

# THERAPY

from the

# QUR'AN

and

# AHADITH

**Dr. Feryad.A. Hussain**



**A  
reference  
guide for  
character  
development**



# Therapy from The Quran and Ahadith

A Reference Guide for Character Development

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Written By: Dr. Feryad A. Hussain

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*In the name of Allah, The Most Beneficent, The Most Merciful.*

All Praise is for Allah (SWT), Lord of the Worlds. Abundant Peace and Blessings be upon All the Prophets; from the First to the Last of them; the Prophet Muhammad (Peace and Blessings of Allah be upon him) Who was sent for mankind as the finest model of living the Qur'an and the Companions (May Allah be pleased with them) and Imams thereafter, (May Allah have mercy on them) as some of the greatest intellects and examples of Iman. May Al Hakim (The Wise), Al Adl (The Just) grant us the wisdom to use this knowledge for the benefit of the Ummah, for success in the Worldly Life and the Hereafter and grant us a rising with these, the most Excellent of Companions. Truly All success is from Allah (SWT).

## **Dedication**

To my most honorable and respected parents who introduced me as a child to the best role-models: the Prophet Muhammad (Peace and Blessings of Allah be upon him) and His Wives and Companions (May Allah be pleased with them) in the most inspiring way and who took me safely, heart and soul through the years of working towards this project.



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Jazakumullah Khairan Kathiran to all. May Allah (SWT) accept it from us.

## Foreword

A few decades ago the late Dr Muhammad Uthman Najati, may Allah Bless his soul, wrote two books, *The Holy Qur'an and Psychology* and *The Prophet's Hadith and Psychology*. In these books, the author simply categorized Verses from the Holy Qur'an and Blessed Hadith that were related to the different topics of general psychology. I was honored to have Dr. Najati as my colleague in the University of Imam Mohammad bin Saud in the eighties. He told me that before retiring at night he used to read a few pages from the Noble Qur'an or the Blessed Hadith of our Prophet (Peace and Blessings of Allah be upon him), whenever a verse or hadith seemed to him to be expressing some aspect of modern psychology such as motivation, personality or perception, he would categorize it as such. Dr. Najati was a pioneer of Islamic psychology and his two books were the first endeavor of its kind. They were and still are of great benefit to Arab university students of psychology as well as to the general public.

The present volume by Dr. Feryad Hussain is a similar but much more specialized and refined reference book. In my experience, I find that European psychologists who revert to Islam and non-European Muslim psychologists who were born and raised in Europe or the US do not show the apologetic attitude that we generally find among Arab and Asian psychologists when critiquing secular Western psychology. Once the former group commit themselves to Islam, their "psychological worldview" is diametrically changed. They know their Western culture and are quite aware of its deep-down secular and anti-religious aspects. They do not harbor any conscious or unconscious feelings of inferiority towards the claims of Western social sciences and are not afraid to appear as 'unscientific,' as many local psychologists do, since they are better able to differentiate between what is really scientific and what poses as scientific but in reality is only pseudo-scientific, supported by a materialistic philosophy. Their early education gives them a good training in critical thinking.

For example, my dear American friend, Dr. John Sullivan, who reverted to Islam more than 40 years ago, informed me that whenever a Muslim client came to him for counseling, he would ask if he/she prayed or not. If the answer was in the affirmative, he would ask the client to perform ablution and then together they would pray two rak'ats. After prayers, John would humbly and loudly supplicate asking Allah Ta'ala to enable him to help the client with the knowledge that was bestowed on him. If the client did not pray, he would simply pray and supplicate alone. He informed me that his Muslim clients were generally spiritually touched by this approach and that Allah had privileged him to treat many unhappy persons to get over their problems and in some cases to build a warmer relationship with God. He stresses that if Muslim therapists in a Muslim environment wish to be of real help to their patients, they should be friendly but should also courageously throw away the non-judgmental approach and that of the unconditional acceptance of the client propagated by the person-centered therapy. The patient is not like a buying customer who is always right!

Dr. Feryad is clearly a young woman of this Islamic generation. She was born, raised and educated in the UK. She obtained her Practitioner Doctorate in Clinical Psychology and worked as a Clinical Psychologist for a number of years. Clinically, she adopts an eclectic approach to treatment, including Cognitive Behavioral Therapy, Humanistic Therapy, Psychodynamic Therapy (Kleinian) and Solution-Focused Therapy and is gifted in giving them an Islamic orientation. Her most recent post was as Associate Professor of Clinical Psychology in the International Islamic University of Malaysia. Najati, in his work, was covering all aspects of Western psychology and his books are more of a reference of Qur'anic verses and Hadith related to various topics of general psychology. This work, on the other hand is an in-depth, Islamic approach to therapy, where both Verses from the Holy Qur'an and Sayings of our Prophet (Peace and Blessings of Allah be upon him) are related to and combined under more than 85 therapeutic themes. These themes reflect cognitions and psychological dilemmas/perceptions, such as, "Accepting advice", "Anger and aggression", "Asking questions", "Bad things don't happen to good people", "Being realistic", "Death", "Divorce and marital problems", "Feeling there is no way out", "Homosexuality", "Patience", "Self control" and "The power of prayer". These therapeutic themes have been carefully selected to cover the most common

cognitions held by patients in therapy. The Holy Qur'annic verses and Hadith serve as analogies to facilitate a deeper understanding of the problems of patients and consequently impact upon treatment effectiveness. Thus, unlike many books written on the psychological interpretation of Qur'an and Hadith, this text is more of a practical workbook that helps the therapists to view and address the problems of their patients in a spiritually meaningful manner. In this respect, the author believes that it can be of help to non-practicing Muslims as well as to non-Muslims since the analogical issues of "good" and "evil" are 'wired' in our human souls.

The book is written in a beautiful, easy to read style and because it does not have any chapters, it compels one to continue reading one short therapeutic theme after the next without feeling the passage of time, whilst vicariously gaining useful knowledge from the Holy Qur'an and the Blessed Sayings of Prophet Muhammad (Peace and Blessings of Allah be upon him). Like the books of Najati, this is a reference that will not be out of date. May Allah reward our young author and may this be only the beginning for more blessed works on Islamic Psychology.

**Malik Badri**

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*"...And speak to them an effective word (i.e. to believe in Allah, worship Him, obey Him, and be afraid of Him) to reach their inner selves." (Surah An Nisa, 63)*

## Introduction

The relationship between Islam and Psychology is well established. The Qur'an is often described as a book of human nature, teaching the creation their aims of life with continuous reminders to reflect on its words and learn from its meaning. The Qur'an deals with the human psych and exemplifies the challenges to behavioral change and character development through its narratives, analogies and direct guidance.

The therapeutic process is in essence based on these very principles and although the Qur'an does not describe itself as a book of Psychology, it is therefore, a great resource to those who work with people with psychological problems. As Allah (SWT) Himself tells us "It is a guidance for those who are God-conscious" (Surah Baqarah, 2).

That our purpose is to Worship the Creator (SWT) is told to us clearly (Surah ad Dhariat, 56) but it is 'The Book' (i.e., The Qur'an) that gives us the directives towards attainment; the actualization of the fitra, (i.e., man's natural disposition). Qur'annic teachings, then, accord the creation the freedom to live the Haq (Divine Truth) through this development of character, since the accounting will be for that individual alone, no excuses or justifications based on cultural or social acceptability. This empowers the creation to be free to choose; to enable ultimate self-liberation.

Allah (SWT) sent many beautiful models of character in all the Prophets (Peace and Blessings of Allah be upon them) and tells us "Indeed in the Messenger of Allah (Muhammad – Peace and Blessings of Allah be upon him) you have a good example to follow" (Surah Al Ahzab, 21). The Unique Qur'annic Generation; the Companions (Sahabas – May Allah be pleased with them) set us fine examples as everyday (though extraordinary) citizens of the Islamic world. They implemented this guidance and utilized it successfully to meet the psychological as well as social challenges of their lives; as is evidenced throughout the Qur'an and Sunnah/ahadith (i.e. speech/actions of the Prophet, saw) literature and in the legacy of their worldly achievements to-date. Indeed, those achievements now form the cornerstones of societies the world over.

Muslims working in the discipline of contemporary Clinical Psychology in the Muslim and non-Muslim world alike have reverted with a passion bi idh nillah to the use of Qur'an and sunnah/ahadith to address the challenges facing humanity today. The growing development of models which make up 'Islamic psychology' is a testament to this fact. This does not, however, mean there has been no controversy or difficulty regarding the acceptability of the underlying concepts of these new developments from an Islamic Legal (Shari) point of view. Debates notwithstanding, the approaches are continuing to be modified and implemented in their various guises.

### What is the book for?

For Muslim, clinical psychologists, the main dilemma has been one of implementation, i.e., how to apply the concepts in a therapeutic setting, since there is no clear methodology in spite of the growing abundance of theory. The majority of Muslim psychologists in non-Muslim countries are understandably, not necessarily well versed (or not versed at all) in Arabic or the Qur'annic sciences and have, therefore, been restricted in their use of this information. Where attempts at integration have been made, there is also reasonable doubt as to the level of qualification of psychologists to apply the information within the correct Islamic frame of reference, that is, according to accepted tafsir and ahadith methodology. This problem coupled with the lack of connection to Islamic scholars in the world of therapy has necessitated the need for a move towards a more inclusive approach, where both psychologists and scholars of tafsir (i.e. interpretation of Qur'an and explanations of ahadith) and ahadith work together. However, the need has been met with a random rather than systematic pairing and the calls for use of Qur'an and ahadith in therapy continue.

In an attempt to meet the challenge of implementation, one simple, practical approach is a basic reference text citing psychologically relevant ayaat (division of verses in Qur'an) and/or ahadith, identified and interpreted according to accepted tafsir/ Hadith methodology. The urgency of need and the lack of availability of such texts in the English language have resulted in this attempt - ill qualified though I am for the task. As a clinician and not an Islamic scholar, the aim must be modest, i.e., to make easy the process of finding references/ support from Qur'an and ahadith - for incorporation in to therapeutic interventions for clinicians.

This text is simply that; Identification of those Qur'annic ayaat/ahadith which may be used for therapeutic purposes, as analogy, in order to facilitate understanding of mental health problems and impact upon treatment effectiveness.

The reader should be clear that the text is in no way a psychological interpretation of Qur'an and ahadith. In order to keep within an accepted framework from a methodological perspective, only pre-existing and accepted interpretations of all religious texts have been used.

## **Who is the book for?**

The aim of this text is that it be used as a therapy aide for psychologists/therapists/counselors working in the field of mental health, or indeed anyone who is trying to maintain good mental health/character development.

Islam was sent to all creation and Allah (SWT) repeatedly calls to 'Mankind' throughout the Qur'an, not just the Muslims. Hence, it's applicability is universal. Though the details of the faith may not be something non-Muslims or indeed some Muslims are familiar with, the concepts therein remain effective, as with any alternative ideas given to clarify or exemplify explanation of a situation. The symbols of good and evil whether one is a Muslim or not will still apply and do not replace the reality of Allah (SWT) and Shaitan (Satan). Where there are descriptions of Reward and Punishment, Paradise and Hell-fire in the Worldly Life and the Hereafter and the patient cannot relate to, this does not negate the satisfaction one feels at doing the 'right thing' if only by the creation (on a secular basis or otherwise). Additionally the beauty of analogy means that any scenario can be offered to increase understanding or motivation to change, since the principles may still be applied. Hence the work may be useful for all individuals regardless of their religious beliefs and indeed simply for the benefit of ones overall psychological well-being.

## **The Analogical Model**

The model of Islamic psychology upon which this text is based is simply one of analogy. Note: In this model 'Analogy' refers specifically to parallel cases, agreement and similarity of ideas and so excludes any form of symbolic interpretation as may be commonly employed in alternative therapeutic techniques. The similarity of meaning comes from the apparent/overt meaning of Qur'an as well as accepted interpretations only. Where interpretations refer to hypocrites or non believers – the link/description refers to the characteristic not the person based on interpretations made in Ibn Kathir. The text also makes use of any direct guidance for mankind on behavior, such as guidance on food or activities of daily living – all of which contribute to a healthy lifestyle and, for the comfort of non-Muslims, have been in fact been supported by the latest scientific research.

Just as therapists use analogy to facilitate understanding of their situation, the ayaat/ahadith and their surrounding circumstances are used, since the words of the Creator (SWT) will most aptly summarize the experience of the creation. Clearly in order to learn from analogy, one is not expected to participate or live the ideas being considered and the lessons learned therein allow for a diversity of meaning, as with any therapeutic approach. Patients themselves are better than therapists at making the connections to their own lives. Use of analogy in this way can be incorporated into any model of therapy. Application of the chosen ayaat/ahadith may also facilitate implementation of the various Islamic Psychology models, since the principle of application therein would necessarily require

inclusion of this information to support and validate the intervention. The ayaat/ahadith present analogies where both the patient and psychologist may use the information, to explain, empathize, sympathize and understand the patients experience. They may also offer practical advice which may be incorporated into the intervention along with other suggestions made.

## **Choosing between clinical diagnosis or clinical cognitions?**

The assertions and references to psychological states and complaints related to interpretations are based wholly on clinical experience of working with a range of people with mental health problems. (See section entitled Remit of this text).

The decision to exclude DSM diagnostic criteria was intentional since to match ayaat/ahadith with DSM classifications would limit the use of information to those pathologies and this was not the aim of this book. Therefore, to benefit a wider audience, the focus is on common patient cognitions/therapeutic themes. Such cognitions may arise irrespective of the diagnosis given and may overlap across diagnoses also. Further, though some reference may be made to different psychological problems, such as depression or addictions, these references are simply to contextualize the inferences made, not to imply a linear relationship between that interpretation and specific illnesses. (Again the reason as mentioned, being that cognitions may overlap). Further, many of the cognitions may apply to human nature in general and not specifically to clinical settings since of course, one retains one's humanity irrespective of psychological problems experienced.

## **Calling to Islam or calling to therapy?**

Whilst all Muslims have an obligation to call others to the faith, it is of course, important to be aware that the information herein, be presented to the patient with the focus on the therapy since it may be that the therapy becomes a dawa session i.e., calling people to Islam. This must be kept distinct, since the therapists are not 'soul seekers' intending to convert patients under the guise of therapy, as can be the case in situations where vulnerable people are seen to be coerced into alternative belief systems. As a formal methodology, dawa is a specialist skill and therapy cannot be considered the most appropriate time and place for disseminating such information. Indeed the timing of such information is in itself something Prophet Muhammad (Peace and Blessings of Allah be upon him) demonstrated in His behavior, in the Hadith narrated by Ibn Mas'ud (May Allah be pleased with him); The Prophet (Peace and Blessings of Allah be upon him) used to take care of us in preaching by selecting a suitable time, so that we might not get bored. (He abstained from pestering us with knowledge and religious talk all the time). (Bukhari, B3, C6, H62). Clearly this is about receptivity and consideration of circumstance. Here, naturally the emphasis must be on resolving difficulties. This in no way promotes the idea that one's way of life (din) is suspended and isolated from ones daily life, since actions here determine our place in the Hereafter. However, fulfilling ones responsibility in the best manner and easing the distress of others are also manifestations of core principles of the din and so cannot be seen as secularizing religious belief, especially where it involves the teachings from that faith as guidance. The point is to focus on the patients needs in addressing the immediate problem. Regarding the obligation to call to the faith on all Muslims specifically in a therapy setting we can refer to the advice given in Qur'an, "There is no compulsion in religion. Verily, the Right Path has become distinct from the wrong path" (Surah Baqarah, 256). The Muslim therapist may naturally address such issues more directly with Muslim patients since there is a shared understanding of the relationship between behavior and practicing/implementing the faith. For non-Muslims, the use of the references in Qur'an and ahadith literature may be adequate; One's coming to Islam may stem from any aspect.

## **Using the Reference Text**

The order of information is presented in a such a way so as to balance both tafsir and therapeutic methodology requirement, as follows:

The information is presented according to therapeutic themes/cognitions, as opposed to pathologies, simply because patient cognitions are not specific to any one diagnosis.

The theme is briefly introduced and the relevant Qur'annic ayaat and their interpretation are presented. Ayaat are presented by Surah number followed by ayah number, e.g., Surah Al Baqarah,1. Note: To avoid misapplication and acknowledgement of the context, the complete ayaat/ahadith are presented. However, the most relevant part of the ayah/ahadith for the therapist is highlighted in bold within the text.

The interpretation of the ayah is then given briefly, again, to present the information within the original context

Amplification of inferences made is then offered as related to clinical issues.

Where relevant, Ahadith have been added. They have been presented according to the Book and author (i.e., subjects are dealt with under different books within the text), Chapter and Hadith number, e.g., B1, C1, H1. (The ahadith in the works by Imam Muslim are not presented in books and therefore, the reference here is only to Chapter and Hadith number).

All ahadith are presented in chronological order as cited in the original texts. Since the Prophet (Peace and Blessings of Allah be upon him) was the narrator and therefore, able to substantiate and amplify ahadith, the interpretations are already made by Him (Peace and Blessings of Allah be upon him). Therefore, the authors of the ahadith texts themselves offer only a brief description in the form of a theme/chapter heading to summarize or indicate the relevant context.

As with Qur'annic ayaat, the connection of ahadith to the psychological difficulty has been highlighted.

Of course, it cannot be claimed that this is a comprehensive list of all related ayaat/hadith since clinical experience varies from therapist to therapist and patient populations. More experienced therapists will be aware of the differing contexts in which the examples given occur (as well as the overlap), and will naturally have many more rich examples of their own. Therefore, the grouping of ayaat/ahadith under the given cognitions may not be familiar or agreeable to all therapists. It is also important to acknowledge that there will be numerous ayaat/ahadith that relate to human nature in general and not simply psychological pathology, though the focus is on a therapeutic setting and not human nature in general. These ayaat/ahadith may not have been considered applicable since there was no additional meaning as far as a therapeutic application is concerned. Additionally, because ayaat/ahadith are applicable at an inter and intra-personal level and since some of these issues overlap, there may be some repetition, though care has been taken to avoid this where possible. However, where this occurs, it may be that the information is being viewed from an alternative perspective.

Those ayaat/ahadith relating specifically to the Day of Judgment, tenets of faith, religious obligations and Islamic rulings have been excluded since the remit of the book is not to offer these rulings/judgments without the correct context being presented, especially since they are presented in relation to a human situation and Qur'annic ayaat. Such work is the domain of the Islamic scholars. Hence, to avoid possible misapplication, again these were deliberately omitted.

## **Interpretation of the Qur'an**

For the sake of ease, the basic English translation of ayaat has been taken from the renown 'Interpretation of the meanings of the Noble Qur'an,' translated by al-Hilali and Khan. All interpretations of ayaat are taken solely from Tafsir Ibn Kathir (Abridged English translation, 2003). This may limit the interpretation and readers well versed in tafsir may question ibn Kathir's interpretations. However, since this text is not a psychological tafsir, the use of this established interpretation was considered adequate.

Note: There are instances where ‘No Comment’ has been given by ibn Kathir without explanation as to why. In these cases, in order to honor his interpretation, no further elaboration has been made by the author.

Sharia gives rulings relating to knowledge–dissemination regarding applicability/acceptability, hence, secular models of knowledge–dissemination cannot be applied. Whilst Psychology as a discipline encourages developing symbolism in understanding problems, the dangers of symbolic and random interpretation of Qur’annic ayaat on ones iman and on the credibility of the work in the discipline of Qur’annic sciences is well understood. There is a distinct difference between permissible creative applicability of ayaat and symbolic applicability, where the literal meaning is reduced or removed for the sake of convenience. From a Shari point of view, only the former is acceptable.

It is important to note that any therapeutic parallels drawn are not attempts or claims at making new and far-fetched interpretations, nor do they intend to ignore existing classical interpretations. The interpretation of ayaat is brief since the detailed interpretation is considered beyond the remit of this work. The aim is not to re-write classic interpretations but to apply the underlying principle for use in therapy.

Note: The reference to the difficulties between religious groups at the time of revelation is simply coincidence and is representative of the events at the time. The intention is not to vilify adherents of any religion, but to report the historical facts as recorded in established and recognized interpretations. Such is the case with all religious texts.

## **Interpretation of Ahadith**

All ahadith were taken only from the seminal texts of ahadith by Sahih Bukhari and Sahih Muslim (English translations).

Ahadith literature is known to support, amplify and clarify any ambiguity (in terms of permissible meaning and subsequent action) of Qur’annic ayaat. The Sunnah (that is, the words - ahadith, behavior and those actions of others to which tacit approval was given by the Prophet Muhammad - saw) is a complete and living example of the manifestation of the teachings of Qur’an and Islam as an example for mankind to emulate. It is important to note that the significance of the Sunnah is not simply to follow a chosen Prophet at the expense of deriding others, since this is something not permissible in Islam as all Prophets (Peace and Blessings of Allah be upon him) bought the message of monotheism. However, as the Last Prophet, His (Peace and Blessings of Allah be upon him) message and guidance is final and this consolidates or reviews all previous revelation and Messengers (Peace and Blessings of Allah be upon him).

The following of the Sunnah is to benefit mankind in a practical way, so making Islam accessible and its aims achievable to people in general. Otherwise, as with many religions, it may be misunderstood to be simply a set of beliefs which seemingly do not relate to Worldly Life: ‘a theoretical life option’. The Sunnah highlights and facilitates the connection between this life and the Hereafter; since how one lives determines their end, as is repeatedly told in the Qur’an. Hence Islam is described as a ‘way of life.’ The Sunnah is an actualization of this. Obviously its inclusion here is because it is a perfect example (as is apparent in the ahadith presented) of balanced living – the healthiest approach for Mankind. Psychologically this is always the aim, a balanced and considered approach to living. It should be acknowledged that although there are other examples throughout history, there is none more thoroughly recorded and investigated, across age and circumstance and so applicability to mankind, as the life of the Prophet Muhammad (Peace and Blessings of Allah be upon him).

Regarding the explanation of ahadith. The theme presented is the interpretation of the information as categorized by Imam Bukhari and Imam Muslim. Therefore, no elaboration is given on interpretation. However, applicability of ahadith across circumstances is an allowable process in the hadith sciences, therefore it may be possible that one hadith is used under different sections of the work. It is important



for the reader to be aware when applying these ahadith that given the definition of the Sunnah includes words and actions, it may be that whilst the words are not directly relevant it is the response/action of the Prophet (Peace and Blessings of Allah be upon him) that makes the point, and this may be summarized in the theme given to that hadith. Alternatively the theme may capture the concepts being reflected more than the words and vice versa. Full and allowable use has been made of all aspects of applicability. As with Qur'annic ayaat no symbolic explanation of ahadith has been made/intended as again this would nullify the explanation according to tafsir methodology as well as in Sharia.

Note: The ahadith have been cited exactly as in this text, therefore, the standard expressions used throughout the text may be omitted here due to the verbatim recording and hence preservation of authenticity of words used. For example, it may be that the author used the term Prayers and peace be upon the Prophet as opposed to Peace and blessings, or the term (Most Exalted/Mighty and Majestic is Allah rather than the term Glorified be He and Exalted – see abbreviations). In cases where any of the afore-mentioned terms of respect following the name of Allah (SWT) and Muhammad (Peace and Blessings of Allah be upon him) have been omitted by the respective authors themselves, there is no intention to dismiss with this protocol.

Where the themes of ahadith refer to the 'Statement of Allah; this is a reference to a Qur'annic ayah and the details are given.

The choice to use only the books of Bukhari and Muslim for ahadith is simply due to the established view amongst Muslim scholars that their works are identified as the two greatest and most accepted Hadith collections in existence. This is not to claim that other works are not acceptable, however, these two books are considered, without exception, the two most high in 'validity' and 'reliability' in terms of ahadith.

## **The Remit of the Text**

It is important that the user be clear about the specific function of this text, since it is admittedly limited in its use. The remit of the text is as follows:

### **Information regarding implementation:**

Since the text is a reference text, it is most beneficial to experienced therapists or those individuals who are working on self/character development changes. Methods regarding application and use of analogies are not offered since implementation of ideas/therapeutic principles is a basic clinical skill and requirement. The choice of analogy and point at which it is used, is obviously dependent upon the clinical judgment and expertise of the psychologist. However, incidentally, a summary of the clinical context/relevance of information are cited to contextualize the point being made, thereby allowing use on these occasions as and when considered appropriate.

### **Incorporation into existing models or not?**

The information provided is not presented with the intention of offering it as an alternative, religiously centered/sensitive model of therapy in and of itself, though the practiced Muslim therapist may be able to apply the ideas herein readily. The reason being is that this text is not an Islamic critique of the theories underlying contemporary therapeutic approaches used in the non-Muslim world. There are many seminal works available in Arabic or as translations; notably classical scholars such as, Miskaway, Iman Al Ghazali, Ibn Taymiyyah etc. and more recently critiques by Malik Badri (1979) and Zarabozo (2002) – see references. Additionally, numerous published papers/literature reviews cite and highlight the problems with implementing some existing therapeutic models with Muslim populations in the area of cross cultural/cross religious research (Hussain, 2009; Hussain And Cochrane, 2004; Hussain. And Cochrane, 2003; Hussain And Cochrane, 2002; Wilson, 2001; Greenwood, P., Hussain, F.A. And Burns, T., 2000; Cochrane and Sashidharan, 1997; Wilson and

MacCarthy, 1994). Each tackle the issues from their own perspective, be it from a Fiqhi, Philosophical or Psychological perspective.

What they highlight is that there is not always linear opposition between contemporary models of therapy and Islam as is often presented when justifying cultural and/or religiously centered alternatives. For example, current models of cognitive therapy are in essence based on models developed by Islamic scholars many centuries ago; the contribution of Al Ghazali and Al Balkhi are well documented by Muslim academics within the discipline of Clinical Psychology. Such models have since been updated and modified by non-Muslims and do not necessarily conflict with Islamic monotheism.

This is not to deny the reality that there are certain therapeutic models that conflict with the fundamental tenets of faith for Muslims and so are not appropriate. However, use of contemporary therapeutic models cannot be depicted as a battle between Western and Eastern ideology as this is a counter-productive division. There is obvious over-lap as ideas have been inherited from each other, though the source may not have been clearly identified. Hence, the distinction is not so clear-cut as is often projected. Rather the emphasis ought simply be based upon what is Islamic and non-Islamic, irrespective of culture or geography. Therefore, as mentioned earlier the information here may be incorporated into any model where there is no conceptual conflict with one's Islam, since this is the flexibility of an analogical approach.

### **The evidence-base question**

There is no conflict between Islam and science. The debate within the profession of Clinical Psychology acknowledges that certain research methods lend themselves to certain therapeutic approaches (for example, CBT, behavioral therapy, solution focused therapy) and other methods, restrict/ do not allow for measurement of effectiveness of certain therapeutic approaches (for example, psychodynamic psychotherapy, narrative therapy). Therefore, arguably, empirical research methods as currently defined, do not allow incorporation of all approaches. This neither prevents the use of less empirical-research friendly approaches, nor nullifies their benefit. It simply means there is no research evidence available to justify claims made. The issue here is refinement of research methodology and not necessarily a problem with the approach itself.

It is often the case that treatment methods for mental illness vary across the world and are used unquestioningly and with considerable benefit – as was once the case with all contemporary therapeutic approaches used today which relied on self-report and non-return of the patient to the physician as evidence of their effectiveness. The emphasis on scientific rigor is a recent and clearly valuable development. There is of course, no room for empirical research on the validity and reliability of Revelation in and of itself since revelation, by its very nature, is often beyond human intellect. However, this is not to deny that one can carry out research on its applicability of man-made models as with any other subject. As mentioned earlier, the interpretation (psychological or otherwise) of any ayah and hadith are subject to their own methodology and so do not escape scientific rigor. Methods here are in fact very established and were in use during the lifetime of the Prophet Muhammad (Peace and Blessings of Allah be upon him) and have become increasingly refined over time, particularly bearing in mind the consequences of allowing such information to be disseminated and the impact it has on the faith. To protect the faith is the priority of all Muslims, hence scientific rigor cannot be surpassed or ignored but it comes with its own criteria for measurement.

Therefore, the user should be aware that information is edited and viewed through research methodology developed, specifically for Quran and ahadith literature, and is not related to empirical methods as applicable to non-revelation based knowledge, since these methodologies do not apply. The difference in methodology does not reduce the scientific rigor and acceptability. Again, the aim of the text is simply to add an additional perspective to understanding the patients experience and alleviating distress. It is hoped that the effectiveness of its use is researched in due course.

No doubt, the Creator (SWT) best knows His creation. May He, Al Karim (The Generous), Al Wadud (The Loving kind), Al Rauf (The All-Pitying), accept this work and write it as a good deed inshaAllah. Any mistakes are my responsibility and for this the reader is requested to ask for forgiveness. For any suggestions for improvements, readers are requested to contact the publisher to make the relevant alterations, so insha'Allah, supplicating that it be written as sadaqah jariah and allow this to be a shared, on-going work in progress. The reader is requested to make dua for themselves after each ayah to protect them or aid them from the words and promises therein.

Since what will remain of us is only that which we do for Allah (SWT), may He, Al Mani (The Protector), always keep pure the intentions of those of us who use any of the ideas presented and may the knowledge herein be a means of connecting our daily lives with our Lord (SWT) to Whom is the final return.

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Islamabad, Pakistan. OCTOBER 2010.

# Terminology

## Psychological

The word 'patient' has been used to denote clinically-specific issues and the word 'individual' is used where issues are generally applicable to human suffering, though overlap will necessarily occur since patients in therapy are not depersonalized and remain 'individuals.'

## Tafsir/Ahadith

The Believers (al Mu'minin): This refers to those people who accepted all the Messengers (Peace and Blessings of Allah be upon him) and revelations sent by Allah (SWT). In the time of the Prophet Muhammad (Peace and Blessings of Allah be upon him) this refers to those people who accepted Islam.

The Disbelievers (al Kuffar): The people who rejected the Messengers and the Last Prophet Muhammad (Peace and Blessings of Allah be upon him).

Al-Haq: The Real, Absolute Truth (Bewley, 1998, p209), according to Allah (SWT) not the creation. This is manifest in the Laws commanded in Qur'an. Also interpreted to mean Islamic Monotheism or Qur'an (Bukhari, 1994, p788).

Hypocrites (al Munafiqun): During the revelation of Islam, a number of people claimed to convert to Islam to take from its benefits but denied it when the Muslims faced challenges and difficulties. They were responsible for creating many problems since there was no sincerity in their allegiance and their aim was to cause divisions amongst the Muslims and destroy the credibility of Islam. The term does not refer to a specific religious group rather it is a reference to any individual who perpetrates the afore-mentioned acts.

Law of Allah (Hukm Allah): This refers to commands given by Allah (SWT) in the Qur'an and Sunnah regarding everyday life as a Muslim, i.e., Sharia

People of the Book (Ahl-al-Kitab): This refers to those people whose beliefs are based on Monotheism, that is, Christians and Jews.

The Prophet/ Messenger (Rasool- Peace and Blessings of Allah be upon him): The use of the term in this text refers specifically to the Prophet Muhammad (Peace and Blessings of Allah be upon him) unless otherwise stated.

The Covenant: The agreement/pact between Allah (SWT) and His creation binding them to obedience to Him/His divine laws and belief in the last Messenger (Prophet Muhammad - Peace and Blessings of Allah be upon him).

## Names of Qur'annic Suwar

For the interested reader, when further exploring references in the Qur'an, it is important to be aware that there are a number of Suwar (plural of Surah) in the Quran which have two different titles and may be presented under either title or both, depending on the version one reads. There is no contradiction in meaning to the actual verse, both titles are relevant. These include:

Surah Taubah also known as Surah Al Baraah

Surah Bani Israil also known as Surah Al Isra

Surah Fatir also known as Surah Al Mala'ika