol of imagination. The masters of the Sufi orders, i.e., Nakhshibandi, also encouraged the *salik* to "let the Shaykh enter your heart." In the Sufi terminology, this aspect of *muraqaba* is also called "*fana fi Shaikh*." Become One or Annihilated in or with the Master. Gradually, the *salik* also learns how to practice the following:

- *Fana fi Shaikh—Fana Fi Rasul sm*—Become One and Annihilated in or with Muhammad.
- *Fana Fil Quran*—Become One and Annihilated with or in the Qur'an and its commandments.
- *Fana fillah*—Become One and Annihilated in or with God.

Regardless of the variety of the symbolic elements in the Sufi traditions, the main idea is the center/ritual symbol for intensive concentration or archetypal imagery linked to the sacred. In the contemporary practice of *muraqaba*, it is not necessary to imagine the master but the person can imagine a light that spreads the whole body (Azal 2015). However, the Muslim psychotherapist in the clinical settings plays the role of guide, teacher, and leader. Sufi psychology and contemporary psychology both emphasize the role of the therapist in the therapeutic relationship. For example, when al-Ghazali prescribed intervention in cases where the patient rejects or is unable to stick to the opposite behavior, he suggested that the "shaykh should lead him from that greatly undesirable habit to another one, less desirable" (al-Ghazali 1993, pp. 56–59). Similarly, Mirdal (2012) outlines the "attainment of these psychological and spiritual states requires a facilitator or a teacher just as mindfulness training necessitates a person in authority to whom the patient turns for help..." (p. 1207). Keshavarzi and Haque (2013) describes the crucial role of the therapist and compares them to the role of *shaikh* (master, guide, leader, and spiritual healer). They state, "A shaykh, or spiritual doctor of sorts, has acquired and incorporated this experiential form of education (*tassawuf*) in the spiritual practices. They have been given permission to initiate others into the spiritual path by their *shaikh*. These spiritual healers have been the source of treating mental illness for generations in the Muslim community" (Keshavarzi and Haque 2013, p. 236).

In addition to fulfilling the tasks of a modern psychotherapist, the Muslim psychotherapist should encourage the client to see through "the eyes of the heart." On higher stages of *muraqaba*, the *salik* practices *tasawwur* or imagination for the transference of spiritual knowledge from master to student, spiritual knowledge from Prophet to student, experiencing the *tajalli* (manifestation) of God's attributes. Similarly, in the clinical

setting, the client learns how to acknowledge the unpleasant and painful internal states, thoughts, sensations, and emotions from his/her therapist. The Muslim psychotherapist should create an environment where the client imagines openness to all forms of his/her experiences.

### The Stage of Dhikr

As a traditional Sufi practice, *muraqaba* involves *dhikr* or chanting of divine names or certain prayers. Among the Haraghe Oromo who follow the Qadiriyya order, this stage also involves invoking the sacred by chanting the blessings and supplication on the Prophet Muhammad and asking forgiveness (Hussein 2018). During this stage, the Muslim psychotherapist can give the special prayers or *dhikr* to the client and teach them how to use it properly. In *muraqaba*, *dhikr* is recited with the combination of certain body postures, i.e., closing the eyes and taking a deep breath in and out. The Muslim psychotherapist can also use the classical Sufi ideas of the importance of *dhikr*. For example, for 'Ibn Arabi, the prayers and chanting are the conversations that starts with God's invitation or request to dialogue/conversation or union which is approved in the Qur'an: "Call upon Me, and I shall answer you" (40:60). There are other verses, too, which emphasize this dialogue: "I am close, I respond to the call of the caller when he calls upon Me" (2:186); "I am closer to mankind than his jugular vein" (50:16); "Remember Me, and I shall remember You" (2:152). This process is "asking and asked for" (*tālib wa maṭlūb*) and involves the essential elements such as invocation and remembrance (*dhikr*) of God. This aspect of *muraqaba* is also "an act of the Heart" (Azeemi 2005, p. 70).

In the Islamic tradition, *qalb* or the heart is the seat of spiritual knowledge that is learned through *dhikr* and *fikr*. In this regard, al-Ghazali stated "O' friend, do not think that the door of the heart toward the spiritual realm does not open before death. This idea is wrong. When a person during his wakefulness, prays and abstains from immoral behavior, seeks solitude, closes his eyes and after suspending the outward senses turns his heart toward Gnosis. And then instead of using the tongue, invoke (*dhikr*) the Divine Name of Allah, with his heart and then loses himself and surrenders from all the physical things of this world. Then after reaching this station, the door of his heart opens even during wakefulness. Moreover, what other people see in their dreams he sees with his open eyes. He sees angels, he meets prophets of God and receives their blessing (*faidh*)" (Azeemi 2005, p. 71). For this purpose, the Muslim psychotherapist can use the classical prayer and *dhikr* manuals that classify God's names as *jalal* (majesty) and *jamal* (beauty) to reflect on God's grace, generosity, compassion, and mercy. The traditional *dhikr* practice encourages "expelling form consciousness of everything but God, reinforce the conviction that God is responsible for everything in creation" (Ernst 2011, p. 97). Like in the Sufi tradition, using the *dhikr* as a clinical intervention should be accepted as a multileveled process which means that it should engage the heart, the soul, the spirit, the intellect, and the innermost conscience called the secret" (Ernst 2011, p. 93).

### The Stage of Tafakkur and Tadabbur

*Muraqaba* is contemplation and mental activity or state for further outward and inward inspirations (Azeemi 2005). In traditional *muraqaba*, *dhikr* (remembrance), and with *fikr* (contemplation) are important elements of spiritual awareness and mindfulness. For example, *dhikr* culture among the Hararghe Oromo is considered to be "a hermeneutic

exercise that involves cognitive and analytical engagement with the exoteric meanings as well as the esoteric meanings of the world” (Hussein 2018, p. 26).

Generally, *muraqaba* can also be translated as contemplation which “means to think or to focus on a given object” (Azeemi 2005, p. 66); however, this aspect of *muraqaba* is reflected in the process of *tafakkur* and *tadabbur* which I will translate as a theological reflection in this section. *Tafakkur* literally means to think on a subject deeply, systematically, and in great detail, and *tadabbur* means contemplation, remembrance of God, thoughts of God. Both words are used often in the Qur’an. *At-tafakkur wat-tadabbur* (remembrance of God, thought of God) (3:191, 4:82) establishes the process of meditation. Imam Ahmad al-Haddad (“Key to the Garden) defines *tafakkur* as follows: the focus and movement of the heart and mind through the meaning of things in order to reach the underlying intention. He also stated that “Knowledge comes from *tafakkur*...”

The Muslim psychotherapist can use the Qur’an, the Hadith (Prophetic narrations) and social sciences to instruct the client to reflect and contemplate at this stage. For example, the Qur’an states, “Surely in the creation of the heavens and the earth and the rotations of the day and night are signs for the *ulul al-bab*. Those who remember (*dhikr*) Allah, the Most High, standing, sitting, and whilst reclining on their sides and who think (*tafakkur*) about the creation of the heavens and the earth, [They say] O our Lord You have not created this in vain, Glory be to Thee and protect us from the fires of hell” (3: 190–191). The prophet Muhammad (pbuh) encouraged reflection and ibn ‘Abbas and Abu Darda reported from him that “*Tafakkur* for an hour is better than a whole nights salah.” Muslim scholars and Sufi practitioners used various methods to enhance *tafakkur* and *tadabbur*. For example, Fakhraddin al-Razi (d. 1210) considered theological reflection (*naz’ar*) obligatory (*wa’ jib*). For Razi, theological reflection is a kind of attaining knowledge which aims happiness or *sa’ada* and perfection or *kamal*. For this purpose, the person who tries this method affirms: (a) the existence of the rational human soul, separate from the body; (b) an intellectual pleasure that man may experience at the spiritual, rather than the bodily, level; and (c) a spiritual afterlife, in addition to the physical one (Shihadeh 2005). For al-Ghazali, *kalam* (theology) was a theological speculation or *naz’ar* for recognizing the validity of Revelation and religious belief; therefore, he considered it obligatory upon everyone. For him, theology was not as the critical enquiry or *tahqiq* but as a means to seek a true knowledge of God or *ma’rifa*. ‘Ibn Arabi also mentioned the ways of practicing it that include prayers, which should not be understood in the ordinary sense as communal recitation, but rather as theological reflection and a spiritual union and conversation with the Divine Beloved. Al-Suhrawardi (1975) stated that theological reflection occurs in *qalb* (the heart) which goes beyond basic anatomical functions. It becomes a pure soul and being illuminated by a shining light.

A contemporary Sudanese Muslim psychologist Malik Badri (2000) states that the Islamic concept of *tafakkur* is different from Eastern contemplation or meditation because it encourages conscious sober thinking during the meditative practice. He states that *takakkur* is a “cognitive spiritual activity in which the rational mind, emotion, and spirit must be combined” (Badri 2000, p. xiv, 1). Moreover, *tafakkur* is “a refined form of worshipping God by appreciating His creating in this vast Universe” (Badri 2000, p. xiv). Therefore, *tafakkur* in *muraqaba* should involve “a mixture of thought, cognition, imagination, sentiment, emotions, and above all, spirituality” (Badri 2000, p. 29).

During the stage of *mushahada*, theological reflection allows the elaboration of and reflection on the feelings, emotions and bodily sensations observed. The Muslim psychotherapist can ask the client to start with identifying five feelings such as sadness, grief, anger, and joy. Second, he/she might ask the client to select a story in the Qur’an or *hadith*

for theological reflection. For example, the story of Yusuf (Joseph) in the case of adoption, or loss and depression might be used as a clinical example for theological reflection. During the process of *tafakkur*, the Muslim psychotherapist should instruct the client that he/she will go through four stages: (1) knowledge (via sight, hearing, touch, smell, and taste); (2) inspection of aesthetic aspects and qualities of data which yield fine appreciation, delicate feelings, and powerful passion; (3) crossing the boundary beyond or relating the object of contemplation to the Creator; and (4) spiritual cognition or *shuhud* (Badri 2000, pp. 30–31). In this regard, the Muslim psychotherapist can use *Masalih al-Abdan wa al-Anfus (Sustenance for Body and Soul)* by Abu Zayd Ahmed ibn Sahl al-Balkhi (d. 934), the Muslim psychologist, who discussed common mental disorders such fear, depression, and anxiety. For example, during the reflection process, the client can contemplate how their anxiety fits into the four main categories which al-Balkhi discussed in his book (al-Balkhi 2013). These four main categories of anxiety are: *al-ghadab* (anger); *al-jaza'* (sadness and depression); *al-faza'* (fears and phobias); and, *wasawes al-sadr* (obsessional disorders) (Awaad and Ali 2015). The client can also be encouraged to reflect on al-Balkhi's thought how their thoughts prevent individuals from enjoying life, performing daily activities, and concentrating on other aspects of life. For example, al-Balkhi states that under the influence of intrusive, recurrent, and persistent thoughts, the person expects that the worst will happen in the near future.

Ibn Qayyim al-Jawziyah (d. 1350) described the importance of notions, reflections, and ideas in the mind because they become drives and incentives that lead to habits (al-Jawziyah 1994). He also described the nature of internal cognitive activity which is unceasing, i.e., they are continued and uninterrupted cognitive processes even during sleep (Badri 2000, p. 22). Therefore, *tafakkur* is cognitive activity which starts with *khawatir* (the plural of *khatirah*) which means "an inner thought, a concealed speech or an internal dialogue" or "a fast, inner, concealed reflection, notion or unvoiced thought, which may come fleetingly" (Ibn Qayyim al-Jawziyah, cited by Badri 2000, p. 22). In contemporary psychology, it is similar to Aaron Beck's (1970) "automatic thoughts."

During this stage, the client needs to reflect on these inner thoughts because they later formulate human actions that can be harmful and sinful and strong emotions or *shahwah* (lust). In this regard, Ibn Qayyim al-Jawziyah stated,

You should know that the beginning of any voluntary act is *khawatir* and *wasawis* (an inner temptation of Satan or whims) these *khawatir* and *wasawis* lead to conscious thinking. Next, thinking will be transferred to or stored in the memory and the memory will transform into volition and a motive that will be acted out in real life as an action. Repeating the action leads to a strong habit. So eliminating an emotional or lustful habit is easier at an early state before it gains strength (al-Jawziyah 1981, p. 173).

Although these fleeting thoughts are as irresistible as breathing, the client can avoid them and accept the good *khawatir* and control harmful ones. During this stage, the client practices how to engage in good thoughts and spiritual contemplation. In this regard, as Badri states, this concept of Ibn Qayyim is similar to the concepts of the cognitive behavioral therapy and a systematic desensitization, a therapy that instructs the patient to relax and imagine themselves in a relaxing and beautiful place until the tranquil feelings replace the evoked anxiety (Badri 2000, p. 25). In this regard, al-Ghazali offers a gradual approach in stimulating the opposite in internal cognition because he believes that "illness can only be treated with its opposite, like treating heat with cold, and cold with heat... the

malady of ignorance is treated with learning, that of avarice with generosity, pride with humility, greed with abstinence and all by assuming the contrary” (al-Ghazali 1993, pp. 56–59).

### **The Stage of *Muraqabah* (Self-Monitoring) and the Stage of *Muhasabah* (Self-Evaluation)**

Many Sufi writers contributed to the exploration of this important concept in the Sufi tradition. However, it is a well-known fact that no one was able to present the details of *muhasabah* from a spiritual and psychological perspective like al-Harith al-Muhasibi (d. 857). It is no wonder that his famous eighth-century Sufi scholar became known as al-Muhasibi due to his contributions. During this stage of *muraqabah*, the client is introduced to the Sufi idea of how to identify and bring under control the positive and negative potentialities within the human soul. With regard to negative aspects or weaknesses of the soul, the classical Sufi masters paid attention to *dhamm al-nafs* or the dispraisal of the soul for its evil actions and intentions and the pursuit of its desires. Al-Muhasibi, for example, extensively emphasized the importance of the accusation of the soul or *ittiham al-nafs*. He drew attention to the deceptive and deceitful nature of the base self and even described it as the ‘enemy within’ (Picken 2011). Although it needs a thorough and careful consideration whether it is beneficial to have the ‘broken soul’ or *inkisar al-nafs* though imposing punitive measures upon it, the Muslim psychotherapist can help the client to identify the weakness of the soul and ways to reform it. Further, the Muslim psychotherapist can help the client explore compulsive and unhelpful coping mechanisms that prevent the client from achieving optimum levels of *muraqabah*.

### **Incorporating *Muraqaba* to MBSR, MBCT, DBT, ACT, and MBRP**

Contemporary Western psychotherapy uses various concepts of Buddhist meditation as stress-reduction techniques since the 1990s. For example, MBSR was developed by Kabat-Zinn (2003) in the 1990s, whereas MBCT was specifically designed by Segal et al. (2002) to treat clinical depression. Later on, Linehan (1993) developed DBT for treating patients with borderline personality disorder and as a tool for behavioral control, and Hayes (2004) developed the ACT for a range of mental and emotional issues encouraging commitment and behavior change to increase psychological flexibility and MBRP to address substance use (Simkin and Black 2014). All these techniques use Buddhist meditation techniques such as Sahaja meditation, Sahaja Sadadhi meditation, Sahaja yoga meditation, Tai Chi, Qi Gong, Yoga, etc., that encourage self-management, self-control, and self-improvement (Simkin and Black 2014).

Like the implementation of Buddhist practices in contemporary Western psychotherapy, the application of classical Sufi understanding of human nature and mental and spiritual health issues has stimulated a new and dynamic discourse about the use of the Sufi practice of mindfulness in contemporary Islamic psychotherapy (Chishti 1985; Hussein 2018; Saniotis 2018). Although Muslim therapists need to engage in a deeper and more meaningful discourse about the implications of Sufi practices, the practice of *muraqaba* particularly can be used mindfulness-based Islamic psychotherapy. I personally prefer to integrate this technique with the social sciences, such as family therapy, psychology, and one of these techniques, i.e., MBSR, MBCT, DBT, ACT, and MBRP to help the client understand the problem from their point of view. The benefit of such integration is that it

provides a direct, whole body-spirit-mind awareness of the present moment. However, it requires the Muslim therapist to adapt MBSR, MBCT, DBT, ACT, and MBRP in efforts of acquiring mindfulness and complete relaxation drawn from within the Islamic tradition. Such integration allows enhancing the therapeutic efficacy of aforementioned mindfulness-based therapies. For example, depending on the need of the client, the Muslim therapist can choose the Qur'anic verses (i.e., “The likeness of the life of the present is as the rain which We send down from the skies: by its mingling arises the produce of the earth- which provides food for men and animals: (It grows) till the earth is clad with its golden ornaments and is decked out (in beauty): the people to whom it belongs think they have all powers of disposal over it: There reaches it Our command by night or by day, and We make it like a harvest clean-mown, as if it had not flourished only the day before! Thus do We explain the Signs in detail for those who reflect “ (Q. 10: 24)) for a deeper contemplation.

In the context of Sufism, *muraqaba* is the most important technique to provide such a framework for body-spirit-mind awareness. Also, it taught properly, the client can practice it in day-to-day healing practice. In addition, like the traditional Sufi *shaikhs*, the therapist can choose various *dhikr* texts to reflect the mental, emotional, physical, and spiritual situation of a person who “is in a state of struggle against sources of uncertainty, instability, and insecurity and reinforces the view that believers gain a sense of meaning, coherence and purpose from spirituality” (Hussein 2018, p. 35). In this regard, if performed accurately, it can elicit psychological equilibrium and produce a state of calmness, altered states of consciousness, and intensify the state of communion with the sacred other (Saniotis 2018).

However, it should be noted that the classical Sufi orders encouraged practicing *muraqaba* under the direct leadership of *sheikh* in order to avoid unpredictable unhealthy experiences such as *waswasa* (i.e., whispers, obsessions) disturbing or frightening experiences. Similarly, the Muslim therapist should also pay attention to the importance of guiding context of *muraqaba* to avoid negative feelings such as anger and resentment or hallucinations. Therefore, the therapists, both Muslim and non-Muslim, who want to use this practice in therapy should be trained properly in Sufi psychology. Nevertheless, in general, with a proper training in both classical Sufi psychology and one of the aforementioned mindfulness-based therapies, the therapist can help their clients develop self-awareness, loving kindness, compassion, and empathy in their journey of healing.

## Conclusion

The practice of *muraqaba* is recommended not only for spiritual purposes, but also for mental and emotional disturbances such as severe depression, anxiety, bipolar disorder, personality disorders, and attention-deficit disorders. Some even advocated the physical benefits of *muraqaba* such as control of blood pressure, increase in life expectancy, improvement in vision, reduction in fat in blood, improvement in the performance of heart, hearing, increased immunity, increase in red blood corpuscles, end of insomnia, etc. (Azeemi 2005, pp. 84–85). Many Sufi writers also reflected on the benefits of meditation and contemplation. Also, the concepts and practices in the classical Sufi psychology have universal value and can easily be adapted to the challenges of the clinical settings. However, many also struggle with how to incorporate a spiritual dimension in their professional practice. In this article, I have attempted to use the concept of *muraqaba* to demonstrate how to incorporate it into mindfulness-based therapy with Muslim clients.

Nevertheless, more research is required to enhance evidence-based *muraqaba* in Islamic psychotherapy practice. However, the limited research in this area demonstrates how the concept of *muraqaba* can be a source of inspiration for not only Muslim but also non-Muslim therapists.

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