

# Integrating Islamic Traditions in Modern Psychology: Research Trends in Last Ten Years

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## Abstract

Researchers from around the world have conducted numerous studies in the last few decades exploring the unique cultural and religious nuances of the application of clinical psychology to Muslim clients as a response to the traditional Eurocentric narratives of psychology. This paper is a review of the last 10 years of research within this domain. A thematic analysis was conducted to identify research topical trends in the literature related to the subject. The following five themes emerged: 1) Unification of western psychological models with Islamic beliefs and practices; 2) Research on historical accounts of Islamic Psychology and its rebirth

in the modern era; 3) Development of theoretical models and frameworks within Islamic Psychology; 4) Development of interventions and techniques within Islamic psychology; and 5) Development of assessment tools and scales normed for use with Muslims. Recommendations are also provided to help direct future research efforts to expand underdeveloped areas in this field.

*Keywords:* psychotherapy, Islam, Muslims, mental health

## Introduction

Despite the considerable contemporary mental health related challenges Muslims face, many opt not to seek psychotherapy services due to concerns that mainstream therapists do not provide treatment within a religious or spiritual context (Amri & Bemak, 2013; Killawi, Daneshpour, Elmi, Dadras, & Hamid, 2014). Muslims who seek treatment in secular psychotherapy tend to have difficulty connecting to and trusting their therapists' formulation of treatment goals (Inayat, 2007). On the other hand, the role of religion and spirituality in clinical practice has been studied extensively in the last few decades with significant research indicating substantial progress in the successful integration of spirituality and religion into clinical practice (Richards, Sanders, Lea, McBride, & Allen, 2015).

## General Trends in the Literature on Integrating Spirituality and Religion in Psychotherapy

During the last few decades, a significant amount of attention has been given to the role of religion and spirituality in clinical practice. Professionals, researchers, and academicians have contributed to the literature indicating further progress (Richards et al., 2015). This progress can be summarized in the following manner:

1. Demonstration of the importance of religious and spiritual lifestyles as being therapeutic and a source of treatment and healing.
2. Recognition of the presence of an ethical obligation for mental health providers to become competent and knowledgeable in religious and spiritual aspects related to providing treatment (Gonsiorek, Richards, Pargament, & McMinn, 2009; Richards & Bergin, 2014). This is an essential component of any major ethical code including the ones followed by American psychologists and psychiatrists (American Psychiatric Association, 2013; American Psychological Association, 2010).

3. Due to the availability of research providing insight into integration of spiritual and religious perspectives and interventions into clinical practice, spiritually healing practices and traditions from the Eastern and Western philosophies have been described and made available (Pargament, 2007; Sperry & Shafranske, 2005). Some have found it easy to integrate these practices into mainstream psychological theories such as cognitive-behavioral, humanistic, Jungian, and psychoanalysis (Richards & Bergin, 2004; Sperry & Shafranske, 2005).
4. Finally, data from outcome research studies have supported the idea that spiritual and religious approaches to treatment have been effective in treating many psychosocial issues (Anderson, Heywood-Everett, Siddiqi, Wright, Meredith, & McMillan, 2015; Hook, Worthington, Davis, Jennings, Gartner, & Hook, 2010; McCullough, 1999; Smith, Bartz, & Richards, 2007; Worthington, Hook, Davis, & McDaniel, 2011; Worthington, Kurusu, McCullough, & Sandage, 1996; Worthington & Sandage, 2001).

Studies clearly demonstrate that religiously oriented therapies have a positive impact in the treatment of religiously observant clients when treatment goals are framed within their spiritual context (Anderson et al., 2015; Hook et al., 2010; Martinez, Smith, & Barlow, 2007; Worthington, Hook, Davis, & McDaniel, 2011).

While academic inquiries into the integration of the Islamic tradition within the psychotherapeutic process are still developing, there exists a wealth of literature that examines the use of religious and spiritual approaches in the general population. Increased interest in the integration of spirituality and religion into therapy is reflected in the establishment of Division 36 (the Society for the Psychology of Religion and Spirituality) within the American Psychological Association (Piedmont, 2013). Since then, we have seen extensive research, primarily from American and British sources, attempting to find a place for religiously and spiritually based psychotherapies within the larger theoretical and clinical psychological context (Pargament, 2007). The emergence of concentrations on spirituality within clinical psychology programs in the United States further exemplifies the solidification of spiritual psychology within modern clinical practice.

Cognitive Behavioral Therapy (CBT) appears to be one of the most widely used models for adapting to religious orientations (Paukert, Phillips, Cully, Loboprabhu, Lomax, & Stanley, 2009; Hodge, 2011; Pearce & Koenig, 2013). Such integration is of greater importance for diverse populations on account of the need to offer therapeutic interventions with familiar culturally congruent concepts. Therefore, there is a need for an approach to psychotherapy that values Muslims' religious orientations and draws from Islamic sources to inform therapeutic approaches to treatment.

The trend in the literature is beginning to focus on the development of strategies for incorporating Islam into the psychotherapeutic encounter. The progress in this research topic can be observed by looking at the work produced over the past ten years to capture the enthusiasm of the current research trends in this field. This review explores the trends that have emerged to integrate the Islamic tradition into modern psychological theory and practice in the last ten years.

## Method

A literature review was conducted across multiple databases, primarily PsycARTICLES and PsycINFO. First, a list of all the articles related to psychology and Muslims was made. The following inclusion criteria were utilized: a) psychological research as it relates to the Islamic faith, Muslims, or Muslim culture and b) studies published within the last 10 years (2006-2015). The exclusion criteria were papers in counseling, social work, and psychiatry. Also excluded were conference papers and dissertations. The authors collectively reviewed the list and selected 37 research articles and six books. Upon further review, major themes were identified based on the authors' observations of common ideas and topics in these works. Tables were generated to identify publications that are included in the results section.

## Results

After a review of literature published from 2006-2015, five themes emerged: 1) Unification of western psychological models with Islamic beliefs and practices; 2) Research on historical accounts of Islamic Psychology and its rebirth in the modern era; 3) Development of theoretical models and frameworks within Islamic Psychology; 4) Development of interventions and techniques within Islamic psychology; and 5) Development of assessment tools and scales normed for use with Muslims. The themes are outlined and critically discussed below with the studies found within each research area, as well as corresponding tables for each theme and their constituent studies.

### Theme 1: Unification of Western psychological models with Islamic beliefs and practices

In a Christian history, the term "psychology" originally referred to a branch of pneumatology, the science of spiritual beings and substances (vande Kemp, 1982). Therefore, a natural connection between the material mind and spiritual self in reference to the word's history may follow. Both religion and psychological science describe the inherent nature of human behavior, thinking,

functioning, emotional distress, and coping, albeit conceptualized differently. Thus, it is not unusual to see the trend of the incorporation of spirituality/religion into mainstream psychology by many Muslim theorists and philosophers. However, due to the remnant effects of colonialism and the recent void of scientific inquiries into human behavior as a science in the Muslim world, at times many such theorists are prone to disregarding the incompatible underlying theological presuppositions between Eurocentric perspectives on human nature and the Islamic religion and Muslim philosophies. For example, where Freudian concepts of id, ego, and superego have been compared with the Qur'anic concepts related to the *nafs*, the conflict between Freud's belief in the inherent evil nature of human beings and the Islamic belief of the primordial goodness of humans has often been ignored. Additionally, more explicitly incompatible concepts such as Freud's primacy of human motivation resting on sexual drives and the Oedipus complex have been deleted.

**Acceptance of Western psychological models as Islamic.** In some cases, researchers have hypothesized the possibility of Freud or Jung being influenced by the Qur'an or other religious texts (Abu-Raiya, 2014), attempting to lend further credibility to a western theory having little relation to Islamic thought. While this may not indicate a strong alignment with earlier iterations of psychotherapy, several authors have shown how Islamic beliefs are in fact in line with the theoretical underpinnings of more recent psychological models such as Cognitive Behavioral Therapy (CBT).

In a study on university students in Pakistan, the participants assert that principles of CBT are generally consistent with their belief systems in most areas including personal and religious values (Naeem, Gobbi, Ayub, & Kingdon, 2009). Whereas CBT is more of a therapeutic modality and less of a paradigmatic framework, it offers considerable flexibility for practitioners to adapt to clients' own personal and religious values. In a similar vein, Beshai, Clark, and Dobson (2013) discussed concordance and dissonance between the philosophical underpinnings of CBT and Islam, and state that "the beliefs of some modern Islamic sects and more secular Muslims fit exceptionally well with the humanistic underpinnings of CBT" (p.205). This highlights the possibility that while more religiously oriented Muslims may in fact need or want more explicitly religious solutions to psychological issues, for a large population of the Muslim community, the approach of CBT is compatible with an Islamic orientation in general.

Abu Raiya (2014) compared Islamic theory of personality with psychodynamic approaches suggesting new avenues for dialogue to advance the field of psychology. Mahr, McLachlan, Friedberg, Mahr, and Pearl (2015) also present a case illustration showing how CBT can be more meaningful by adding cultural contexts (See Table 1).

While there may not be significant differences between Cognitive Behav-

Table 1. Research accepting Western models as Islamic

Literature Theme	Year	Journal	Authors	Focus
Acceptance of Western psychological models as Islamic	2008	Social Work	Hodge & Nadir	Modifying CBT with Islamic tenets
	2009	Mental Health, Religion and Culture	Naeem, Gobbi, Ayub, & Kingdon	Compatibility of CBT with Islamic Values
	2013	Cognitive Therapy and Research	Beshai, Clark, & Dobson	Comparison of CBT and Islam
	2014	Journal of Religion and Health	Abu-Raiya	Comparison of CBT and Islam
	2015	Clinical Child Psychology & Psychiatry	Mahr, McLachlan, Friedberg, Mahr, & Pearl	CBT with second generation Muslim child

ioral Therapy and Islam, theories from the Psychodynamic paradigm may pose some disagreements. Researchers who insist that Freud's theories of personality development and treatment methods of psychoanalysis are not only acceptable in Islam, but may also be influenced by religious text, may become victims of selective perception and ignore opposing viewpoints. On the other hand, it is perhaps preferred to identify the specific areas of a theory that are acceptable or not acceptable in Islam and present it in that manner.

**Development of culturally sensitive models.** Diversity and cultural sensitivity has become a core component of the ethical delivery of psychotherapeutic intervention. Recent models have emerged that are designed to offer more culturally sensitive approaches to therapy. Attempts at doing this include modifications of mainstream modalities and its accompanying interventions to render them more culturally relevant to the beliefs of Muslims. Religious Cognitive Behavioral Therapy (RCBT) is one such attempt that was developed and manualized by the Center for Spirituality, Theology, and Health at Duke University (Vasegh, 2014). This approach has taken core components from CBT with the intention of being mindful of mainstream religious beliefs. A set of manuals is available online for free (<http://www.spiritualityandhealth.duke.edu/index.php/religious-cbt-study/therapy-manuals>) to be used with Christian, Jewish, Muslim, Hindu, and Buddhist individuals. These manuals adapt the cognitive strategies in efforts of reframing cognitions drawn from within the Islamic tradition as a modality to enhance therapeutic efficacy. For example, in addressing the need to introduce positive cognitions, the manual provides the passage from the Qur'an that states "it may be that you dislike a

thing while it is good for you, and it may be that you love a thing while it is evil for you, and Allah knows, while you do not know". The passage is then framed in such a way that reinforces the notion that God asks us to do things that are good for us even if we do not feel like doing them. Thus, cognitive restructuring can occur with theological suggestions designed to shift the pathological thinking of the patient.

One of the main concerns with the RCBT manuals is that it uses the exact same approach where most of the manual is literally similar across the different religions. Although there exist many similarities between the Abrahamic faiths (Judaism, Christianity, and Islam), the specific approaches to dealing with psychological and spiritual issues may vary across theologies. It may have been more suitable to use some of the traditional approaches within Islam by scholars such as al-Ghazali, al-Razi, al-Balkhi, and Shah Waliullah, many of whom detail what could be considered early iterations of what is now known as CBT (Hermansen, 1982; Keshavarzi & Haque, 2013).

Another similar approach includes a culturally sensitive CBT model by Hamdan (2008) and is related to cognitive restructuring (Table 2). Hamdan attempts to transfer Islamic concepts into the CBT approach and presents it as a more congruent alternative perspective for Muslims while adhering to the core CBT approach. However, the author was able to provide more specific and detailed examples from the Islamic tradition than the RCBT manuals. Hodge and Nadir (2008) offer some insights on modifying cognitive therapy with Islamic tenets with an emphasis on cognitive self-statements. The authors explain cognitive therapy in great detail before providing specifics from the Islamic tradition. Vasegh (2009) describes several Islamic concepts that can be incorporated into psychotherapy when working with Muslim clients; the same author later published an article on how to utilize religious thoughts and beliefs from Christianity and Islam into cognitive therapy to treat depressed patients (Vasegh, 2011). The concepts in the later work may be perplexing for the reader to adapt to Muslim clients, as the author appears to reference Christian texts more frequently than Islamic ones.

Dwairy (2009) highlights how attempts to reveal unconscious content and promoting self-actualization can be counterproductive for Muslims who can benefit more from metaphor psychotherapy; this further illustrates the necessity of knowing the Muslim psyche in the appropriate delivery of culturally congruent care. It appears that the author's approach may be favorable with clients who identify strongly with their culture and may become defensive when considering independent thought. In order for clients to feel that the therapist respects and understands their perspective, it is important for the approach to honor the client's position of how Islam plays a role in their lives. Abu-Raiya and Pargament (2010) further explore how to integrate religion and psychotherapy for Muslim clients: As a result of their study, they

Table 2. Culturally sensitive models for Muslims

Literature Theme	Year	Journal	Book	Authors	Focus
Culturally Sensitive Models	2006	Journal of Muslim Mental Health		Khan	Attitudes towards counseling
	2008	Journal of Muslim Mental Health		Hamdan	Islamically adapted CBT
	2008	Social Work		Hodge & Nadir	Islamic cognitive self-statements
	2009	Journal of Muslim Mental Health		Aloud & Rathur	Muslim attitudes towards formal psych services
	2009	Religion and Spirituality in Psychiatry		Vasegh	Incorporating Islamic concepts into psychotherapy
	2009	Journal of Clinical Psychology		Dwairy	Cultural analysis and metaphor psychotherapy
	2011	Professional Psychology: Research and Practice		Abu Raiya & Paragament	Integrating religion with psychotherapy
	2011	Religions		Hasanović, Sinanović, Pajević & Agius	Spiritual approach to group therapy
	2011	Mental Health Religion & Culture		Thomas & Ashraf	Islamic concepts and CBT
	2011	Journal of Cognitive Psychotherapy		Vasegh	Religious thought and belief in cognitive therapy
	2012		Counseling Muslims: Handbook of Mental Health issues and Interventions	Amer & Jalal (Book Chapter)	Culturally sensitive considerations for working w/ Muslims
	2015	Journal of EMDR Practice & Research		Abu-Hamid & Hughes	Sufism concepts in EMDR



make recommendations which include assessing the relative place that Islam has in life of the client, how committed they are to practicing their faith, and how the clinician's approach should reflect these varying levels of commitment. They also recommend that clinicians familiarize themselves with the beliefs and practices of the Islamic tradition as it relates to their clients' orientation, as well as to explore and incorporate "Islamic positive religious coping methods" to deal with stressors. Brief examples of this are given but not in a detailed or manualized way.

Thomas and Ashraf (2011) offer a paper on resonance and dissonance in incorporating Islamic concepts alongside CBT approaches that may be helpful for practitioners working with Muslims. These approaches may be particularly useful for clinicians who are well-oriented with the CBT model and can sensitively modify their approach in service delivery for Muslim clients. The advantage of these approaches is that they have demonstrated an empirical basis for their utility in cross-cultural contexts (Thomas & Ashraf, 2011). Hasanović, Sninanović, Pajević, & Agius (2011), while working with traumatized individuals in Bosnia and Herzegovina, utilized a spiritual approach to group therapy. The authors discuss the importance of group therapy among traumatized individuals and provide a conceptualization incorporating spiritual tenets into the group therapy treatment plan. Amer and Jalal (2012) conducted an evaluation of mainstream psychotherapeutic orientations providing cultural sensitivity considerations for working with Muslims. They provide a thorough analysis of the major theories with specific examples from the Islamic tradition alongside case studies and conceptualizations. Abdul-Hamid and Hughes (2015) recommend incorporating concepts from Sufism into EMDR protocol to treat the negative effects of trauma. Other works introduce the cultural expressions, values, and attitudes of Muslims that can inform psychological treatment with this population (e.g., Aloud & Rathur, 2009; Khan, 2006).

## Theme 2: Historical accounts of Islamic Psychology

The establishment of the International Islamic University Malaysia (IIUM) in 1983 and its Human Sciences Faculty in 1990 began the revival of Islamic Psychology in the modern era (Haque & Masuan, 2002). International scholars joined the university and collaborated with the social sciences department to help close the gap between Islam and modern psychology. A product reverting back to traditional Islamic teachings is seen in Badri's (2013) translation of al-Balkhi's *Masalih al-Abdan wa al-Anfus* (Sustenance for Body and Soul)—see Table 3. This was among the first of such literature providing an entire treatise demonstrating the sophistication of early understandings of clinical psychology dating back to the 9th century. Earlier in 1979, Malik Badri wrote an influential book critiquing the use of Eurocentric theories with Muslims and

Table 3. Historical accounts of Islamic Psychology

Literature Theme	Year	Journal	Book	Authors	Focus
Historical Accounts of Islamic Psychology	2007		al-Razi's Traditional Psychology	Arberry	Islamic scholar's early writings on psychology
	2012	Islamic Studies		Khalily	Case illustration of a Sufi saint's cognitive therapy
	2013		Abu Zayd al-Balkhi's Sustenance of the Soul	Badri	Islamic scholar's 9th century account of clinical psychology
	2014		al-Ghazali's Revival of the Religious Sciences (translation from Arabic)	Spohr Publishers	Islamic scholar's spiritual psychological writings
	2015	Journal of Affective Disorders		Awaad & Ali	Islamic scholar's explanation of OCD

encouraging Muslim psychologists to tap into their own indigenous concepts and traditions. Haque (2004) published a review of the works of many early Muslim scholars from the 9<sup>th</sup> to the 12<sup>th</sup> centuries; the work indicated the birth of psychology in the Muslim world preceding modern psychology by at least a century. A resource with a less direct focus on the science of psychology is the classical spiritual psychological works of al-Ghazali's revival of the religious sciences translated into English (one translation by Spohr Publishers, 2014) and Abu Bakr al-Razi's traditional psychology translated by Arberry (2007).

Following Badri was Awaad and Ali's (2015) publication that conducted research on al-Balkhi's explanation of Obsessive-Compulsive Disorder and found transcultural diagnostic consistencies across many centuries. This piece showed significant convergence between the DSM and al-Balkhi's diagnostic criteria.

Another interesting article by Khalily (2012) details a historical account of a 9th century Sufi saint that utilized schema-focused therapy, a cognitive type of intervention, with an accompanying case illustration. Though Khalily uses modern CBT terminologies, such as "cognitive restructuring", to describe some of these interventions, they are demonstrations of early indigenous Islamic methodologies that included cognitive strategies preceding the birth of

CBT in the 20th century. He also highlights a relational model of understanding human personality from an Islamic perspective.

The richness of the scholarly work in the Muslim history and tradition has not been studied as much as it is needed. Through some translations, we are able to see some of the work done by al-Ghazali, al-Balkhi, and al-Razi. However, there still exist many texts that require translation and psychological interpretations. This area of research requires and has potential for growth and development.

### Theme 3: Emergence of theoretical models and frameworks of Islamic Psychology

Models and frameworks are necessary for development of interventions. In *Psychology of Personality: Islamic Perspectives*, Haque and Mohamed (2009) identify philosophical concepts related to human nature, Islamic concepts of soul, spirit, and heart, and human motivation and personality types from the Qur'an. This book proposes many frameworks for understanding human psychology. From its very first chapter, it uses Islamic principles from the Qur'an, prophetic traditions, and historical references (Ibn Khaldun, Mulla Sadra, etc). This is perhaps the only book of its kind published in English that addresses some fundamental principles of an Islamic Psychology. While other books and publications touch on ideas from a more general perspective, this book is useful in that it starts from a foundational philosophical approach and presents the need to understand how the Islamic perspective views and explains the nature of human psychology.

Aisha Utz's *Psychology from the Islamic Perspective* (2011) describes basic psychological concepts and covers many areas of psychology including emotions, motivation, lifespan development, social, and abnormal psychology. This book is a good source of reference for laymen as well as students of psychology, though it does not give suggestions for practical applications of integrating such perspectives into practice. This book is mostly aimed at linking Islamic concepts with notions of psychology and explains how the Qur'an presents some of the phenomena generally covered by the discipline. Whereas psychology is the foundational philosophy and body of knowledge for psychotherapy, such general concepts do not constitute any overt understanding of how to apply such principles in the process of helping people with mental health related issues. Thus, while this work lends toward the conceptualization of Islamic Psychology, it does not help toward the effort of translating this into a theoretical framework with practical applications for psychology in practice.

With regard to articles, Keshavarzi and Haque (2013) present an Islamically integrated framework that offers a model based upon theoretical underpinnings that are inherently Islamic. They provided insights into the psychology of

Islam with respect to pathology, health, human behavior, and spirituality, along with informing a guiding framework for psychological intervention within an Islamic context. This model explored concepts from Qur'an and sunnah, such as heart (*qalb*), spirit (*ruh*), intellect (*aql*), and ego (*nafs*), and how they inform the understanding of the human psyche in relation to treatment interventions. This along with the reflection on insights from early Muslim scholars provides the outline of a spiritual paradigm that permits room for the incorporation of mainstream techniques that would be complementary and nonoppositional to the Islamic model.

Hamjah and Akhir (2014) identify three concepts, *aqidah* (beliefs), *ibadah* (worship), and *akhlak* (character), which they assert are the three main components of Islamic teachings. After interviewing nine counselors who use Islamic approaches in their practice, the authors concluded that these three concepts are useful in psychotherapy for organizing the therapeutic approach for both the client and the therapist. While this could be a useful way to understand a possible framework of an Islamic approach, the research identifies these themes through the qualitative data recorded from the interviews of a small group practicing at an Islamic counseling center in Malaysia, and does not outline a specific approach.

Abu-Raiya (2015) published a dynamic, Qur'anic-based model of psychotherapy built on a previous model of personality from the Qur'an. This approach focuses primarily on the binary struggle within the human psyche between evil inclinations and good inclinations. Psychotherapy based on this model addresses identifying inner conflicts, reducing anxiety associated with the conflicts, strengthening ego functioning, and nurturing spiritual life by bringing awareness to the client's inclinations and helping to reframe or restructure the cognitions around the behaviors (See Table 4).

#### Theme 4: Development of interventions and techniques

Only three studies were identified for this theme (Table 5) as this is perhaps the least-developed area in the current research. Abdullah and colleagues (2013) promote treating Generalized Anxiety Disorder through "Islamic Psychotherapy." The authors used pillars of faith (*iman*) to treat the anxiety: belief in God, performance of prayers, contemplation (*tafakkur*), remembrance of Allah (*dhikr*), and belief that fate is from God. While the researchers describe the therapeutic intervention as "Islamic psychotherapy", they give no indication as to what this method consists of. This study is limited in that the author reported pre- and post-treatment data after only one session without further specification of how this should be applied in therapy.

Haque and Keshavarzi (2014) focus on indigenous Islamic techniques that are guided by therapeutic markers. These markers, such as impulsive tenden-

Table 4. Theoretical models and frameworks

Literature Theme	Year	Journal	Book	Authors	Focus
Islamic Psychology and Emergence of Theoretical Models and Frameworks	2009		Psychology of Personality: Islamic Perspectives	Haque & Mohamed	Islamic psychology of personality
	2011		Psychology from the Islamic Perspective	Utz	Psychology from the Islamic Perspective
	2013	International Journal for the Psychology of Religion		Keshavarzi & Haque	Islamically integrated framework
	2014	Journal of Religion and Health		Hamjah & Akhir	3 Islamic concepts useful in psychotherapy
	2015	Spirituality in Clinical Practice		Abu-Raiya	Quranic based model of psychotherapy

Table 5. Interventions and techniques

Literature	Year	Journal	Author	Focus
Development of Interventions and Techniques	2013	Asian Social Science	Abdullah, Abidin, Hissan, Kechil, Razali & Zin	Treating anxiety disorder w/ Islamic psychology
	2014	International Journal of Culture and Health	Haque & Keshavarzi	Therapeutic markers in indigenous psychology techniques
	2015	Journal of Religion and Health	Naz & Khalily	Indigenous Islamic anger management therapy

cies, feelings of betrayal, hopelessness, and lack of faith, serve as identifiers for clinicians to utilize one of their listed interventions to help alleviate psychological distress. The authors provide specific modes that can be utilized in the assessment as well as the treatment of clients. This is helpful for understanding how Islamic concepts can be integrated into specific examples of therapeutic interventions. However, while it gives examples for many potential situations, it does not go into detail in any of the methods and thus may be more useful as an orientation to potential approaches rather than an exhaustive treatment manual for clinicians.

Naz and Khalily's (2015) model empirically examines the utility of six

indigenous Islamically based anger management techniques with a clinical population. The six techniques include relaxation training, cognitive restructuring, thought stopping, “time-out” techniques, and assertiveness techniques. All of the techniques involve the application of either related passages from the Qur’an, statements and recommendations from the Prophet Muhammad, and/or reciting statements of faith or remembrance (*dhikr*). Outcome measures were based upon standardized scales such as the Novaco anger inventory (NAI), Anger self-report questionnaire (ASR), and a depression anxiety stress scale. The researchers found that these five strategies were effective in reducing anger in Muslim clients.

### Theme 5: Development of scales and assessment tools

The last decade saw particular growth in the area of assessment scale development for use by Muslims (Table 6). Abdel-Khalek (2007) sought to assess the test-retest reliability and concurrent and factorial validity of a single-item measure to assess self-reported religiosity. The question “What is your level of religiosity in general?” was asked with a Likert-type response between 0 and 10. The author concluded that this single-item is viable in large-scale research and community surveys. However, it can be argued that religiosity is a complex concept that requires multifaceted assessment.

The Religiosity of Islam Scale was developed by Jana-Masri and Priester (2007) by avoiding modifying religiosity scales from Christian or Jewish traditions into Islamic ones. This is a 19-item instrument with two subscales: Islamic Beliefs and Islamic Behavioral Practices. The subscale measuring beliefs yielded a low reliability (.66) but the behavioral practices subscale yielded a good reliability (.81).

Alghorani (2008) developed another measure of Islamic religiosity, which assessed knowledge and practice of Islamic creed, acts of worship, appearance, jurisprudence, and history. The Knowledge-Practice Measure of Islamic Religiosity yielded adequate content validity and sound reliability (Cronbach’s alpha of .92 for the full scale). The use of this measure in research and clinical settings may be impractical due to its length of 100 multiple-choice questions.

The Sahin-Francis Scale of Attitude toward Islam was developed after modification of the original scale developed for use with Christians. The Sahin Index of Islamic Moral Values was developed to assess the concept of *akhlaq* (moral disposition). Francis, Sahin and Al-Failakawi (2008) assessed the psychometric properties of these scales among young adults in Kuwait (n=1199). The gathered data supported internal consistency reliability and construct validity of both instruments.

Rippy and Newman (2008) developed the Perceived Religious Discrimination Scale through adaptation from the Race-Related Stressor Scale (Loo,

Table 6. Scales and assessment tools

Literature Theme	Year	Journal	Authors	Scale	Population	Results
Development of Scales and Assessment Tools for Muslims	2007	Journal of Muslim Mental Health	Abdel-Khalek	Self-reported religiosity assessments	N=531 Kuwaiti Muslim Undergraduate Students  Males + 227 Females + 227	Assessing religiosity with a single item scale can be reliable and valid
	2007	Journal of Muslim Mental Health	Jana-Masri & Priester	Religiosity of Islam Scale	N = 71 Mean age = 36 Male = 44% Female = 56%  <12 yrs edu = 14% 12-16 yrs edu = 49% 17-19 yrs edu = 18% >19 yrs edu = 18%	Reliability Cronbach's alpha for Islamic Beliefs Subscale = .66 Islamic Behavioral Practices Subscale = .81 Validity Eigen values over 1.0
	2008	Journal of Muslim Mental Health	Alghorani	Knowledge-Practice Measure of Islamic Religiosity	N = 209 Mean age = 16.11 Male = 83 Female = 126  Arab = 35.5% Non-Arab = 64.5%	Reliability: Full Scale = .920 Islamic Knowledge = .842 Islamic Practice = .882 ( $\alpha=.922$ )
	2008	Journal of Muslim Mental Health	Francis, Sahin, & Al-Failakawi	Sahin – Francis Scale of Attitude toward Islam	N = 1,199 Males = 603 Females = 596 Mean age = 17.3 Religiosity: Obligatory and additional prayers = 20% Obligatory prayers = 60% Pray Sometimes = 17% Pray Friday only = 1% Never pray = 2%	Alpha coefficient = 0.85 Proportion of variance = 29%
	2008	Journal of Muslim Mental Health	Rippy & Newman	Perceived Religious Discrimination Scale (PRDS)	N = 190 Muslim Americans Mean age = 33.46 Male = 57.4% Female = 42.6%	Internal Consistency ( $\alpha=.92$ ; 33 items)  Construct Validity Correlation = .45 ( $p<.01$ )

Table 6. Scales and assessment tools—continued

Literature Theme	Year	Journal	Authors	Scale	Population	Results
	2008	International Journal for Psychology of Religion	Abu-Raiya, Pargament, Mahoney & Stein	Psychological Measure of Islamic Religiousness (PMIR)	N = 340 Muslims Male = 39% Female = 61%	PMIR is relevant to Muslims  Internal consistency higher than .80  Support for convergent and incremental validity of PMIR
	2008	Journal of Muslim Mental Health	Amer, Hovey, Fox, & RezcAllah	Brief Arab Religious Coping Scale (BARCS)	Study 1 N = 76 Mean age = 30.0  Study 2 N = 599 Mean age = 29.3 Male = 37.2% Female = 60.9% Other = 1%	Study 1 M = 1.01 (SD = .38) Reliability: Rasch = .95 Person reliability = .90 Person separation = 3.06  Study 2 Item Reliability = .99 Item separation = 13.72 Person reliability = .89 Person separation = 2.88 Convergent validity = ( $r=.13$ , $p=.001$ )
	2008	Mental Health Religion and Culture	Ghorbani, Watson, & Shahmohamadi	Afterlife Motivation Scale		
	2008	Journal of Muslim Mental Health	Khawaja	COPE scale w/ Muslims	N = 319 Muslim Immigrants living in Brisbane Male = 155 Women = 162 Mean age = 32.40 Mean length of stay in Australia = 9.55 yrs	Reliability Internal consistency = .84  Validity Correlation coefficients = ( $n = 27$ )
	2009	Mental Health Religion and Culture	AlMarri, Oei, & Al-Adawi	Short Muslim Belief and Practice Scale	N = 914 Males 57% Population = Arabs, Indonesians, Malaysians in native countries.	The scale has good psychometric properties, reliability and validity  Cronbach's alpha = 0.83



Table 6. Scales and assessment tools—continued

Literature Theme	Year	Journal	Authors	Scale	Population	Results
	2009	Journal of Muslim Mental Health	Aloud & Rather	Attitude Toward Seeking Formal Mental Health Services	N = 279 Arab American Muslims Male = 60.5%/ Female = 38.8%	Less favorable attitudes = (m = 2.36) Moderate level = (m = 2.41) Shame associated = (m = 2.76)
	2014	Journal of Muslim Mental Health	Dasti & Sitwat	Multidimensional Measure of Islamic Spirituality (MMS)	N = 814: Students from religious universities = N = 262 Male = 136 Female = 126 Mean age = 20.90 yrs  Students from Secular universities = N = 552 Male = 269 Female = 283 Mean age = 21.43 yrs	Internal consistency Cronbach's alpha = .68 – .84
	2014	Journal of Muslim Mental Health	Ghorbani, Watson, Geranmayepour, & Chen	Muslim Experiential Religiousness Scale	N = 627 university students in Tehran Male = 218 Female = 105 Mean age = 22.7	Eigen value = 6.25, % variance = 41.7% All loading = .54 or greater Internal reliability = $\alpha = .90$ .

Fairbank, Scurfield, Ruch, King, & Adams, 2001). This measure assesses stress related to religious discrimination among Muslim Americans. The psychometric properties showed a high internal consistency ( $\alpha = .92$ ) for the full 33-item measure.

Amer, Hovey, Fox, and Rezcallah (2008) developed a culturally sensitive measure of positive religious coping to be used with Arab Americans. Of the original 63 items, 15 were selected to be on the final version of the Brief Arab Religious Coping Scale (BARCS). According to the authors, BARCS demonstrated excellent reliability and strong internal validity.

Khawaja (2008) sought to assess the psychometric properties of the COPE Scale with Muslim migrants in Australia. This 34-item was administered to 319 participants and contains four factors: Avoidance Coping, Active Coping,

Emotion and Social Focused Coping, and Turning to Religion. Results indicated good internal consistency, concurrent validity, and construct validity.

Abu-Raiya, Pargament, Mahoney, and Stein (2008) developed the Psychological Measure of Islamic Religiousness (PMIR). This is a 60-item questionnaire that is very comprehensive and assesses seven factors: Islamic Beliefs; Islamic Ethical Principles & Universality; Islamic Religious Struggle; Islamic Religious Duty, Obligation & Exclusivism; Islamic Positive Religious Coping & Identification; Punishing Allah Reappraisal; and Islamic Religious Conversion. Ghorbani, Watson, and Shahmohamadi (2008) combined two scales measuring religious commitments into a brief six-item instrument, the Afterlife Motivation Scale. According to the authors, this instrument displayed strong internal consistency and correlated positively with the extrinsic personal, extrinsic social, and intrinsic religious orientations, and with nearness to God, depression, anxiety, and death anxiety.

AlMarri, Oei, and Al-Adawi (2009) developed the Short Muslim Belief and Practice Scale; it is a 9-item scale with good reliability. Aloud and Rathur (2009) developed the Attitude Toward Seeking Formal Mental Health Services scale through modifications of the original Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPH) developed by Fischer and Turner (1970). The scale yielded Cronbach's alpha of .74 and the newly added items yielded Cronbach's alpha of .72 (Aloud & Rathur, 2009). Awaad and Ali (2015) developed this further into the Muslims' Perceptions and Attitudes to Mental Health Scale (M-PAMH). The data gathered from 1,279 Muslim women indicated good psychometric properties.

Ghorbani, Watson, Geranmayepour, and Chen (2014) administered the 15-item Muslim Experiential Religiousness Scale to 627 Iranian university and Islamic seminary students. Authors found that Muslim Experiential Religiousness had a positive correlation with other factors such as Intrinsic and Extrinsic Personal Religious Orientations, Muslims Attitudes toward Religion, and Satisfaction with Life, and a negative correlation with Depression and Anxiety. This instrument had sound incremental validity and has potential for assessing spirituality among Muslims.

Pakistani researchers Dasti and Sitwat (2014) developed a multidimensional measure of Islamic spirituality after consultations with scholars and mental health experts. The final version had eight factors: Self-Discipline, Quest and Search for Divinity, Anger and Expansive Behavior, Self-Aggrandizement, Feeling of Connectedness with Allah, Meanness-Generosity, Tolerance-Intolerance, and Islamic Practices. The authors found good construct and content validity along with moderate to high internal reliability.

In the area of scales and assessment tools, we also begin to see similar themes as seen in the overall literature review. For example, the assessment

tools can be further categorized into those that were accepted with minor modifications, those that were modified to be more culturally sensitive, and original assessment tools developed to be used with Muslim clients. All three of these categories have unique benefits and challenges associated with them. It would be helpful to see these assessment tools further normed on Muslims from other areas of the world.

## Discussion

The trends in this paper map out some natural phases of development of the daunting task of integrating Islamic traditions into modern psychology. It is evident that publications are steadily emerging in this area. It is also clear that this field is still in its infancy and each category itself serves different functions and requires further investigation. In particular, the segment on interventions is currently an impoverished domain necessary to help provide clinicians with additional therapeutic tools in practically outlining methodologies for integration into theoretical models being developed. After this phase of development, clinicians may begin to explore empirical research on such interventions to help narrow the clinical utility of Islamically based intervention strategies for the therapeutic encounter. Some cultural beliefs may posit that primary theological principles cannot be subjected to empiricism, due to their divine nature. However, interventions inspired by what are believed to be divine principles, known as *tajraba* (historical experiential trials through various methodologies) can be critically explored in an empirical context. The incorporation of religious interventions drawn from these Islamic principles in modern practice is a necessary novel practice that can be subject to scientific inquiry.

Additionally, theoretical formulations that provide more specificity in helping uncover Islamic perspectives and positions are necessary. Much of the current research tends to focus on general Islamic themes or concepts, rather than a more sophisticated formulation of the human psyche that is likely to be found in the wealth of untouched literature in the Islamic sciences. Such investigations require dual domain expertise, both in the Islamic sciences that require familiarity with the structure and lay out of traditional source works as well as modern psychology. Therefore, it is recommended that either such experts help in directing these efforts or respective domain experts such as religious theologians or research psychologist work together in helping inform the role of traditional Islam in modern psychology. An example of such necessary research is all of the *nafsani* or behavioral interventions that have been documented particularly in the works of the Sufis, in the interest of behavioral reformation is a rich field that has yet to be mined.

## Recommendations for the Next Ten Years

Specifically, theoretical models that are grounded in the philosophy of Islamic thought and within the Islamic tradition need to be expanded. As mentioned, there are few models of psychotherapeutic care that are authentic to the Islamic tradition that does not begin with a priori Eurocentric assumptions or reflect such notions of human psychology. These models require the sophistication to answer the questions of defining psychopathology and laying out a coherent framework of intervention that naturally emerges out of an understanding of human psychology in Islamic terms. These models must be robust enough to permit accommodation of empirical literature on human psychology in the field and best practices. Lastly, several models may be required to accommodate different religious affiliations and levels of religiosity among the Muslim populations.

Additionally, signature interventions that are uniquely Islamic are required. As mentioned, the section on interventions is currently limited and needs further attention. Such interventions can be drawn specifically from the Islamic literature on behavioral interventions that have been recorded in the books of the Sufis or other scholars as mentioned above. Another area of exploration could be Islamic contemplative exercises such as *muraqabah* or particular, cognitive strategies outlined in the books of Islamic spiritual practitioners. These interventions need to be extracted and put under empirical investigation. After validation of a core set of interventions, such interventions can be complimented by modern intervention tactics and compared against mainstream theories such as CBT, Psychodynamic, Humanistic therapies and more. These are the most significant areas that need to be explored. A redundant championing of the historical contributions of Muslims to the literature is minimally required at this moment, but rather more sophisticated investigations to the practical applications of those writings to modern practice is necessary. Over the next ten years, the authors of this paper hope to see a plethora of literature emerging in the area of specific Islamically oriented interventions that are incrementally valid and offer more than preacher-models of appreciating the Islamic tradition. Though, one may argue that cultural sensitivity models too are necessary, it is the belief of the authors that such literature is already abundant and is simply a translation of already existing models to different populations. Though, there can always be more in this area, there is sufficiently demonstrated culturally sensitivity models that can be adapted to Muslims in the present literature but very little on prescriptive Islamic methodologies.

## Implications

The long-term implications of such research may eventually culminate in comprehensive theoretical models with accompanying empirically validated inter-

ventions for clinical utility with Muslim populations. Another byproduct of advancement could be the culmination of such work into a curricula and/or training programs designed to advance the knowledge and skills of culturally competent clinicians to address major gaps in mental health service delivery to Muslim populations. Researchers can put their efforts into better areas of study instead of trying to reinvent the wheel and students can benefit from this as a guide to help evaluate their career choices and identify areas of interest.

### Limitations

The primary limitation of this study is that the review was conducted through mainstream Western databases. This would automatically limit the search as many studies are published in native languages across Muslim countries, such as Malaysia, Indonesia, Pakistan, Iran, and the Middle East. A comprehensive research review from these countries is essential to assess the development of Islamic psychology and therapies. Future reviews should include research in counseling and psychiatry as well as dissertations and conference papers that may yield important findings resulting in further research development.

### Conclusion

This study reveals a consistent growth in research across six major areas of integration between Islamic traditions and modern psychology. A rapid development is seen in the realm of religious-based assessment scales for Muslims. There are some attempts to addressing theoretical models and Islamic-based interventions, but this need to be developed further to give clinicians solid tools to work with Muslim clients. A more expansive research is suggested including works in Muslim countries published in local languages.

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