Ethicised Sharia

The Contextual Case of Islamic Therapy

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Tessie Bundgaard Jørgensen

Cover image: AI-generated image by Danny McGuire and Tessie Bundgaard Jørgensen, using DALL-E with the following prompt: Create a surrealist interpretation of Islamic patterns in shades of green, with an ethereal quality.

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CHAPTER ONE

IN THE BEGINNING

"SHARIA: NAVIGATING THE PATH TO PARADISE"

Introduction

"Being a therapist, helping Muslims, is my *shar'an* duty," Khadijah said and continued, "and I want to help Muslims achieve their shar'an duties of nearness to Allah, obeying Allah…you need stable mental health to worship."

Khadijah, a Danish Muslim psychologist practising Islamic therapy, became the catalyst for my initial research interest. Intrigued by our conversations, I embarked on a research journey to comprehend the integration of psychology in productions of sharia. The subsequent research uncovered a complex scene of therapy practices deeply intertwined with religious and ethical interpretations. As part of the *Producing Sharia in Context* project, I aimed to exemplify how sharia is produced within its specific contexts by examining therapy when it is framed as "Islamic" and integrated as part of productions of ethicised sharia.

Within the complex tapestry of productions of religion, the concept of sharia, often regarded as a system of Islamic law (Hallaq, 2009; Berger, 2018; Auda, 2008; Warner, 2010, Gleave, 2008), transcends mere legal doctrine (Vinding & Petersen, 2020; Abu-Shamsieh, 2020; Eggen, 2022). This study seeks to delve into the production of sharia from a unique perspective, exploring its embodiment within the context of Islamic therapy, uncovering a dynamic interplay between individual experiences, religious expectations and ethical considerations.

I sought to understand how Islamic therapy demonstrates cases of sharia production and how this, in turn, refers to the process of contextual influences in the making of religion.

The study unfolds with a focus on the perception of therapy as shar'an, which is defined as rightful or in alignment with sharia-based principles. I will explore how therapy takes on an Islamic quality, or Islamicness, when conducted in a manner that conforms to the practitioners' expectations of shar'an practices. Within this, I will examine the content of therapy experienced in adherence to sharia as well as the aesthetics and ethics that encompass the therapeutic environment, which add layers of complexity to the concept of ethicised sharia. By doing so, I aim to unearth the relation between experienced ethicised Sharia, ethics, and aesthetics.

In this relation between experience and reflection, I shall examine how context emerges as the driving force behind the case study of Islamic therapy and serves as a compelling example of ethicised sharia. The significance of contextual experiences reveals how Sharia evolves into ethical guidelines that influence the experiences of psychology and therapeutic practices.

Islamic therapy, in this light, becomes an embodiment of sharia productions and a testament to the dynamic interplay between looking at the experienced world and looking within one's own contextually produced meaning-making. It is within these interconnected strands that the concept of sharia is brought to life, continually produced, yet perceived as an enduring presence in the world.

Throughout this study, the term "shar'an," derived from the word *sharia* [ʃaˈriːʕa], held significant importance for the individuals that I interviewed. It emerged as a concept intricately intertwined with the therapeutic practices, experiences, and expectations of Muslim therapists (Abu-Shamsieh, 2020; Tzeferakos & Douzenis, 2017). Reinhart, among other scholars (Fairak, 2014; Hallaq, 2009; Kamali, 2022; Vikør, 2006), argued that sharia "refers not to the process of knowing moral law, but to the way in which that knowledge came to be knowledge and in force. It is often said that sharia originally meant a highway. The image conveyed is that of a highway along which to travel in order to lead the moral life." (Reinhart, 1983, p. 188). Reinhart's perspective aligns with the sentiments expressed by my interviewees, who also

perceive a connection between sharia and a moral realm. Furthermore, my interviewees viewed the role of a therapist as a moral duty, similar to Reinhart's approach, where morality is intricately linked to sharia, making it the means through which morality is realised. In an attempt to produce the manifest 'Danish Islam', Naveed Baig and Kasper Mathiesen stated, "Sharia betyder 'vejen til kilden' og indbefatter muslimsk levevis, spiritualitet og etik." This translates to "Sharia means 'the pathway to the well' and includes the Muslim way of living, spirituality, and ethics" (Baig & Mathiesen, 2021). The discursive representations of these phenomena appear to be closely linked to the examination of morality and ethics, as well as being interconnected with the notions of sharia. If sharia is indeed regarded as "a way of life" or the conduit through which believers find purpose in their religious existence, and therapy, in its various productions, assists individuals in pursuing this path, then they should be studied in their dynamic relationship to one another.

The evident associations between ethicised sharia and therapy prompted me to contemplate whether a more nuanced understanding of sharia production could be demonstrated by delving into the case study of Islamic therapy. I use the term *productions of sharia* in order to elucidate the concept's abstract and dynamic meanings. Employing this perspective, I contend that the existence of sharia is contingent upon the expressions, interplay, and expectations associated with the concept. Sharia is not distinct from the individuals who interact with it; rather, it emerges because of the contextual utilisation of their post-rationalisations.

In my approach, I advocate for a perspective where Sharia is not studied in isolation from therapy but rather as intertwined concepts within the endeavours of Muslims to navigate life. According to my interviewees, both ethics (sometimes used interchangeably with morality) and sharia are described as ultimate goals and means. Conversely, therapy is solely depicted as a tool that facilitates the pursuit of the path toward divinity or, in other words, attaining proximity or closeness to God (cf. Lyngsøe & Stjernholm, 2022).

Production or producing religion are two analytic concepts I use to describe the process in which I find that Islam is being experienced. In the Sophist, Plato defined it as, "When anyone brings into being something which did not previously exist, we say that he who brings it into being produces it and that which is brought into being is produced" (Plato, 1967, p. 275).

The concept of "producing religion" serves as an analytical tool in this study to describe the process through which Islam is experienced. It highlights the notion that religion is not a static or innate entity but rather a constructed or sustained phenomenon. This process of production occurs through the agency of individuals, groups, and even governmental institutions. It acknowledges that religion can be a collective experience when individuals agree that their experiences are religious in essence. However, it also emphasises the idea that meaning-making (Zittoun & Brinkmann, 2012; Bruner, 1995) is inherently an individual experience, which is shaped by personal experiences, assumptions, and expectations of lived experiences.

Experience and expectations are two terms that are closely connected to the concept of phenomenon. I use the term "experience" as a reference to the process of relating to (new) knowledge from sensing and feeling. This may be knowledge that individuals gain through observing, encountering, or undergoing episodes as they occur. I use the word to explain and demonstrate how my interviewees interact with the world in making the Islamicness of therapy. In general, I use the word "experience" as an explanation tool to present the meaning-making of the interviewees. The same goes for the word "expectations," which refers to an assumption or supposition that something is or is going to be a certain way. I examine the interviewees' experiences and expectations as part of their contextualisations.

Context (Burke, 2022) is the circumstances that form the settings of an experience or expectation. Context refers to the circumstances and conditions that shape the settings within which experiences or expectations occur (Burke, 2022; Evans-Pritchard, 1937; Lewin, 1952). This phenomenon has been studied as fields, environments, and sectors (Vinding, 2013; Bourdieu, 1994; DiMaggio, 1983). In my research, context holds significant importance as it enables a comprehensive understanding of the interplay between religious beliefs, practices, and their broader societal implications in the formation of sharia and the case study of Islamic therapy. By employing the term

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"context," I recognise that no phenomenon exists in isolation but rather is influenced by and interconnected with its surrounding context (Kapferer, 1979; Hobson, Schroeder, Risen, Xygalatas, & Inzlicht, 2018). However, I do not employ the concept of context solely to understand the participants' context; rather, I utilise it to describe the elements within the context and how these components influence the process of production of religion. I refer to these influences as "contextualisations." In my study, I prefer the word contextualisation as used by Gilhus: "Different contextualisations lead to different readings" (Gilhus, 2014, p. 277). I use the term contextualisation with great inspiration from Gadamer's concepts prejudice and horizon (Gadamer, 2004). Building upon the argument that meaning is "produced in the relation between the text and the specific context" (Gilhus, 2014, p. 277), phenomenology allows me to examine meaning in a broader sense, which I refer to as contextualisations. If the object of analysis extends beyond textual or verbal elements to include non-textual or non-verbal aspects, then the context becomes a significant factor in creating meaning (cf. Kintsch, 2007). Through empirical data, the research reveals how meaning is contextually constructed as research participants bridge their contextual experiences, expectations, cognitions, and verbal and non-verbal elements.

The concept of contextualisations encompasses a broader range than prejudice (Gadamer, 2004, p. 253). Therefore, I prefer using the term 'contextualisations' (Cambridge, 2024), which implies a plural reconsideration of cognitions and expectations related to the surrounding world, as well as the relationship between the world and its contextual positioning, as presented in Gadamer's notion of prejudice (Gadamer, 2004, p. 253). By examining the process of producing religion through the lens of contextualisation, I avoid simplistic or reductionist interpretations, acknowledging the intricate and multifaceted nature of the subject. This approach allows for a nuanced and comprehensive analysis, considering the dynamic interplay among various contextual elements and their impact on the construction of where meaning comes from and how the meaning-making of sharia and Islamic therapy is shaped.

Research questions and aim

By employing a phenomenological approach, the study seeks to investigate the ethical frameworks and codes of conduct generated by contemporary Muslims in their pursuit of practising sharia through a reframing of the field of psychology. The research addresses the following overarching and descriptive question: "What is Islamic therapy?" by exploring Danish and English practitioners' experiences. Through an interpretative phenomenological analysis of the empirical data, this study will shed light upon the components that make the Islamicness of the concept of Islamic therapy and the interviewees' experiences of ethical duties as they produce ethicised sharia. This leads to the following research questions:

How is ethicised sharia demonstrated in the case of Islamic therapy, and what is the relation between sharia, ethical codes of conduct, and aesthetic experiences in Islamic therapy?

What is the Islamicness of therapy, and how is the Islamicness experienced through means of aesthetics?

How does the context of the making of the concept influence the production of ethicised sharia?

In addressing the research inquiries, I adopt an applied phenomenological approach complemented by anthropological methodologies for the acquisition of qualitative data. This involves the utilisation of techniques such as interviews, participant observations, and shadowing. The elucidation of the research queries will transpire through the application of interpretative phenomenological analysis to 18 interviews conducted with twelve Danish and six English practitioners in Islamic therapy. Additionally, the interview strategies are shaped by preliminary discussions with six Danish Muslim psychologists who are not practitioners of Islamic therapy.

The examination of the first research question pertaining to ethicised sharia will be undertaken in chapters five and six, where chapter five will introduce the ethics of Islamic therapy as a sharia production, and chapter six will present the overarching experience of sharia.

Simultaneously, guided by a phenomenological orientation towards lived experiences and a deliberate focus on the Islamicness of Islamic therapy, the second research question is envisaged to unfold in chapter four. The conclusive discussion on the third question, delving into the contextual dynamics in the production of religion, will be presented in chapter seven.

While this study focuses on Islamic therapy as a demonstration of the realm of sharia productions in Denmark, its findings will offer insights that can inform future hypotheses, identify trends, and shed light on the practices of production of religion within specific contexts. These outcomes may serve as a source of interest, inspiration, and influence for future understandings of productions of religion.

Research structure

To effectively address and provide answers to the aforementioned questions, I will now outline the structure of this dissertation. Before delving into the division of the chapters, I want to emphasise that readers will find an index of Arabic words, the ALA-LC Romanisation (American Library Association – Library of Congress), the phonetic transcriptions according to IPA (the International Phonetic Alphabet), and translations at the appendices. I have chosen to transcribe Arabic words phonetically to enhance clarity and ensure inclusivity for readers who may not be familiar with the Arabic language. Similarly, readers will find a glossary of the most commonly used terms and how I apply them.

Throughout this monograph, I will present AI-generated images collaboratively created with Danny McGuire and the OpenAI tool DALL-E. These images aim to visually evoke readers' aesthetic experiences rooted in the sentiments derived from the lived experiences and productions of sharia, as articulated by my interviewees. Simultaneously, they encapsulate the ongoing process of contextualisations inherent in my role as a researcher actively engaging with my study. These images serve as visual manifestations of my aesthetic engagement with the data, capturing the essence of my concurrent act of material production. For more details see 'Images'.

Images of the
Dissertation
AI and selfhood

They symbolise, in a creative manner, the interaction between selfhood and artificial intelligence, capturing the collective experiences of selves involved in the pursuit of the research objectives at hand.

The dissertation is divided into eight chapters, with the first chapter serving as the introduction to the research. Chapter two serves as a theoretical discussion of the phenomenological approach employed in this study. Here, I will present reflections and inquiries pertaining to this theoretical framework and its relevance in investigating sharia as Islamic therapy.

In chapter three, I will introduce the methodology and ethical considerations that guided this research, both prior to, during and after the fieldwork. Additionally, I will discuss the advantages of employing phenomenology in the context of this particular study. Ethical contemplations profoundly influence the underpinning of my methodological framework. Consequently, ethical deliberation and examples of ethical dilemmas will be included this chapter. I examine my methods within the framework of ethical considerations rather than treating ethics as an isolated methodology discussion.

Chapter 4, 5 and 6
Descriptive analysis
Islamicness, ethics,
Sharia

Chapter 7
Context

Building upon the foundation established in chapters two and three, chapters four, five and six will present a comprehensive descriptive analysis of the research findings. Chapter seven initiates an exploration of the concept of context, elucidating its application in explicating the specific case under consideration in this research. Furthermore, it delves into the broader implications of context within the realm of religious studies. This endeavour aims to provide a nuanced understanding of the multifaceted nature of context, establishing a foundation for the subsequent examination of its role in both the specific research inquiry and the broader academic discourse on religion. This leads us to the final chapter, which encompasses concluding reflections and a summary of the study. However, before delving into these aspects, this chapter will critically address previous research positions on key concepts explored in this study.

State of the Art

In this subchapter, I will introduce the contemporary scholarly landscape concerning the research trajectories pertaining to sharia and Islamicness, Islamic ethics – inclusive of its ethicised interpretation of sharia – and prior endeavours to grasp the details of Islamic therapy. The aim is to situate the present inquiry and provide a nuanced understanding of the existing scholarly attention.

Sharia and Islamicness

Sharia and shar'an are two central concepts employed throughout the study. Whilst taking into consideration the different approaches to the study of sharia, my interviewees form the dominant voice in choosing how to define the concept I am studying. They used two variations of the word: Sharia, in this case meaning divine moral obligations or ethical norms, and the term shar'an, as both adverb and adjective, derived from the root of شريعة Shin - Ra - 'Ayn and a tanween al fath (the end of the word that forms the *an* sound). This translates into rightful or rightfully, based on or related to the individual's production of sharia.

Sharia is understood as divine revelation (Auda, 2008), a legal system or a set of religious laws (Hallaq, 2009; Warner, 2010; Amanat & Griffel, 2009; Abdullah & Keshavjee, 2018; Griffith-Jones, 2013; Otto, 2011) studied either independently or in contrast to canonised law or legal systems. Sharia is presented as regulations of the individual's relationship with the state, neighbours, God and one's own conscience (Coulson, 1964) and as political and military ideologies (Brim *et al.*, 2010). Coulson presented sharia as a living entity with a form of agency, though sharia does not act in itself but manifests through interpretations. A misconception that ascribes intentions, wills, and emotions to concepts without agency. Similar to Reinhart's sentiment ascribing agency to text arguing it "says" (Reinhart, 2022, p. 568) "commands" (568), "exhorts" (568), "assumes" (568) and "requires" (569).

Sharia does not regulate, but Muslims produce regulations within their respective contexts and ascribe sharia regulations of a divine force, produced as God's intentions (Gleave, 2021).

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The main misapprehension in defining Sharia is that it is a singular concept, code of law or corpus of legal rules (Berger, 2018). Berger argued, "Some scholars have […] opted for "Muslim legal norms" and "Islamic norms" (Berger, 2018, p. 249), but that argument adds to the miscalculated conclusion that Muslims can be defined as one entity where all apply the same norms, which he described with the notion of Pandora's box (Berger, 2014).

Berger quoted Masaji Chiba, who introduced the term "social-legal entity" (Berger, 2018, p. 250), which Berger called the most relevant description of Sharia in a Western context (Berger, 2018, p. 250). Furthermore, Berger suggested that Sharia could be understood as a slogan (Berger, 2018, p. 243). In Danish, similar to other Scandinavian languages, as well as Dutch and German (var. recht), ret [ˈʁað] is arguably more suitable to describe norms described as "Islamic Law". Ret is described as a summary of legal rules and principles that dictate what is legal and illegal in a society (Den Danske Ordbog) or of a legal or moral nature (Den Danske Ordbog). Furthermore, in historical texts, it is described as appropriate and proper conduct, or good and due customs (ordbog over det Danske sprog). This is in distinction to the Danish word lov, which holds a similar definition to the English law. Muslim ret/recht is, therefore, a more appropriate terminology if sharia were to be studied as social-legal norm productions.

Reinhart was determined to translate Sharia as Islamic law (Reinhart, 1983, p. 187), and Buskens argued that "sharia" merged into what he identified as contemporary Islamic law, more specifically "Colonial Sharia" (Buskens, 2014). The introduction of the term "law" appears to be unsuitable, presenting researchers not only with Berger's suggested issue of understanding the essence of sharia but also with the challenge of comprehending the underlying problem regarding the essence of sharia itself (Berger, 2014; Vinding, 2023).

Berger argued for substituting "the term "sharia" with "rules of Islam." (Berger, 2018, p. 273). Despite alluding to the idea that Islam is a rigid entity with *rules,* Berger did acknowledge that "these rules are not a static code, but a set of rules practised by Muslims in an autonomous manner, engaged in a continuous interaction with the West.

We have defined the West as a system that is dominant, not only legally, but also politically, socially, and culturally." (Berger, 2018, p. 273). Furthermore, Berger clarified his notion by calling it "The ongoing dialectic between rules of Islam and the West" (*ibid*.). Berger identified a part of the dynamic productions of sharia but hesitated in concluding that "the West" is not in an ongoing dialectic relation with "the rules of Islam" but in fact contextual entities of Western societies; cultures, history, and politics, which coproduce interpretations of Muslim rules and norms.

Mashood A. Banderin referred to "Islamic Socio-Legal Norms" (Banderin, 2018, p. 45) when defining Sharia. A choice of terminology that erroneously concludes that "Islamic" refers to a rigid definition of Islam or that Islam is an active agent and, therefore, makes something or someone "Islamic." As discussed by both Talal Asad and Shahab Ahmad, among others, something becomes Islamic in a particular context (Asad, 1986; Ahmad, 2015).

Building upon the ideas of Asad and Ahmad, among others, I challenge the essentialist and reductionist views of Islam and encourage a more nuanced understanding of the productions of religion and how an entity gains its Islamicness. Islam is a discursive tradition (Asad, 1986), a "human phenomenon" (Ahmad, 2015, p. 5) and cannot be understood with a comprehensive understanding of the context the concept is used within (Ahmad, 2015, p. 516). Ascribing an Islamicness to something, an object, practice or belief is a value-judgment, although it may contribute to the individual's experience of being part of a meaningful phenomenon (Ahmad, 2015, p. 141). Islam can shape an individual's experience of a shared language or a sense of togetherness with identified and unidentified communities, experiences, or divinities. This means that people engaging with this Islamicness may experience "the authority to explore" (Ahmad, 2015, p. 282) and thereby make meaning correlating between their expectations, contextual experiences, and Islamicness. Ahmad argued, "Something is Islamic to the extent that it is made meaningful in terms of hermeneutical engagement with Revelation to Muhammad as one or more of Pre-Text, Text, and Con-text." (Ahmad, 2015, p. 405), which introduces us to his text-centred emphasis.

Ahmad's idea implies that any act or statement of meaning-making related to Islam, irrespective of the individual's religious identity, should be recognised as inherently Islamic.

This inclusivity challenges rigid categorisations and recognises the diversity of interpretations that individuals may draw upon within the framework of Islam. However, he insisted on the triad of Pre-Text, Text, and Con-Text, concluding that individuals engaging with Islam engage with texts. This led him to the following conclusion:

 "The main difficulty in conceptualising Islam/Islamic lies in the prolific scale of contradiction between the ideas, values and practices that claim normative affiliation with "Islam" – which poses the demanding problem of how to locate the coherence of an internally-contradictory phenomenon." (Ahmad, 2015, p. 109).

The term "internally-contradictory phenomenon" suggests a recognition of contradictions. This recognition challenges Ahmad's interest in finding and defining the Islam of Islams. This may have led him to conclude, somehow contradicting his previous ideas, that,

"Conceptualising Islam as meaning-making for the Self in terms of Pre-Text, Text, and Con-Text also enables us to recognise that all acts and statements of meaning-making for the Self by Muslims and non-Muslims that are carried out in terms of Islam – that is, in terms of any of Pre-Text, Text, and Con-Text – should properly be understood as Islamic." (Ahmad, 2015, p. 544)

Muslim interviewees may produce a distinction between culture and Islam when explaining behaviours or beliefs that deviate from their own interpretations of Islam, and I recognise that the concept of Islamicate has emerged in academic discussions to capture the diverse cultural interactions and exchanges that have occurred between different societies, providing a framework to understand the dynamic nature of Islam. The challenge emerges when we seek to distinguish between Islamicate concepts and true Islamic concepts, as this approach can undermine an individual's personal and subjective experience of Islam. It is crucial to make this distinction to support my core argument: therapy does not derive its Islamicness from Islamicate psychology. Despite the claims made by the interviewees regarding the rediscovery of psychology, Islam

has not significantly influenced the field of psychology itself. Nor has it played a substantial role in shaping the cultural contexts in which psychology has evolved.

The term "Islamicate" encapsulates the idea that Islam has the capacity to exert influence or has historically influenced specific cultures or regions, thereby giving rise to the notion of "the Islamic world." Hodgson's term was introduced in *The Venture of Islam: Conscience and History in a World Civilization* (Hodgson, 2009) and adopted the structure of Muslim belief that distinguishes between religion and culture, which solved Hodgson's contextual problem. Ahmad criticised Hodgson for defining Islam as piety and asked, "Does it somehow fail the litmus test and fade out of Islam into Islamicate?" (Ahmad, 2015, p. 165). Ahmad found Hodgson's distinction between Islam as religion and culture as Islamicate to be problematic (167) because those who interact with Islam are constantly shaping it.

Conversely, the perception of therapy as Islamic arises from the interviewees' experiences of psychology studies and cultural practices in light of their Islamic values and world-making. These experiences, rather than any inherent Islamic influence on psychology, are what gives therapy an Islamicness. Notably, the making of Islamic psychology and Islamic therapy has risen in Western contexts, which have not been influenced by Islam or, in other words, Islamicated.

As stated previously, my research approach does not assume the existence of distinct categories such as Islamicate therapy and Islamic therapy or that certain therapeutic methods can be categorised as purely Islamic. Instead, I anticipate that the concept of Islamic therapy and the relevant phenomena associated with Islamic therapy will be perceived as having an Islamicness, denoting the subjective experience of qualities associated with Islam by individuals.

The suffix "-ness" signifies the quality of being, whether it is real, imagined, intangible, or measurable, but all perceived as being real. In this context, therapy is perceived as possessing qualities ascribed to Islam. This observation holds significance for the interviewees as it grants legitimacy, distinguishes their experiences, and imbues them with a sense of truth. Here, I utilise the term "Islamic" to reflect the interviewees' expressed experiences.

I will end the introduction to Sharia and Islamicness with a quote from Oliver Leaman's book *Islamic Aesthetics - An Introduction*, where he asks, "Is there an Essence to Islam?" (Leaman, 2004, p. 4). Is it possible to pinpoint a singular and universally applicable understanding of Islam and what can be considered Islamic? Leaman argued, "When we examine the variety of behaviours which are classified as Islamic, it is difficult to be confident that one such characterisation of the faith will cover all interpretations of it." (Leaman, 2004, p. 7). For instance, when my interviewees practising chakra healing identify it as Islamic, it becomes evident that defining Islamicness through distinction alone is inadequate. Similarly, in the context of Islamic therapy, no singular notion of Islamicness can be easily identified or defined. Reflecting on this complexity, Leaman invoked Wittgenstein's idea of "seeing is not finding", suggesting that our search for a fixed concept of Islam may lead us astray. Instead, it is possible that everything we encounter in our exploration could possess Islamic qualities or be considered Islamic in some way.

In my research, I adopt an explorative stance and do not seek to judge nor identify a singular essence of Islam due to its inconceivable nature based on the notion of producing (Plato, 1967). Instead, I value the vibrant and ever-evolving spectrum through which Islam and its expressions, including Islamicness, are experienced by the participants of the study. I recognise the diverse and dynamic nature of Islam, embracing the multiplicity of interpretations (Vinding *et al*., 2018) and manifestations that contribute to its rich patterns. Furthermore, I employ the term sharia as a means of identifying and characterising an individual's religious meaning-making. In its ethicised form, as discussed by zahavik (Otterbeck, 2021), it signifies an individual Muslim's personal interpretation of leading a virtuous and morally correct life.

Islamic ethics and ethicised Sharia

Ethics and the concept of Islamic ethics are placed at the centre of the study of ethicised sharia despite their conceptual differences. However, I encounter challenges in providing a precise definition for these concepts.

In a different research context, I would draw upon the tradition of ʿilm al-akhlāq /ðˤɪˈlm ˈulʔ æxˈlɑːk/ (the study of ethics) as a discipline akin to sciences like uṣūl al-fiqh /usˤuˈl‿ɪl.fɪqh/ (jurisprudence) and ˈaqāʾid /ʕɑˈqiːdæ/ (creed). With the emergence of the ethical turn (Rancière, 2006; Klenk, 2019; Goodman & Severson, 2016; Fassin, 2014), I advocate for an investigation into the constructions of "ethics" within the field of Islamic Studies in Western academia. It is evident that scholars have paid limited attention to the discipline of ethics as a distinct area within the study of philosophy. As mentioned earlier, I refrain from using "Islamic" as an adjective to describe ethics for two reasons: (1) it would necessitate me, as a researcher, to make judgments regarding what is Islamic and, consequently, define what is not Islamic; and (2) the term itself generates confusion and raises more questions than it provides answers. The term "Islamic Ethics" functions both as a judgement and a statement that, instead of clarifying the concept, prompts inquiries about its nature.

In this case, when using the word ethics, I refer to a study of descriptive ethics. The study of normative ethics can be fruitful in addressing questions such as: What criteria are employed to determine moral rightness and wrongness? (Anderson, 2010). The subcategories of normative ethics, including meta-ethics (exploring what is perceived as good and bad), applied ethics (examining ethical norms in therapy settings), and most importantly, descriptive ethics, are relevant for this particular study (Hämäläinen, 2016; Thiroux & Krasemann, 2009). A descriptive perspective on ethics investigates how therapists define morally good and bad behaviour (Mthembu *et al*., 2016; Parrish & Rubin, 2012; Banks, 2008).

While discussing the moral evaluations and reflections expressed by my interviewees, I will utilise the term "ethics." However, it is important to note that I do not define it as "Islamic Ethics" unless it is described as such by my interviewees.

It can be argued that there has been a noticeable shift towards ethics within various social sciences, including the study of Muslim norms and practices (Ghaly, 2017; Katz, 2015; Mahmood, 2005). The Journal of Islamic Ethics, published by BRILL annually since 2017, has dedicated six volumes to the examination of Islamic ethics. Islamic ethics has been explored from two perspectives: theoretical reflections or

normative ethics articulated by Muslims and the ontological study of ilm al-akhlāq (the science of ethics). Contemporary Muslim ethicists and researchers have posited that the essence of Islamic ethics involves a sense of responsibility towards oneself, others, and a divine creator (Mesbah Yazdi, 2014; Hesamifar, 2012; Hashi, 2011; Nanji, 1991). The concept of *self* encompasses both psychological and spiritual aspects, and it exists in relation to divine beings, as well as other living beings, including nature, animals, and humans (Mesbah Yazdi, 2009; Mesbah Yazdi, 2014; Amini, 2012).

Hourani delved into the question of whether ethics were absorbed into what he referred to as "The Sharia" or Islamic law, viewing it as an integral part of ethics (Hourani, 1985, p. 1). This inquiry demonstrates an interest in combining or associating ethics with Sharia. Reinhart regarded Islamic Law as synonymous with Islamic Ethics, considering Islamic law as the central domain of Islamic ethical thought (Reinhart, 1983, p. 187). He argued that Islamic law functions as an ethical system and concluded that ethics primarily studies actions (Reinhart, 1983, p. 186). Reinhart employed the term "ethics" to refer to norms guiding moral conduct, indicating a focus on morality rather than the broader study and science of ethics. He did not distinguish between normative ethics, applied ethics, moral philosophy, meta-ethics, descriptive ethics, or phenomenological studies of ethics and morals. He used "morality" and "ethics" interchangeably without delineating ethics as a code of conduct and distinguishing individual moral principles. This raises the question of whether Islamic ethics can be studied without a foundational understanding of the science of ethics. While raising this question, it is also worth considering the possibility that Islamic ethics must be studied as a unique discipline distinct from other branches of ethics. Reinhart continued to link the Quran to productions of ethics and called it (i.e. Quran) "a call to moral conduct and moral reform" (Reinhart, 2022, p. 568). Fakhry concluded that there are no ethical theories in the Quran; however, he did find an Islamic ethos (Fakhry, 1991). Despite Reinhart's intention to find the origins of Islamic ethics, he failed to define such an entity.

He argued, "No religious tradition originates in a vacuum" (Reinhart, 2022, p. 565) and concluded that early Muslim scholars played a significant role in formulating the initial notions of Islamic ethics, potentially offering an answer to the unresolved issue of its origins.

Despite the ethical turn and growing interest in exploring an Islamic ethos in fields such as anthropology, socio-legal norms, finance, and politics, combined with studies of Muslim religious practices, attempts to define and theorise the concept face challenges. Otterbeck points out an important aspect in this regard. He argued that "the ethical selves are not only shaped in relation to a narrow understanding of individual morals, behaviour and character, but also in terms of what can be considered the public good" (Otterbeck, 2021, p. 109). The ethical selves are performative and rooted in contextual experiences and expectations within the lived world. The study of the performative self and its expression as an ethical self can be approached from various perspectives, including a discursive need to trace origins or formulate a distinct Islamic ethos.

Islamic ethics, as a scientific discipline, encounters several challenges. These include critically reflecting on the use of the term "Islamic" and its relation to the study of ethics, a perceived need to define it as a singular concept, and an interest in its origins. Otterbeck explored the ethical self through the insights of Foucault,

> "When Michel Foucault comments on morality and the self, he highlights 'the manner in which one ought to form oneself as an ethical subject acting in reference to the prescriptive elements that make up the code'. Codes of conduct are always related to subjectivation" (Otterbeck, 2021, p. 109).

Otterbeck emphasised the formation of oneself as an ethical subject based on prescriptive elements that constitute a code of conduct and highlighted the importance of studying Islamic ethics, particularly subjective codes of conduct that the ethical subject both produces and acts in accordance with.

One contemporary initiative aimed at codifying Islamic ethics is the concept of Islamic therapy, which includes Islamic psychology. This gradually emerging field has yet to receive thorough examination. Through an in-depth analysis of this specific case, we can highlight the connection between sharia productions and ethics.

Islamic therapy and Islamic psychology

The exploration of Islamic therapy provides a distinctive avenue for illustrating how Muslims experience sharia as a system of ethics. Furthermore, this study assists us in comprehending the process through which an entity attains an Islamic identity, even while it remains a topic of discussion among its users. This study also illustrates how codes of conduct are articulated and developed within the emerging field of Islamic therapy. Similar to the study of Islamic ethics, Islamic therapy faces challenges regarding origins and the claim of being uniquely Islamic.

1.40
Attempts to define
International
Association of
Islamic Psychology

Definition

Several authors have attempted to address and define the field of Islamic psychology (Skinner, 2018; Rothman & Coyle, 2018; Rothman & Coyle, 2020; Badri, 1979; Arberry, 2007; Haque, 1997; Haque, 2004) and as concluded by Rothman, PhD in psychology and Principal of Cambridge Muslim College, there is not "much of a history of the discipline." (Rothman, 2018, p. 27). The International Association of Islamic Psychology (IAIP) describes Islamic Psychology as "a holistic approach that endeavours to better understand the nature of the self and the soul and the connection of the soul to the Divine" (IAIP, 2023) and that it "embraces modern psychology, traditional spirituality, metaphysics and ontology." (*ibid.*)

This description illustrates that Islamic psychology is conceptualised in relation to therapeutic domains beyond the confines of the scientific discipline of psychology. The proponents of Islamic psychology from the International Association of Islamic Psychology argue that:

> "Islamic Psychology is different from conventional Western psychology in
> that it approaches the person from the belief that God is the One who heals and

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it is only through our deeper connection to Him and our understanding of our relationship to Him that we can truly overcome the trials and tribulations of life. While Western psychology is rooted in a secular paradigm, which often puts the self before God, psychology from an Islamic paradigm seeks to submit the self to God. Therapeutic directives in Islamic counselling are modelled on the holistic model of human wholeness as exemplified by the Prophet Muhammad." (IAIP, 2023).

The definitions provided suggest that Islamic Psychology is characterised as a comprehensive approach encompassing modern psychology, traditional spirituality, metaphysics, and ontology. It is distinguished from conventional or Western psychology, indicating a contrast between the scientific study of psychology and the classical or traditional understanding represented by Islamic psychology. These paradigms are defined in relation to the concept and role of a divine creator, often referred to as "God." The core concepts that emerge in defining Islamic psychology are "the self" and "God." The study of the self and God is relevant in the study of Islamic psychology as it provides a comprehensive framework for understanding moral development and the pursuit of spiritual well-being within the context of sharia productions. This perspective resonates with the ideas presented by Badri in 1979, where he argued for Muslim psychologists to separate and draw from what he termed Western psychology while relying primarily on the foundations of Islamic principles (Badri, 1979).

In Badri's view, Islamic psychology is essentially grounded in sound empirical psychology employed in a morally guided manner (Skinner, 2018, p. 1088). Nevertheless, the empirical psychology that Badri advocates separating from Western psychology is predominantly exercised by Muslim professionals engaged in the study and practice of psychology and psychotherapy within Western environments. Badri, Skinner and Rothman's attempt to find an Islamic essence of psychology exemplifies and demonstrates the need to study how contexts influence productions of religious concepts and practices. The need arises because the authors set out to find an Islamic entity unique from the context that, in its essence, informs the very idea and practice.

The International Association of Islamic Psychology claims to have three main objectives: "The first objective is to reorient the philosophical and epistemological worldview governing conventional Western psychology." (IAIP, 2023) Secondly, "to delineate the Islamic paradigm within which Islamic psychology is constructed." (IAIP, 2023). Furthermore, "The third objective is to work from within this Islamic paradigm to create new Islamically integrated therapeutic approaches." (IAIP, 2023).

This notion demonstrates that Islamic Psychology is not simply an addition to conventional therapy forms; rather, it seeks to challenge and transform the existing field. This concept carries political and ideological implications that are more significant than initially anticipated.

The emerging literature on Islamic Psychology is primarily driven by Muslim therapists and scholars who, drawing from their own experiences, approach the topic from methodological perspectives (Badri, 1979; Skinner, 2018). For instance, Abdur Rasjid Skinner, a British clinical psychologist and lecturer at Cambridge Muslim College, described his inability to fully explain therapy outcomes and the inadequacy of existing psychological theories to account for the complexities observed in patients and within himself. He said:

> "I was never wholly able to explain the outcome of my therapy, nor did I feel that the range of psychological theories of which I had knowledge were adequate to explain the complexity of phenomena I observed in my patients or experienced within myself." (Skinner, 2018, p. 1088).

Furthermore, Skinner added that Muslim psychologists "experienced a dissonance between what they have been taught from "Western" tradition and their own sense of what is right and real—but without being able to articulate precisely where the dissonance lies." (Skinner, 2018:1088). I will explore this dissonance, which Skinner shared with the interviewees of this study, in the following analysis of my findings.

Abdallah Rothman, a Muslim therapist and director of the International Association of Islamic Psychology, stated, "I am Muslim and I am a psychotherapist" (Rothman, 2018, p. 25) and concluded, "I like to make a distinction between Muslim psychology and Islamic psychology." (Rothman, 2018, p. 25). According to Rothman, Muslim

psychology focuses on how Muslims think and behave and represents a culturally adapted approach to Western therapy that incorporates language, customs, and culturally relevant sentiments. In contrast, Islamic psychology is rooted in an ontological truth derived deductively from early texts (Rothman, 2018, p. 25). Both my interviewees and Rothman underscore the significance of distinguishing between Muslims and Islam. Muslims are viewed as changeable and fallible, while Islam is perceived as divinely rigid, eternal, and infallible. As argued earlier, this distinction facilitates the participants in explaining beliefs, practices, or behaviours that may not align with their own interpretations of Islam. From a research perspective, I advocate for the use of the term "Muslim therapy" when the interviewees themselves perceive the subject of the study in such a manner.

I prefer to use the term "Muslim" rather than "Islamic" when the focus of a study does not revolve around how Muslims articulate and employ the term "Islamic," unlike this particular research. Rothman attempted to conceptualise and establish a theory of Islamic Psychology through his work (Rothman & Coyle, 2020) and argued, "In my understanding, Islamic psychology is an indigenous approach to the study and understanding of human psychology that is informed by the teaching and knowledge from the Quran and the Prophetic tradition." (Rothman, 2018, p. 26).

Rothman delineated the concerns of Islamic Psychology as (1) the stages of the soul and (2) the development of the client's soul. He defines the first category, which includes psychotherapy, as *Nafs al-Ammārah bil su* (nisus or striving) and *Nafs al-Lawwāmah* (self-examination), adding that the goal of treatment is *Nafs al-Muṭmaʾinnah* (serenity) (Rothman & Coyle, 2021, p. 13). The second category is concerned with *Jihād an Nafs* (struggle of the soul) and *Tahdhīb al-Akhlāq* (reformation of character) of the client, and therapist's own *Jihād an Nafs* (Rothman & Coyle, 2021, p. 13).

Early authors in the field of Islamic psychology aimed to define the discipline in a manner that is free from Western influences. Skinner, for instance, suggested that instead of attempting to reduce Western psychology to its empirical parts, it is better to start with Quranic statements on the self in order to construct a psychology that aligns with Islamic thinking (Skinner, 2018). He stated that:

"If psychology is permeated with specifically "Western" cultural influences, it is proper to be sceptical about the universality of its statements. If, however, one is to construct a soundly based psychology that harmonises with Islamic thinking, it is better to begin, not by taking Western psychology and attempting to reduce it to its empirical parts, but by going back to the Quranic statements on the self." (Skinner, 2018, p. 1090).

1.49
Dissonance
Muslim
Psychologists
Quran

Islamicising

Here, Skinner attempted to solve what he defined as a dissonance experienced by Muslim psychologists educated within Western contexts. The individual experience of right conducts found here in Skinner's argument for "going back" to the Quran as if it were the starting point. Psychology based on the Quran is, in Skinner's view, "a soundly based psychology," which may then assist psychologists who experience a sense of dissonance. Rothman and Coyle, who argued, "Simply "Islamicising" Western secular psychology and psychotherapies can only go so far in speaking to the life world of religiously committed Muslims and engaging with this client group in a deep, holistic way" support this view (Rothman & Coyle, 2020, p. 2). They call for a complete redefinition of psychology, where Islamifying psychology can "only go so far." The aim of this approach to therapy is to engage in a "deep, holistic way," which, according to Rothman and Coyle, cannot be achieved through merely Islamicising. The identification of what constitutes Islamicising remains ambiguous. In my studies, I have not encountered any discernible themes or patterns that would support an examination of Islamic therapy as a dichotomy between "Islamicised psychology" and "Quranic psychology." Nevertheless, practitioners in the field of Islamic psychology appear to express a keen interest in defining psychology in a manner that is rooted in the Quran, perceiving it as a more authentic approach (Skinner, 2018; Rothman & Coyle, 2020).

Islamicised psychology primarily reflects the influence and contributions of practitioners, while Quranic psychology highlights the Quran as the divine source of inspiration. This distinction may explain why Rothman and Coyle find it necessary to advocate for a division between the two approaches.

The contrasting terms used are "the West" and "the Islamic," which are vaguely connected to the Quran as an example. The study of Islamic psychology has, according to Rothman, emerged in response to the increasing demand for multicultural capacity building rather than as an exploration of psychology from an Islamic worldview (Rothman, 2018, p. 25). This growing interest is seen as a need among Muslims living in Western countries (Amri & Bemak, 2013; Killawi *et al.,* 2014). Following this sentiment, Rothman argued, "Many (i.e. Muslims) opt not to seek psychotherapy services due to concerns that mainstream therapists do not provide treatment within a religious or spiritual context." (Haque *et al*., 2016, p. 76). By doing so, he added to a narrative that Muslim therapists express concerns that *mainstream* therapists do not provide treatment within a religious or spiritual context, leading many Muslims to forgo seeking psychotherapy services. Although lacking research-based data, this statement indicates the perceived importance of Muslim therapists in addressing the needs of Muslim communities in the West. However, the concepts of the "Islamic paradigm" and "Islamic thinking" remain undefined, and the framing of psychology in the context of the Islamic worldview is discursively different (Rothman, 2018, p. 25).

Nonetheless, the significance of the field was highlighted when Rothman and Coyle collected information from 18 Muslim therapists who integrated Islamic conceptions of human psychology into their psychotherapy practice (Rothman & Coyle, 2020, p. 4), which showed to be similar to my pre-entry interviews with Danish Muslim therapists. The study conducted by Rothman and Coyle in 2020 sheds light on common concepts among Muslim therapists. These concepts likely have transnational influences.

Based on my pre-entry interviews, participant observations among English Muslim therapists, and research interest in medical anthropology (Scheid, 2002) and traditional medicine (Ebrahimnejad, 2010; Edriss *et al*., 2017; Sina, 1973), it is reasonable to assume a similar interest in studying this concept in Denmark. However, this study cannot be conducted without considering other forms of Islamic therapy.

In the Rothman and Coyle study, the key informants were mainly from the USA and UK, holding a university-based degree in psychology or a diploma degree in psychotherapy.

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Eight of them had additional religious training (Rothman & Coyle, 2020, p. 4). Rothman and Coyle based their study on the argument that "there is a need to develop a different psychology and psychotherapy rooted in a model of the person derived from Islamic theology, philosophy, ethics, and guidance." (Rothman & Coyle, 2020, p. 2). They also introduced the notion that most of the key informants, who shaped the foundations of their model, were applying individual productions of Islamic teachings ad hoc (Rothman & Coyle, 2020, p. 4). Despite aiming to rethink and produce Islamic psychology as a science independent from "Western influences," the models of Islamic psychology are rooted in and based on the practices of Muslim psychologists, trained in and mainly resisting in Western countries. Rothman and Coyle's attempt to produce an Islamic model independent from Western influences demonstrates how Islam is produced contextually but experienced as separated from the context. Building on this case, I will show how contextual influences are elements in producing the participants' experiences in Islamic therapy.

A 2012 study by Alrawi *et al.* found what they identified as three different practices: text-oriented practices, ritual-based practices, and folk practices (AlRawi *et al.,* 2012). In line with my findings from field studies conducted among English Muslim therapists and my pre-entry experiences and conversations with Danish Muslim therapists, traditional therapy practices encompass various elements. These include the recitation of the Quran or duʿāʾ/duˈʕæːʔ/ (prayer) (Rahman *et al*., 2018; AlRawi *et al*., 2012), engagement in prayer rituals (Hasanović *et al.,* 2017), the use of wet cupping or fire cupping techniques (El-Wakil, 2011), and the performance of ruqyah /rʌqjeə/ (incarnation) (Suhr, 2019; Al-Issa & Al-Subaie, 2004; Lewis, 1990). Additionally, talismans (Dols, 2004) and the use of medicinal herbs such as black seeds and honey (AlRawi *et al*., 2012) are employed in the practices and applications of psychology that I investigate within the context of Islamic therapy and have been analysed and debated using various terminologies. Several researchers have opted for the term Traditional healing or Islamic traditional healing (AlRawi *et al*., 2012; Arozullah AM, 2020; Jilek, 1994; Farooqi, 2006; Adu-Gyamfi, 2014). Other studies have introduced concepts like SHT - Sufi Healing Therapy (Saari *et al*., 2020), Islamic Patterned Art Therapy (Hajra & Saleem, 2021), Murāqabah (Isgandarova, 2019) and TAIM - Traditional Arabic and Islamic Medicine (Alrawi & Fetters, 2012).

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This chapter has laid the foundation for the research undertaking by establishing the overarching context of the project Producing Sharia in Context, delineating key themes such as sharia, Islamicness, and Islamic ethics, and elucidating the profound significance of the study in the midst of the landscape of dominant paradigms like the legal focus of sharia. A meticulous exploration of pivotal concepts such as sharia and Islam, ethics and Islamic ethics, as well as Islamic therapy and Islamic psychology, has been undertaken, encapsulating essential components that form the nucleus of the subsequent discourse. The inquiry's aim to answer the questions on ethicised sharia produced and experienced as Islamic therapy have been articulated alongside a comprehensive overview of the dissertation's structure. Prior to delving into the study's findings, which entail responses to the formulated research questions, a thorough exposition of the applied phenomenological foundations and anthropological frameworks is undertaken.

A PHENOMENOLOGICAL APPROACH
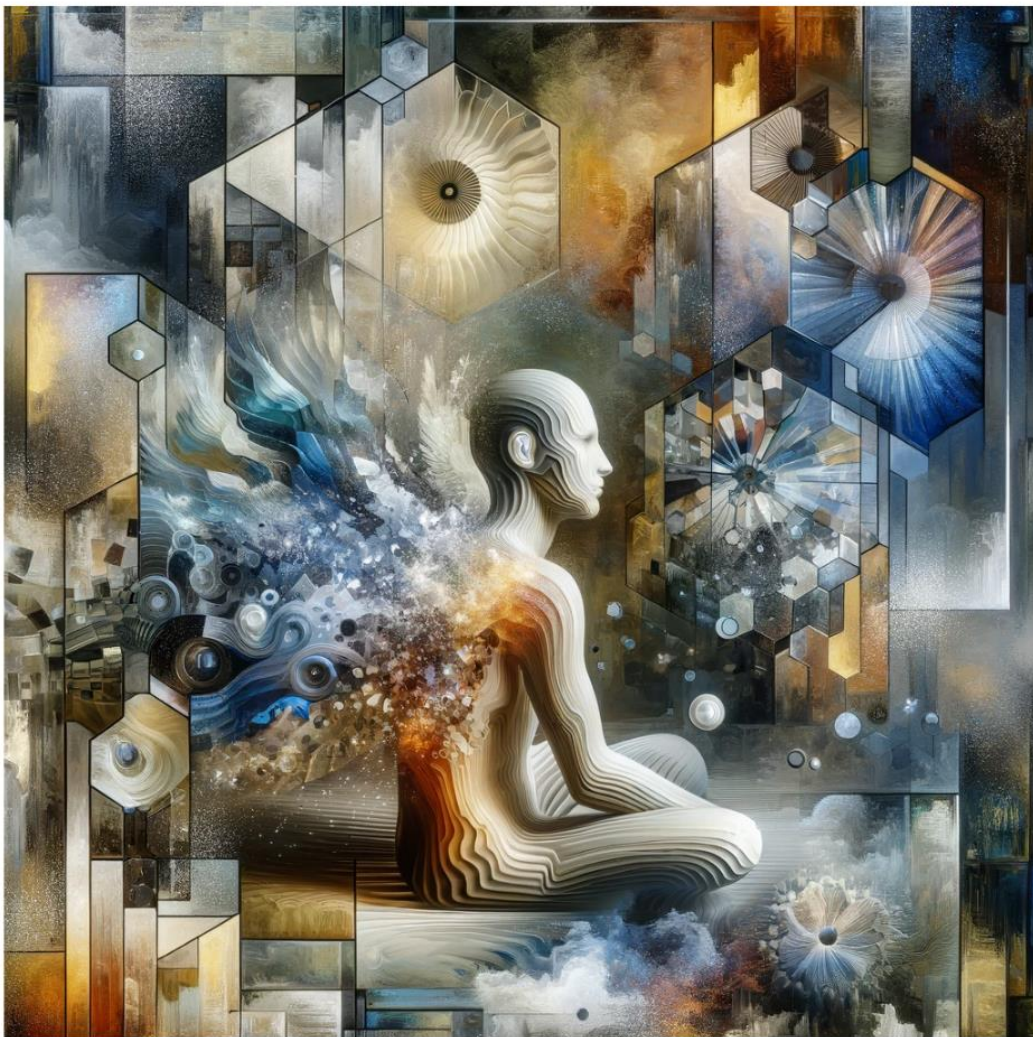
"WHAT-IS-IT-LIKE-FOR-ME-NESS"

Introduction to the chapter

This chapter serves as an introductory exploration of the underlying theoretical framework employed in this research, specifically focusing on phenomenology. Rather than treating phenomenology as a mere collection of theoretical ideas, it is presented as the overarching premise and lens through which the research data is approached and examined. To facilitate this understanding, a compilation of key concepts, which have significantly influenced both the methodology and analytic techniques employed in this study, is presented. These conceptual frameworks include phenomena, intentionality, epoché, and being, all of which are central to the phenomenological tradition.

Introduction to phenomenology

Phenomenology is a philosophical framework that focuses on the structure of human experience and consciousness, emphasising the process of how experiences are perceived rather than the content of those experiences (Zahavi, 2018, p. 21). This approach has been extensively explored by numerous scholars throughout the 20th century and continues to hold relevance in contemporary research (Zahavi, 2021; Burch, 2021; Finlay, 1999; Giorgi, 1975; Roald, 2008). In this study, I adopt a phenomenological lens to shape my philosophical methodology, directing my focus toward comprehending the generation, expression, and embodiment of meaning—particularly religious significance—in various contextual settings. This theoretical and methodological framework affords me a distinctive vantage point to delve into the intricacies of experiences within the realm of Islamic therapy. I consider this approach to be a nuanced and profound means of examining the contextual factors that contribute to the productions of sharia, which in this case includes the ethical and aesthetic experiences of the concept of Islamicness.

The utilisation of phenomenology in studying the ethical and aesthetic experiences of Islamic therapy offers several compelling advantages. Phenomenology, as a philosophical and methodological framework, is well-suited for exploring

subjective experiences and the lived realities of individuals. Phenomenology is adept at uncovering the intricate details and nuances of individuals' lived experiences. It allows for a deep exploration of the subjective aspects of ethical and aesthetic encounters within the context of Islamic therapy, providing a comprehensive understanding of how individuals perceive, interpret, and engage with these experiences in their productions of sharia.

2.3 Subjectivity

Phenomenology places a primary emphasis on subjectivity and the first-person perspective and enables the exploration of the intricate interplay between personal values, cultural influences, and religious beliefs in shaping individuals' experiences, which can shed light on the questions of context and the contextual influences in producing religion.

Bracketing

Phenomenology encourages researchers to engage in bracketing, a process wherein preconceived notions and biases are temporarily set aside. This methodological approach allows for an open exploration of the phenomena under investigation, and the interpretive analysis ensures a rigorous examination of the data, facilitating the identification of patterns, themes, and essential structures related to ethical and aesthetic experiences in Islamic therapy.

2.4 Origins

The origins of phenomenology are often attributed to German philosopher Edmund Husserl (d. 1938), who introduced foundational concepts and methods for its investigation (Giorgi & Giorgi, 2003; Moran, 2000). Reflecting the intellectual settings of his time, Husserl's work laid the groundwork for the phenomenological tradition (*ibid.*). Dermot Moran, a philosopher and scholar, posited that phenomenology intersects with various philosophical currents such as hermeneutics, existentialism, empiricism, and neo-Kantianism (Moran, 2000, p. 1). By engaging with these different philosophical schools and movements, phenomenology encompasses the examination of knowledge through lived experiences (Moran, 2000). Moran argued that German philosopher Heidegger (d. 1976), another key scholar and thinker of phenomenology, concluded that there is not one phenomenology (Moran, 2000, p. 3) but regarded phenomenology as the essence of philosophy (*ibid.*). While scholars encountered challenges in providing

a unified definition of phenomenology, Heidegger viewed it as a praxis, a practical engagement (Moran, 2000, p. 4).

Phenomenology, as a methodological approach, prioritises human experiences as the central source of knowledge, distinguishing itself from the positivistic movements of the 19th and early 20th centuries. Moran characterised phenomenology as a call "to renew philosophy [....] with an appeal to return to concrete, lived human experience in all its richness." (Moran, 2000, p. 5).

Husserl, influenced by his teacher Franz Brentano (d. 1917), Husserl's assistant and later professor Martin Heidegger (d. 1976), Heidegger's student Hans-Georg Gadamer (d. 2002), as well as figures like Sartre (d. 1980), Merleau-Ponty (d. 1961), and Levinas (d. 1995), played a significant role in shaping phenomenology, albeit with variations among individual philosophers. Husserl is notably associated with transcendental phenomenology, which drew criticism from scholars such as Heidegger (Langdrige, 2007, p. 24). This critique of Husserl's perspective led to an existential turn (*ibid*.) and later a hermeneutic turn.

Existentialism, as formulated by French philosophers Jean-Paul Sartre (d. 1980) and Simone de Beauvoir (d. 1986), places human experience at the core of any examination of the world (Sartre, 2007; de Beauvoir, 2018). The philosophical foundation of existentialism, in contrast to essentialism, centres on the focus on existence (Macquarrie, 1972). Humans are believed to shape their own existence through a series of choices, building upon Søren Kierkegaard's (d. 1855) emphasis on engaged and reflective decision-making (Kierkegaard, 1982). According to Kierkegaard, free-thinking individuals are aware of their choices, and their lives can be evaluated based on these choices (Kierkegaard, 1982).

With the existential turn, Heidegger prioritised ontology over epistemology (Langdrige, 2007, p. 24) and argued that phenomenology should be rooted in *Dasein* (Heidegger, 2007, p. 74), the experience of being. His student Hans-Georg Gadamer (d. 2002) and French philosopher Paul Ricoeur (d. 2005) both sought to integrate phenomenology and hermeneutics, leading to the hermeneutic turn

(Langdrige, 2007, p. 42). For Gadamer, language always occupies a central position, and meaning is created through mutual understanding (*ibid.*). Gadamer emphasised the significance of one's perspective in the process of understanding, recognising that it enables and constrains our potential for comprehension within our own horizon (Gadamer, 2004, p. 234). While both Gadamer and Ricoeur acknowledge the existential stance that "the embodied being-in-the-world of human beings that is beyond and pre-exists language" (Langdrige, 2007, p. 43), they examine language as "the essential way in which understanding emerges" (*ibid.*).

A phenomenological framework of inquiry addresses phenomena that are experienced or occupy conscious awareness. It encompasses a broad exploration and seeks to delve deeply into the understanding of the analysed phenomenon. Scholars, researchers, interviewers, and analysts who adopt a phenomenological perspective recognise the significance of critical self-reflective awareness in their pursuit of knowledge. During a phenomenological analysis, one also examines the contextualisations that shape the phenomenon under investigation.

Phenomenology can be applied to the study of subjective phenomena, such as perceptions, experiences, or emotions, which are conveyed to my understanding through both verbal and non-verbal signs. For me, phenomenology serves as a theoretical approach, guiding my interactions with participants and providing a lens through which I comprehend and interpret the data. In this research, phenomenology assists me in understanding the individual experiences and how multiple individual experiences collectively contribute to our understanding of the phenomena surrounding the concept of Islamic therapy. This approach ensures that I remain faithful to the depth and richness of the experiences of those who interact and contribute to the conceit of the concept.

In the forthcoming section, I will delineate fundamental phenomenological concepts that have been instrumental in shaping my research approach and methodology, as well as my perspective and analytical procedures. The first concept to be elucidated is that of phenomena, serving as an explicative tool for

analysing the multifaceted dimensions inherent in Islamic therapy. Subsequently, I will introduce the concept of intentionality, a pivotal aspect that not only guided me through the interview process but also afforded a framework to comprehend the manner in which interviewees' experiences may be constructed. The concept of epoché, which informed my interview methods, will also be expounded upon. Lastly, I will explicate the notions of selfhood and being, key components that significantly contribute to comprehending the data and the intricate process through which meaning is crafted, ultimately serving as a mechanism for producing sharia.

Phenomena

The International Encyclopaedia of the Social Sciences defines phenomenology as deriving from the Greek word "phainein," meaning "to show," and "phainemenon," meaning "that which appears" (Sills, 1968, p. 68). According to Plato, phenomena represent elements of the world as it appears to us (Plato, 2018). In Plato's worldview, phenomena are situated in relation to the realm of ideas, with ideas symbolising eternal reality, while phenomena symbolise shadows or reflections of that reality. Plato's Allegory of the cave uses the metaphor of shadows on a wall to illustrate the relationship between phenomena and the true world (Plato, 2018).

In contrast, Kant argued that phenomena are objects of experience and that we cannot have knowledge about the thing-in-itself, known as *das Ding an sich* (Kant, 1998). Dan Zahavi explained that phenomena are generally understood as the objects as they present themselves or are experienced, but phenomenology views phenomena as multiple appearances and focuses on the structures of understanding that make these appearances possible (Zahavi, 2004, p. 13). Phenomena is the plural form of phenomenon, which refers to an observed object, event, or concept that can manifest itself in different ways (Heidegger, 2007, p. 49). The study of phenomena, phenomenology, explores how phenomena are experienced rather than what they are (Zahavi, 2018, p. 21).

While Plato used the term to describe shadows or reflections of true *ideas,* a phenomenological approach views phenomena as genuine experiences and disregards notions of a singular, objectively real version of the object (Zahavi, 2004, p. 15).

Martin Heidegger made significant contributions to phenomenology and initiated the existential turn in philosophy. His most renowned work is "Sein und Zeit" (Being and Time), in which he introduced the concept of *Dasein* as an attempt to revitalise ontology. In the 12th section of "Being and Time," Heidegger emphasised the distinction between Dasein, which denotes existential being-in-the-world, and the being-in-the-world of objects (Heidegger, 2007, p. 74). For Heidegger, the fundamental question of being lies at the core of his philosophical inquiry. Through his concept of Dasein, he challenged Descartes' perspective and introduced the idea of embodiment in the world. Dasein cannot be reduced to consciousness, and in contrast to his predecessor at the University of Freiburg, Husserl, Heidegger considered consciousness as inessential to Dasein. Phenomena manifest themselves to us without solely relying on consciousness (Heidegger, 2007, p. 51).

In this study, I employ the term 'concept' to describe Islamic therapy. Though Islamic therapy could be described as a practice or variations of therapeutic practices, I examine it as ideas, conceptions or thoughts. Islamic therapy is constructed of experiences that reflect the interviewees' being in the world. According to Heidegger, humans are not mere subjective observers of objects; instead, they are inherently connected to being in the world through the activity of being (Heidegger, 2007). Islamic therapy can not be identified as an object, but objects related to the practices can be experienced as having an Islamicness. This is due to the connectedness of being in the world through the activity of being, as Heidegger phrased it. A related question is, however, can Islamic therapy be identified as a phenomenon? The experience of phenomena does not construct the world we perceive; rather, Heidegger defined a phenomenon as something that reveals itself or appears to us (Heidegger, 2007, p. 49). The being, or entity, can manifest itself to us in various ways (*ibid.*). Islamic therapy, in this definition, is therefore not a phenomenon, as it does not appear; rather, Islamic therapy gains its

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being through humans' connectedness to being in the world. The interviewees, however, may experience certain elements of Islamic therapy as phenomena. For instance, the interviewees experience certain scents, images, or items as appearing to them as Islamic phenomena.

Intentionality

Intentionality is a philosophical concept that highlights how our consciousness is always directed towards something (Kriegel, 2003). It implies that our consciousness is intentional and oriented towards objects or experiences. Through intentionality, phenomena emerge and can be experienced, whether they manifest physically in the world or exist as metaphysical ideas. In the context of this study, the interviewees' consciousness is directed towards the concept of Islam. This direction encompasses not only physical forms and shapes but also the idea of Islam. Symbols, scents, geometric forms, practices, values, morals, and principles can all be experienced as Islamic or non-Islamic and as having the quality of Islamicness.

The concept of intentionality, as it pertains to consciousness, was first addressed by Franz Brentano (d. 1917), which partly influenced Husserl and his lifelong exploration of intentionality (Zahavi, 2018, p. 29). Despite the fact that the concept can be found in the works of Aristotle, Brentano is primarily known for his work in phenomenological psychology, which will be discussed later in the subchapter dedicated to phenomenological psychology.

Brentano argued that every mental phenomenon involves the intentional or mental existence of an object by stating,

> "Every mental phenomenon is characterised by what the Scholastics of the Middle Ages called the intentional (or mental) inexistence of an object, and what we might call, though not wholly unambiguously, reference to a

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content, direction toward an object (which is not to be understood here as meaning a thing), or immanent objectivity. Every mental phenomenon includes something as an object within itself." (Brentano, 1995, p. 88).

Brentano referred to this as intentional inexistence or reference to a content, where a mental phenomenon includes something as an object within itself (Pierre, 2023). Initially, he introduced the notion of intentional inexistence but later abandoned it. Intentional inexistence suggests that the intentional object, such as a perception or thought, emerges and remains within the framework of perceiving or thinking. Brentano also described this as mental holding (Pierre, 2023). His later view emphasised that there are no insubstantial entities, asserting that the existence of entities is actual or potential, whether within or beyond the limitations of the finite mind (Pierre, 2023).

Brentano categorised phenomena into three types: presenting, judging, and emotive (Montague, 2017). Initially, he argued that psychical acts involve presentations of objects, which could only be real entities. However, in later discussions, he expanded the idea to include non-physical entities as part of the presentation (Brentano, 1995). Presentations occur when we direct our consciousness towards something, encompassing acts such as seeing, imagining, remembering, and expecting (Huemer, 2002). In Stanford Encyclopaedia of Philosophy, Huemer

defined "A judgement [as] a presentation plus a qualitative mode of acceptance or denial. The third category, which Brentano names "phenomena of love and hate," comprises emotions, feelings, desires and acts of will." (Huemer, 2002). Judging and emotive experiences are based on the initial act of presentation.

In working with my interviewees, I have come to recognise the interviewees' reality of non-physical entities. Subjective considerations related to Islam, justice, and divinity can evoke strong emotions. The concept of God, even though it is not a measurable object, can elicit feelings of harm, hurt, or happiness. Islam is a subject of debate, and interpretations of it trigger evident emotions, as if Islam were a quantifiable object manifested in the world. These non-physical entities are emotionally evaluated and judged as if they were presentations of tangible objects.

According to Brentano, thinking about something involves two objects: the physical manifestation as the primary object and the act of thinking about it as the secondary object (Brentano, 1995). However, when it comes to presentations of non-physical entities, such as Islam, there is no blueprint or primary object. It resembles the idea of simulacrum from Plato's work The Sophist, but where a copy is well-founded claimants, simulacra are built without an original template (Plato, 1967, pp. 347-351). We can describe a sculpture as a representation, or a copy, of a man because it resembles a male human being, but how do we describe Islam when there is no initial production? Despite this, I am still able to collect a substantial amount of data on what Islam is, does, thinks, smells like, feels like, and looks like. I will focus on these questions throughout this work, particularly in relation to my use of contextualisations.

Another useful concept related to intentionality is the relationship between intention and intentionality. Klaus Hedwig stated, "It is a concept describing the act-productivity of consciousness within the correlative structure of its noetic and noematic components." (Hedwig, 1979, p. 340). Neuman quoted John R. Searle (b. 1932), an American philosopher, for distinguishing "between intentions (acts influenced by prior intentions) and intentionality (intention in action or experience of acting)." (Neuman, 2007, p. 213). He further described that "Searle made the distinction between actions that are influenced by self-referential verbalisations (prior intentions) and those that are not, although both may be considered intentional actions" (Neuman, 2007, p. 213).

Neuman quoted Searle as saying, "The prior intention to raise my arm represents both the experience of acting and the movement, and is self-referential in the sense that unless the intention causes the experience of acting which in turn causes the movement, I don't really carry out my prior intention." (Searle, 1980, p. 62; Neuman, 2007, p. 213). However, in the realm of Muslim scholarly literature and the conceptualisations of my interviewees, intentionality should not be confused with the concept of niyyah /niˈjːæt/ (intention).

In Islamic philosophy, niyyah plays a crucial role in determining the nature of actions. Prayer rituals, for example, transition from mere physical movements to a form of communication with divinity through the role of niyyah (Arabi, 2001, p. 81). Intention precedes any awareness or experience of the world and shapes the classification and being of subjects or actions. Intention is an integral part of my interviewees' experience of Islamic therapy, closely linked to the relationship between free will and determinism. The participants argued that a significant difference between conventional psychology, often referred to as Western psychology, and Islamic psychology lies in the emphasis on intention in the latter. Based on my empirical data, Islamic therapy is characterised by intentions and represents clients' sole chance of improvement. I will further explore this in the analysis, but I find it important to distinguish between phenomenological intentionality and niyyah.

2.15

Directed

Consciousness

Intentionality is a key aspect of understanding the connection between the subjective and the surrounding world, suggesting that consciousness is not separate from the experienced world (Zahavi, 2018, p. 29). Our consciousness is directed towards objects through subjective perceptions. Zahavi asserted that intentionality is perspective (30). Although the interviewees may experience and express their perspectives as universally true, they are still subjective. Islam is understood as what God wants and what the prophet, Muhammad, thinks. These rhetorical judgments refer to an objective entity, but they are based on the interviewees'

Contextualisations

subjective intentions. I refer to these subjective intentions as contextualisations.

Example

If both my interviewee and I observe a geometric pattern, for example, I may perceive it as a mathematical model, while my interviewee identifies it as an Islamic symbol, an Islamic phenomenon, or a representation of the divine. Our perceptions do not alter the pattern itself, but they attribute meaning to it, incorporating it into our respective contextualisations. This meaning is true only to us, but it may be expressed as objective.

2.16

Subjective

From a phenomenological perspective, the subjective and the surrounding world are not two isolated realms that only interact momentarily. The concepts of inner

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and outer do not conform to the phenomenological understanding of consciousness and its directedness towards the world. While we study the relationship between these two aspects, they cannot be viewed as traditional spatial categories (Zahavi 2018b:37). Zahavi cited Merleau-Ponty's statement that "The world is entirely on the inside, and I am entirely outside of myself" (Zahavi, 2018, p. 38; Merleau-Ponty, 2012, p. 430), challenging traditional notions of space. Being inside or outside oneself and the world refers to the relationship in experiences.

An important term in this context is constitution. Zahavi clarified that it should not be misconstrued as constituting the world (Zahavi, 2018, p. 38). Consciousness does not constitute objects or shape the world; rather, it is a process that enables the ascription of meaning to objects (Zahavi, 2018, p. 38). The world is not a mental construct; it is distinct from consciousness, but there is a relationship between the two. Zahavi concluded that our engagement with the world shapes who we are, and the world itself is influenced by our involvement (Zahavi, 2018, p. 44). This description not only encapsulates a phenomenological approach but also reflects the object of study, namely, the relationship between consciousness and the world.

Jean-Paul Sartre (d. 1980), a French philosopher, suggested that human consciousness is characterised by a fundamental lack or emptiness, which he referred to as nothingness (Sartre, 2018). This nothingness arises from the awareness of our own mortality, the absence of an inherent purpose or meaning in the universe, and the constant gap between what we are and what we strive to be. Sartre argued that this nothingness is not a negative aspect but rather the source of human freedom and creativity (Sartre, 2018). It may also be in this nothingness that meaning making could occur. Human freedom and creativity are exemplified in how the "I"-experiences play the most significant role in the production of ethicised sharia, including Islamic therapy. The analysis of the collected data will show that new experiences, such as psychology as a scientific field, can be experienced as Islamic if they align with former experiences identified as Islamic. The data will demonstrate that the experience of "Islam as truth" consequently makes every experience as "truth" Islamic. I will exemplify and discuss this in-depth in the following chapters, analysing data.

When exploring the nature of human consciousness, Sartre introduced the concept of the 'transcendence of the ego' (Sartre, 1972). He rejected the traditional Cartesian view of the self as a substantial and unified entity, arguing instead that consciousness is always directed towards something other than itself (Boorsch, 1948). This intentional consciousness, or 'transcendence', is what allows us to perceive and relate to the external world (Sartre, 2018). However, Sartre also emphasised that consciousness is always aware of its own existence, leading to a perpetual tension between being-in-itself (the external world) and being-for-itself (consciousness) (Sartre, 2018).

Like Sartre, Merleau-Ponty rejected the traditional mind-body dualism and emphasised the inseparability of the body and consciousness (Merleau-Ponty, 2012). Merleau-Ponty argued that perception is not a passive reception of sensory stimuli but an active and embodied engagement with the world (Merleau-Ponty, 2012). He sought to understand how our lived experiences shape our understanding of reality and influence our existence, an understanding that has shaped the fundamental approach to meaning making in this study. The religious experience of performing therapy can be understood as an embodiment of Islamicness. It is through the active, embodied engagement that the interviewees experience therapy as Islamic.

Merleau-Ponty expanded phenomenology to encompass the social dimension of human existence. He emphasised that our understanding of ourselves and the world is shaped by our interactions with others (Toadvine, 2023). The findings of this study reveal that the understanding of Islamic therapy is shaped not only by the actual interactions with others but also by the expectations surrounding these interactions. The production of Islamic therapy involves two types of interactions with 'others'. Those that have already taken place and those that are anticipated. The interviewees of this study rely on the narratives of others to form expectations about these interactions, and these expectations play a significant role in shaping the Islamicness of Islamic therapy.

'The Other', according to Emmanual Lévinas (d. 1995), disrupts our self-centeredness, challenging us to recognise the infinite responsibility we have towards them. In parallel to the ethical perspective expressed by the interviewees, a distinctive viewpoint emerges. Rather than viewing 'the other' as a force that disrupts self-centeredness, the data of this study argue that ethical obligations towards others are necessary in order to fulfil one's own ethical duties. The concept of selfhood and the other is thus intricately interconnected, particularly within the framework of ethical responsibilities explored in the analysis of the data.

Lévinas argued that when we encounter another person, we are immediately confronted with their face (Lévinas, 1984). The face, in Lévinas' existential phenomenology, represents the vulnerability and singularity of the other, serving as a powerful ethical demand. In the face of the other, we are called to acknowledge their humanity and prioritise their needs above our own, but what if the other is an expectation or a duty rather than an encounter? Lévinas, in contrast to my interviewees, described this encounter as asymmetrical, where the face of the other imposes an ethical obligation on us (Skrefsrud, 2022, p. 230). It disrupts our self-interest and demands a response, fostering an ethical relationship that precedes any rational understanding or knowledge. To my interviewees, the encounter of the other is often imaged or expected, which makes me question whether an expected encounter can be experienced as asymmetrical. The expectation does not disrupt the selfhood of the interviewees; rather, it plays a significant role in understanding the self and its being in the world.

Lévinas challenged the notion of a self-contained subject and instead emphasised our inherent vulnerability and openness to 'the Other', a philosophical thought that provides a unique perspective on ethics and the primacy of the ethical encounter with the other - two central themes of this study. As a part of the interviewees' encounters with a world of ethical duties, they also attempt to position themselves and make sense of Islamic therapy through understanding the world. Finally, for Lévinas, ethics is the primary philosophy, and it is through our relationship with others that we come to understand ourselves (Davy, 2007).

In the following analysis of the data, I will demonstrate how the relationships between the interviewees and entities of a world they encounter play a significant role in making therapy Islamic – both actual encounters and expected encounters.

By examining the relationship between the intentionality of my interviewees and the world to which they relate, I aim to gain insights into the experiences of Islamic therapy. Within the concept of contextualisations lies a particular interest in this relationship, where the interviewees continually contribute to the contextualisations of the concept and its existence in the world. In turn, they are also influenced by the contextualisations of others, including practitioners of Islamic therapy, university studies, minority issues, media, holistic or alternative therapy approaches, and my own research interests. This also includes my position as a researcher, which shapes my contextualisations in the form of questions and approaches to the field. Being aware of one's contextualisations is a significant aspect of the phenomenological approach, specifically epoché and phenomenological reduction.

Epoché and phenomenological reduction

Danish researcher, Søren Overgaard, argued, "Few philosophical notions are as controversial as Husserl's concept of "epoché"." (Overgaard, 2004, p. 42). He further argued that Husserl initially described this method using the German term "Ausschaltung," which means to switch off or prevent (*ibid.*). Overgaard criticised this choice of words, as "it seems to suggest that world-belief can simply be "prevented," or "switched off," (Overgaard, 2004, p. 42). One's presumptions, or what I prefer to call contextualisations, cannot be fully removed, but should be "locked up so that we do not utilise anything that belongs to it, or is based upon it" (Overgaard, 2004, p. 43). Overgaard described epoché as a way of ensuring that "we do not proceed by way of referring to anything belonging to [....] explanandum." (Overgaard, 2004, p. 44).

The term "explanandum" is a Latin word that refers to the phenomenon to be explained. As an interviewer, both during the interview and the pre-interview planning, I would typically address a phenomenon based on my contextualisations. However, a significant aspect of the phenomenological approach is to examine the phenomenon with my presumptions bracketed. Zahavi stated, "When Husserl talks of the transcendental reduction, what he has in mind is precisely the systematic analysis of this correlation between subjectivity and world. This is an analysis that leads from the natural sphere back to (re-ducere) its transcendental foundation." (Husserl, 1960, p. 21; Zahavi, 2021, p. 262).

Psychology professor Darren Langdridge argued, "The challenge is to let the things we experience appear in our consciousness as if for the first time" (Langdrige, 2007, p. 18), which raises questions about the role of epoché in phenomenological research. Danish professor in Phenomenology Dan Zahavi highlighted, "Husserl is well known for having argued that the epoché and the transcendental reduction are essential to phenomenology" (Zahavi, 2021, p. 260). Zahavi further added, "It is indisputable that neither Heidegger nor Merleau-Ponty made many references to the epoché and the reduction, although it is contested whether this is so because they rejected Husserl's methodology, or because they simply took it for granted." (Zahavi, 2021, p. 260).

Langdridge argued that existential phenomenologists, such as Heidegger, Sartre, and Merleau-Ponty, believed that one can never fully "bracket off all your presuppositions and achieve a 'God's eye view'" (Langdrige, 2007, p. 18). The discussion on the essentiality of epoché in phenomenological studies is not unique to philosophy. Zahavi pointed out that "one can find a similar discussion within applied phenomenology, in particular, within qualitative research." (Zahavi, 2021, p. 260).

The Interpretative Phenomenological Analysis (IPA), as presented by psychologist Jonathan Smith, does not rely on the method of epoché (Zahavi, 2021, p. 260). I have chosen to use this method to analyse my data, and while conducting the analysis without epoché, which may still be identified as phenomenological, I find

the reflective process of epoché and phenomenological reduction valuable to my research. Zahavi emphasised the significant difference between phenomenology as philosophy and as applied phenomenology. He quoted psychologist Amedeo Giorgi, who argued that scientific research could not claim phenomenological status without some use of reduction (Giorgi, 2010, p. 18; Zahavi, 2021, p. 261). Zahavi continued to argue,

> "The kind of phenomenological reduction that should be utilised by psychologists is what Giorgi calls the psychological phenomenological reduction (Giorgi, 2012, p. 5), and not the transcendental-phenomenological reduction, which focuses on consciousness as such rather than on human consciousness." (Zahavi, 2021, p. 261).

Epoché and phenomenological reduction involve the experience of wonder that one may feel when encountering something new, at least new to oneself. Langdridge identified reduction as a continuation of "the process initiated with the epoché." (Langdrige, 2007, p. 18). It is the readiness to approach the world as if for the first time, which epoché prepares us for. While there are disagreements among phenomenology scholars regarding how much one can truly discover about the already experienced world, I value epoché as a symbol of self-awareness and critical self-assessment before and during the experience of a phenomenon or while listening to others' experiences. From there, reduction comes into play. Langdridge

described three key elements: (1) description, (2) horizontalisation, and (3) verification (Langdrige, 2007, p. 18). The first step after bracketing one's contextualisations is to describe the newly experienced phenomenon as if for the first time. At this stage, I have made myself aware of my propositions and assumptions regarding the phenomena of Islamic therapy, also including concepts such as Islam, Muslims, Islamic belief systems, and psychology. I am then ready to describe the phenomena as my interviewees experience them. This technique is performed consciously and repeatedly, even during follow-up interviews, as interviewees may have experienced the phenomenon differently between the two meetings.

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The rule of horizontalisation states that one must "describe how the world appears to a participant." (Langdrige, 2007, p. 19). This means that every piece of information should be described, treating all details as equally valuable data. When reading the interview transcripts, I did not prioritise or rank the details hierarchically. Langdridge emphasised that "all detail that we perceive must be described, regardless of how mundane it appears, and no particular perception should be privileged at this stage." (Langdrige, 2007, p. 19). The final element is verification. With a comprehensive understanding of the phenomenon, one can now delve deeper into the information and unveil layers of meaning.

Phenomenological reduction has proven to be a valuable tool for gaining new knowledge and grasping phenomena as they are perceived, whether directly or indirectly. Zahavi concluded, "If one considers how phenomenology has successfully been applied in disciplines such as psychology, psychiatry, sociology, anthropology, etc. over the last 100 years, it is noteworthy how rarely one will find a reference to and a use of the epoché and the reduction, let alone an explicit engagement with Husserl's transcendental project." (Zahavi, 2021, p. 271). If epoché is understood as a method that "enables the researcher to describe the 'things themselves' and (attempt to) set aside our natural attitude or all those assumptions we have about the world around us," (Langdrige, 2007, p. 17) perhaps epoché has inspired social sciences to the extent that it is now considered a crucial part of qualitative research. As a student of religion, I have been taught to self-reflect and be self-aware of my position, including how I influence the knowledge I am seeking and the research outcome. Epoché and phenomenological reduction have become almost *natural* approaches to the lived world as I experience it without explicitly and intentionally engaging with phenomenology.

Selfhood and being

"Selvet er et Forhold, der forholder sig til sig selv, eller det i Forholdet, at Forholdet forholder sig til sig selv; Selvet er ikke Forholdet, men at Forholdet forholder sig til sig selv" (Kierkegaard, 1982, p. 73).

Kierkegaard introduced his work *Sygdommen til Døden* (The Sickness Unto Death) by defining what he understands as the Self. The quotation translates to "The self is a relation which relates itself to its own self, or it is that in the relation [which accounts for it] that the relation relates itself to its own self; the self is not the relation but [consists in the fact] that the relation relates itself to its own self." (Lowrie, 1941).

Kierkegaard characterised the self as the subjective experience of self-relating. It is not an independent entity separate from itself-relations, nor is it merely the act of relating itself. Rather, the self encompasses the dynamic movement and conscious awareness of how it relates to itself. It cannot be localised within or external to the human body as a physical entity. Despite the heart and brain being traditionally associated with emotions and self-awareness, the self cannot be identified as residing within these organs. Similarly, it cannot be attributed to anything or anyone external to oneself. However, it can be attributed to the cognitive processes involved in self-reflection. This perspective underscores the impact of Kierkegaard and existentialism on existential phenomenology. David Hume, a Scottish

philosopher (d. 1776), argued that self-reflection does not provide evidence of the existence of a distinct Self*;* it merely signifies the experience of thought processes. He wrote:

> "There are some philosophers, who imagine we are every moment intimately conscious of what we call our SELF; that we feel its existence and its continuance in existence…. For my part, when I enter most intimately into what I call myself, I always stumble on some particular perception or other, or heat or cold, light or shade, love or hatred, pain or

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pleasure. I never can catch myself at any time without a perception, and never can observe anything but the perception." (Hume, 1978, p. 251)

Joseph J. Campos, an American psychology professor, highlighted the inseparable link between self-conscious emotions and the conceptualisation of the self. Zahavi stated, "One cannot study self-conscious emotions without trying to conceptualise the self and its many levels and its role in the generation of emotions" (Zahavi, 2014, p. 5) and linked it to his conclusion that "there is a widespread agreement that a proper analysis of these emotions will require an analysis of the self as well." (Zahavi, 2014, p. 5). The empirical data collected demonstrates the significance of an authoritative "I" or selfhood in producing and experiencing an Islamicness.

Zahavi's term "what-is-it-like-for-me-ness" accurately describes the state of argumentation I observed in the interviews. During interviews with religious individuals, I have noticed that they initially provide what they perceive as the correct answer, also known as Social Desirability Bias (Bergen & Labonté, 2020). However, when given sufficient time to express themselves fully, they also share unplanned and unstructured thoughts. While this tendency may not be unique to religious interviewees, educated and self-reflective Muslims, in particular, are conscious of their duty to safeguard a general narrative of Islam (Mostafa, 2007). This concern for preserving a performative self and moral ideal constrains the initial part of their responses. By introducing pauses and refraining from immediately asking the next question in the interview guide, I create space for interviewees to share their spontaneous thoughts.

The interviewees' answers often comprise two distinct parts. The first part typically relies on an external authority, expressed through phrases like "Islam says" or "God says." The second part revolves around a subjective "what-is-it-like-for-me-ness" perspective. Both aspects reflect a selfhood, as the interviewees consistently base their arguments on personal experiences and perspectives. In this study, the term "self" refers to the processes of self-reflection and the individual's position within their experiences and the world. The self does not exist in a social vacuum; its being is experienced in relation to others and various events, which I refer to as

contextualisations. I will employ this theoretical approach in my later attempt to reflect upon the role of context and contextualisations in the becoming of Islamicness.

Another variation of selfhood is the notion of *nafs,* which is an important concept for my interviewees. Nafs /naˈːfs/ is roughly translated to the discussion of self. The root, which nafs is derived from, nūn fā sīn, is present 298 times in the Quran. As verbs *tanaffasa* (تَنَفَّسَ), *yatanāfasi* (يَتَنَافَسِ) and active participle *mutanāfisūn* (مُتَنَفِّسُون), and as noun *nafs* (نَفْس) for the remaining 295 times. Nafs is used in the context of a soul (Quran text 2:123), itself (Quran text 16:111), and self (Quran text 20:96).

Throughout history, philosophers and thinkers such as Ibn Sina (d. 1037), Mulla Sadra (d. 1641), and Al-Ghazali (d. 1111) have reflected on the term's connotations. The concept of nafs has evolved to encompass the contextual connotations of 'self'. Muslim philosopher Muhammad Iqbal (d. 1938) argued that Nietzche (d. 1900) based the concept *Übermensch* on Islamic philosophical positions in regards to the term nafs (Qureshi, 1982). This sentiment was reproduced by my interviewees, who frequently stated that Nietzsche, Jung (d. 1961), and Freud (d. 1939) based their theories on nafs. Consequently, the meaning of nafs has changed over time, and attempts to conceptualise Islamic psychology draw upon various interpretations. Nafs has contextually changed its meaning and in the attempts to conceptualise Islamic Psychology, like Rothman's (Rothman & Coyle, 2018) reprint of a model by Muslim philosopher Ibn Arabi (d. 1165), which can be found in the appendix (Image1).

In the bottom of the centre of the model, we find nafs, which relates to both qalb /ʔalp/ (a metaphysical heart) and aql /aːql/ (reason). They both relate to rūḥ /ruh/, at the top of the inner circle. Nafs also relates to nafs al amara bil sū /nafs al ʔamara bil su/ on the right side, which is a part of the self that inclines to evil, and muhlikāt /muˈhliːkæt/ (vices) on the left. The bottom part of the model ascribes evil or negative abilities to the understanding of self, but frames on each side indicate the potential of prospect. On the left, the self is ascribed potential growth through

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tahdhīb al akhlāq /tædˈhɪb al æxˈlɑːk/ (reformation of character) that transforms vices into virtue (munjīyat /munˈjiːjat/). On the right side of the model, nafs al lawwāma /nafs al lawːaːma/ (self-reproaching self) and nafs al muṭmaˊinah /nafs al mutmaˈʔinah/ (reassured self), gives the self the potential of chance.

The self, according to my interviewees, and in line with this model, is a part of a spiritual realm and connected to both divine symbols of the ultimate good (Allah) and ultimate evil (Shayṭān /ʃeɪˈtɑːn/). The self is placed in a spiritual realm that timely both connects to dunyā /ˈduːnjə/ (the nearest or lower world) and ākhirah /ˈæxriə/ (eternity or ultimate). According to the model, the self is placed in the structure of the soul but also refers to the changing nature of development of the self (Rothman, 2020, p. 3). The Self in the form of nafs has developed from referring to a spiritual or religious concept like the soul to a psychological and philosophical idea of a 'self' according to the contextualisations of this study's interviewees.

The self or selfhood is evident in both interviewees' practices and their arguments. It represents the underlying discursive structures of their logic and reasoning, revealing a dialectic movement between conscious articulations and unconscious thought processes. It is important to avoid the misconception that all religious beliefs and actions stem from reflective self-awareness. When interviewing religious individuals, the possible response of "I do not know" holds multiple potential meanings (Krosnick, 1991; Laurison, 2015). I have found that it may signify a lack of knowledge, a lack of reflection, a perception of one's limited position, or an understanding that religious beliefs and practices are simply societal norms or the only way to comprehend and live life. It would be naive to assume that all religious beliefs and practices are based on conscious choices (McGuire, 2008). In contexts where religious attitudes are prevalent, religious beliefs and practices may be seen as natural and unquestioned.

Based on my interviews with practitioners in Islamic therapy, the formulation and production of a distinct approach within the field of psychology arise from continuous self-reflection and self-positioning in relation to their studies or

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experiences as psychologists. Selfhood, or what-is-it-like-for-me-ness, lies at the core of Islamic therapy. Analysing the collected data requires focused attention on the role of authoritative 'I'. The self not only plays a significant role in the development of Islamic therapy but is also integral to the phenomena of Islamic therapy itself.

Related to the discussion of self and the making of an entity, I will look at the concept of being. Husserl argued, "All mental states emanate from an indubitable ego." (Schroeder, 2005, p. 155). William R. Schroeder continued to conclude, "Sartre argues that this ego appears only in the self-observational, reflective attitude Husserl presupposed and claims that no such ego exists in pre-reflective life" (Schroeder, 2005, p. 155).

To understand the concept of being, it is essential to consider how something or someone is. The notion of being does not refer to an objective placement in the world, but rather to the way it is subjectively experienced. This interest is found in my attempt to examine how therapy is Islamic or how the being of Islamic therapy is experienced as Islamic. The being of Islamicness is directly related to the experience of being and selfhood. In Aristotle's Metaphysics (Book VII, Chapter VII), being is described as encompassing entities that are fully realised in reality as well as those that possess potentiality (Aristotle, 1984, p. 1629). Based on this definition of Aristotle, the 'being' of Islamic therapy encompasses entities realised in reality, like entities of practices, the actual making or doing of therapy, and also the potentiality of Islamic therapy. The analysis of the data will show how Islamic therapy is not only a series of practices but a discourse of potentiality – what Islamic therapy is in the world, in a spiritual realm, and how it is in contrast and because of 'others' in the world.

Being in the world leads to the question of Heidegger's Being and Time: What does it mean to be? Cerbone argued, "Our understanding of being is always situated" (Cerbone, 2006, p. 44); this means that a phenomenological study must be aware of this location. According to Heidegger, the objective of phenomenology is to direct attention to the activity of Dasein, the being-in-the-world. Consequently, one

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cannot simply suspend or bracket off one's own experiences. In contrast to Husserl, Heidegger did not aim to establish a "pure phenomenology." Instead, he argued that such an approach would distort the phenomenon "within which the world and our own existence are manifest." (Cerbone, 2006, p. 47). The method employed in phenomenological description is rooted in and centred on interpretation (Heidegger, 2007, p. 47).

Cerbone has identified three key aspects of Heidegger's understanding of Dasein and its relation to other entities, all of which involve an understanding of time. These aspects are described as ahead-of-itself, already-in, and being-alongside (Cerbone, 2006, p. 53). Dasein is always projected ahead of itself, which aligns with Heidegger's notion of potentiality. Dasein exists in a state of not-yet-being but with the possibility of becoming (Heidegger, 2007, p. 172).

The second aspect is connected to Heidegger's interest in moods, captured by his concept of Befindlichkeit (Heidegger, 2007, p. 161). Our being in the world is not a matter of choice (Cerbone, 2006, p. 55), and Heidegger explores the dispositions and inclinations of our moods (or befindlichkeit) that are influenced by a sense of Geworfenheit, which can be understood as being thrown into the world (Cerbone, 2006, p. 55). The third aspect relates to Heidegger's concept of "falling" - Dasein is always in a state of falling, as it is continuously engaged in ongoing activities (*ibid*.). Falling is present when befindlichkeit is rooted in the past (Cerbone, 2006, p. 56). In summary, Heidegger differentiates Sein (being) from Dasein, which can be understood as an entity that questions its own being.

Existential phenomenologists, like Heidegger, viewed the individual as an autonomous agent responsible for making meaningful observations and choices in order to navigate their lived experiences, particularly in response to the potential sense of meaninglessness inherent in the world. A notion that explains the production of Islamicness in relation to the practices and ideas of therapy. This perspective also emphasises the belief that human life can only be lived through insights into existence (Cerbone, 2006, p. 88).

Søren Aabye Kierkegaard (d. 1855), a Danish philosopher often regarded as the father of Western existentialism, diverged from the Hegelian worldview and German idealism to focus on the lived experiences of individuals (Stewart, 2011). John Stewart argued that Heidegger consciously tried to hide the importance and influence of Kierkegaard, whereas Sartre played a significant part in canonising Kierkegaard's impact on existentialism (Stewart, 2011).

It is important to note that the existentialism discussed here should not be conflated or confused with the existentialism presented by Muslim philosopher Mulla Sadra (d. 1636). Mulla Sadra, a Persian scholar and one of the most influential Muslim philosophers, posited that existence precedes essence, similar to the Western philosopher Sartre (d. 1980). According to Sadra's ontological stance, contingent beings (such as humans) attribute meaning and value (essence) to the being of subjects or events. To Sadra, the existence of phenomena comes before their description or valuation by consciousness (Rizvi, 2021). Subjects appear in our awareness because they are processes of existence rather than being the primary source or essence of existence itself (Rizvi, 2021).

Like Mulla Sadra's emphasis on the agency of contingent beings to ascribe meaning, Kierkegaard emphasised the role of individual choice, highlighting the consciousness of having choices (Kierkegaard, 1982). When individuals become aware of their capacity to choose, they also become aware of their existence, often accompanied by angst. One of the fundamental aspects of human nature, according to Kierkegaard, is angst, which arises from recognising the significance and potential consequences of one's choices (Kierkegaard, 1982). Kierkegaard viewed humans as subjective individuals capable of self-reflection, and his exploration of themes such as subjectivity, the primacy of the individual, and authentic and inauthentic modes of existence contributed significantly to the existential turn in phenomenology (Schulz *et al.,* 2017).

Friedrich Nietzsche (d. 1900), another central figure, is also recognised for his influential role in existentialism as a philosophical approach. Nietzsche, a German philosopher, is known for his complex body of work, which challenges readers to

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continuously re-read and reinterpret his ideas. In his work Thus Spoke Zarathustra, Nietzsche introduced the concept of master morality (Nietzsche, 2015) or the notion that individuals have the capacity to establish their own moral frameworks. A relevant aspect of Nietzsche's thought, in relation to the phenomenological approach to human experiences, is the metaphor 'God is dead'. Nietzsche argued that humans should define their own morality, thereby attributing them with individual will and agency (Gillespie, 1995).

On Nietzsche's metaphor, Gillespie suggested, "God died because man became too weak to sustain him." (Gillespie, 1995, p. xi). The consequence of this collapse of eternal truths is nihilism, where previously accepted truths become unbelievable (*ibid.*). In examining the experiences of religious individuals, the notion of creation becomes significant. Rather than using the term 'creation', which could carry religious connotations, I prefer the term 'production' due to 'creation's negative associations expressed by my interviewees (see bid'ah). However, the idea remains the same - how do individuals produce or shape their understanding of God when traditional eternal truths are no longer viable? While my interviewees speak of their experiences as eternal and divine truths and perceive God as a present agent, the concept of production (or creation) plays a relevant role because their specific experiences are shaped within specific contextual settings.

Lastly, it is relevant to consider Kant's perspective on being, as he argued that being transcends our experiences and provides the foundation and structure for our perception of reality (Ameriks, 2006, p. 462). Kant distinguished between the empirical ego, known contingently through experience, and the transcendental ego, which represents the subject of intuition and thought necessary for our experiences (Ameriks, 2006, p. 463). When exploring the nature of Islamic therapy and its Islamicness, the term 'being' becomes significant. Nothing can be deemed Islamic without the subjective experience of being. In this case, individuals can experience therapy as Islamic based on their own contextualisations and subjective understanding.

2.35
Selfhood and Being
Kant
Empirical Ego
Transcendental ego

Conclusion

Horizon of understanding

Edmund Husserl advocated for a reflective approach that suspends unprovable assumptions and describes what is given in experience (Husserl, 1962). This requires bracketing the natural attitude of everyday knowing and directing attention to immanent aspects of consciousness without presupposing their origins or supports. Husserl believed that pure description of phenomena would provide philosophers with a foundation of necessary and certain knowledge, justifying philosophy's claim to encompass all aspects of reality (Husserl, 1962).

Later phenomenologists, including Martin Heidegger and Maurice Merleau-Ponty (Schacht, 1972; Smith, 2005) were sceptical of Husserl's claim that description can occur without presuppositions. They emphasised the intentional nature of consciousness, its directedness toward objects that are grasped partially and incompletely.

Heidegger argued that understanding is always ahead of itself, projecting expectations that interpretation then makes explicit (Roth, 2017). Merleau-Ponty situated consciousness in the body and emphasised the embodied, situated nature of perception. He rejected the idea of fully transparent understanding and highlighted the ambiguity and obscurity inherent in lived experience (Reynolds, 2004). Heidegger explored the interplay between understanding, expectations, and the existential structure of human existence, extended phenomenology beyond epistemology, and delved into ontology, examining the relationship between beings and being itself.

Phenomenologists like Paul Ricoeur (d. 2005) and Jacques Derrida (d. 2004) emphasised the hermeneutic dimension of phenomenology, turning their attention to cultural objects and the conflict of interpretations. Ricoeur argued for the need to interpret cultural artefacts as evidence of existence (Ricour, 1976; Thompson, 1998), while Derrida challenged the idea of a self-contained, presence-based philosophy and highlighted the interplay of absence and presence in signification (Derrida, 1976).

With thinkers like Hans-Georg Gadamer, phenomenology continues to focus on the complexities of lived experience but acknowledges the inseparable interconnections between experience, language, history, and culture. Hans-Georg Gadamer (d. 2002) was a highly influential German philosopher whose works have left a lasting impact on hermeneutics, phenomenology, and the philosophy of language. With his seminal work, Truth and Method, Gadamer revolutionised the field of interpretation, offering a unique perspective on understanding, prejudice, and the fusion of horizons (Gadamer, 2004, p. 355). Hans-Georg Gadamer's intellectual journey was influenced by his engagement with philosophical traditions, including hermeneutics, phenomenology, and Heideggerian ontology (Gadamer, 2004). Building upon the ideas of his predecessors, Gadamer developed a distinctive hermeneutical approach, focusing on the nature of understanding and the role of language in shaping our interpretation of the world.

2.37
Gadamer
Lived experience

Horizon of
Understanding
Gadamer

A central theme in Gadamer's philosophy is the concept of prejudice and its impact on the interpretive process. Gadamer challenged the traditional understanding of prejudice as a hindrance to objectivity, arguing that it plays a fundamental role in understanding (Gadamer, 2004, p. 264). He contends that our preconceived notions and biases shape our interpretation of the world, and instead of dismissing them, we should acknowledge and critically engage with them to achieve a deeper understanding (Gadamer, 2004, p. 284).

He also introduced the concept of 'horizon' as a key element in the interpretive process. A horizon represents the entire context of an individual's historical, cultural, and linguistic experiences that shape their understanding of the world (Gadamer, 2004, p. 288). Gadamer argued that in any act of interpretation, the interpreter brings their own horizon, which interacts and fuses with the horizon of the text or the object being interpreted (Gadamer, 2004, p. 288). The fusion of horizons allows for a dynamic and transformative understanding, where both the interpreter and the interpreted are mutually influenced. Gadamer continued to argue that our understanding is embedded within a historical tradition that provides a framework for interpretation.

Gadamer introduced the concept of the "hermeneutical circle" (Gadamer, 2004, p. 253), where understanding occurs through a continuous process of moving between the parts and the whole, the past and the present. I have employed this perspective to comprehend the interconnected nature of the interviewees' contextualisations in the process of generating experiences and meaning, along with the ongoing reconfiguration of their contextualisations. Gadamer's hermeneutical approach has had a significant influence on phenomenology. While Gadamer drew inspiration from Husserl and Heidegger, he developed a distinct perspective that emphasised the situatedness of understanding within historical, linguistic, and cultural contexts. Gadamer argued that aesthetics have the capacity to disclose new perspectives and challenge our preconceived notions, inviting us to engage with different horizons and broaden our understanding of the world (Gadamer, 2004, p. 43), a notion that partly influenced my interest in the use of aesthetics in Islamic therapy.

2.39 Conclusion Theory Chapter

In conclusion, I have outlined my theoretical emphasis on phenomenology and phenomenological approaches in the study of Islamic therapy. The discussion has delved into key phenomenological concepts such as intentionality, selfhood, and being, establishing a foundational framework for a reflective analysis of the subject matter. Additionally, the concepts of epoché and the horizon of understanding have been expounded upon, serving to bridge the gap from theoretical phenomenology and the hermeneutic influence on phenomenology to the practical application of phenomenological reflections in data collection through communication. These conceptual underpinnings collectively facilitate my comprehension and analysis of the contextualisations provided by the interviewees, upon which this study is predicated. This foundational framework equips me with means through which I can articulate the complexities of the experienced processes. Devoid of an awareness of intentionality, selfhood, and being, the inherent strength and emphasis on lived experiences within phenomenology would not fulfil its intended purpose. Similarly, the absence of a consideration of epoché and the horizon of understanding would have left me without the necessary tools to illuminate the processes through which this knowledge is produced.

THE METHOD OF EXPLORING

"TEACHINGS OF UNKNOWN WORLDS"

Introduction to the chapter

This chapter presents the methodological decisions and ethical considerations of my research, which also entails consideration of a researcher's positioning when conducting interviews, as well as ethical evaluations of limiting and locating participants. Additionally, this chapter will include a discussion on saturation relating to sufficient data for adequate research. Throughout this chapter, I will discuss how ethical concerns guided and shaped my methodology.

The Case - a description

This section will introduce the design sampling, an introduction to the interviewees as well as how I located them, and finally, reflections on my position as a researcher. These all formed ethical reflections that led to the instrumentation and the collection of data. I will first introduce the case and the interviewees.

> "Therapists must be familiar with the Islamic religion and culture and should incorporate Islamic values, ethics and code of behaviour in techniques of psychotherapy or any other therapeutic techniques. The therapists should guide the clients through shar'an principles, and only then will they heal."

Khadija, a Danish psychologist and practitioner in Islamic therapy, made this statement during one of our meetings. The quotation demonstrates her experience of being a therapist and Islamic therapy as a theoretical approach and therapeutic method. She exemplified how ethical duties and shar'an principles are closely intertwined with the role of Islamic therapy – a common notion among the practitioners that I interviewed.

She used the words "must" and "should" to indicate the importance of ethical duties and the adjective derived from sharia, shar'an, to include a divine authority. Khadija's experience of Islamic therapy demonstrates how sharia is articulated as

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a set of principles which form the gatekeeper to healing. To Khadija and the other interviewees of this study, sharia constitutes ethical principles rather than codes of law. These principles are discursively produced as guidelines with which therapists find their ethical code of practice and the clients find their way to healing.

Khadija, as one of the interviewees of this study, illustrates how the phenomenological experience of Islamic therapy is deeply rooted in productions and reproductions of belief systems, and my meeting with her was one of many interactions with participants and their lived experiences.

The Interviewees

The case is formulated in relation to both semi-structured and follow-up interviews with 12 Muslim therapists from Denmark who practise what they define as Islamic therapy. To further understand the context of the concept, I interviewed six Danish Muslim psychologists as a pre-entry sampling strategy. This data has since proven valuable in gaining a more comprehensive understanding of the concept in question, but I have decided not to include it in my analysis due to the research focus. In an attempt to understand the international implications of my chosen area of study, I decided to interview six English Muslim therapists practising Islamic therapy during my research visit to London.

3.3
Introduction to
Interviewees

12 Danish
interviewees
6 English
6 pre-entry

England

In the following section, I will introduce the interviewees, who are all in their late 20s to early 50s. They all live and practice Islamic therapy in larger cities in Denmark. Due to anonymising, I cannot introduce the interviewees in detail. Whilst I reflected on the beneficial perspective that such details might add to my analysis, the field is too small to enclose such details within my research without risking challenging the anonymity of my interviewees. In addition, I have not found any reason to believe that their age, location or professions play a significant role in their experiences of Islamic therapy. I intended to choose an anonymised name in correspondence with the interviewees; however, I found that they picked names they identified with – culturally or religiously. After informing my interviewees, I decided on names that do not reflect their cultural or religious identities.

The six Danish psychologists

The first interviews of early 2021 were with Danish Muslim psychologists who did not practise Islamic therapy and identified as conventional practitioners. They consisted of four women and two men, all between 25 and 35 years of age. They were all educated by the University of Copenhagen and born and raised in Denmark by Muslim parents. Two of the six psychologists self-identified as Muslims based on what they referred to as 'reflective choices', whilst the remaining four identified as Muslims based on their cultural upbringing. None of the six psychologists identified directly with mosque communities and expressed concerns about unauthorised therapy practices and counselling facilitated by mosques.

Each interviewee serves as an important gatekeeper to understanding Islamic therapy and its related phenomena from different perspectives and, in this case, different contexts. The first six interviews with Muslim psychologists shaped my context and helped me to form a clearer understanding of relevant sources. Notably, the initial six interviews with Muslim psychologists have been instrumental in shaping the context of my study, contributing to a clearer comprehension of relevant sources. These psychologists have not only guided me toward relevant interviewees but have also played a pivotal role in structuring and refining my interview guide. It is noteworthy that my entry into the field would have been markedly different without the foundational insights garnered from these six interviews. Consequently, they exert a profound influence on shaping the contextual framework of my study and, by extension, the resultant knowledge produced.

It is of significance to highlight that all six participants exhibited a discernible degree of scepticism toward the concept of Islamic therapy. This scepticism, noteworthy in its own right, contributes to the introduction of the nuanced and intricate nature inherent in the realm of Islamic therapy. The six interviewees do not identify their practices as Islamic therapy, but their reflections have proven valuable when considering the concept in broader terms. I will not discuss their points in relation to the experiences of the 12 practitioners in Islamic therapy, therefore I do not find a further presentation of the interviewees significant. My studies in London during the spring of 2022 added another dimension to my

perspective on the subject by granting me access to a wider geographical context. Some of these interviews will be analysed in relation to the practices of the Danish practitioners.

The twelve Danish practitioners

The group of Danish practitioners working in Islamic therapy consists of six men and six women: Adel, Bashir, Kemal, Dawud, Ehab, Fadi, and Hiba, Inaya, Khadija, Mariam, Rabia, and Sadef. Each of them self-identifies as a practising Muslim, which, in their terms, includes an emphasis on faith and its importance in daily codes of conduct and morality. All of the interviewees explicitly articulated that faith and correct conduct are important not only to them personally but also as professionals. They all concluded that an Islamic therapist must believe and act according to a set of norms, later identified in chapters four and five.

Despite not asking about religious identity, all interviewees articulated individual reflections on the matter, stipulating their self-identification as Muslims. One can only theorise why this might have been the case. It may be because of its significance to the individuals, or perhaps because an interview setting, in parallel with the expectations surrounding a discussion on the subject matter, meant that they believed such assertions regarding their religious identity were of relevance. They were all well aware that I sought to understand the concept of Islamic therapy. In those conversations, the main commonality between us was our shared interest in the concept and its surrounding phenomena. None of the interviewees specified their religious identity with terms other than Muslim. Sectarian issues or discussions did not play a role in their self-identification.

During the interviews, I found that my interviewees would translate Arabic words into Danish, English or other Arabic words, according to their expectation of my understanding, showing an eagerness to communicate and a willingness to be understood. These conversations were about serving and communicating, sharing both experiences and knowledge. My interviewees' articulations of their Muslim

identities may well have been a means of identifying themselves relative to my position within the conversation as a non-Muslim researcher. Identifying as Muslim in this context is, therefore, not solely about asserting one's religious identity but is also an indication of one's associations with ideological, social or political beliefs or cultural concepts.

All of the interviewees hold a Danish university degree or a bachelor's degree in the social sector. Four of the therapists had formal religious training, but none of them identified as religious specialists or authorities. Instead, they described their practices and roles as something principally different from *shuyūkh* /ʃujuːx/ (clerics). Three therapists expressed awareness of formative attempts to systematise Islamic Psychology, such as the diploma degree in Islamic Psychology, which is available to study at Cambridge Muslim College. Only in follow-up interviews did

Hiba, Khadija, Kemal and Adel articulate an awareness of other therapists in the field. The field has grown and changed dynamically since I first started my research in 2021.

None of the 12 therapists in Islamic therapy worked full-time within their field. Seven of the 12 interviewees worked as psychologists. Others in social and health sectors.

Nine of the 12 therapists identified as active members of mosque communities, and eight of them used mosque facilities to conduct Islamic therapy sessions. In some cases, these sessions were facilitated by the mosque and in collaboration with central figures within the mosque.

The six English therapists

During my research stay in London, my approach to research was particularly experimental as I tested a number of different research methods. This included shadowing, participant observations and semi-structured interviews with six English Muslim therapists practising Islamic therapy. These were Abira, Bilal, Diya, Emad, Fauzia, and Wajiha.

My experiences with these six practitioners have played a vital role in influencing the formulation of various research questions and perspectives. In addition, said experiences have also served to shape my own context in relation to the Danish practitioners. Despite a less obvious relation between the Danish and English therapists, it would be a mistake to conclude that the fields form independently and separately. Adding those experiences to my context assists my broader awareness, and interviewing in different contexts may point to connections that are not visible or clear otherwise. The amount of Muslim therapists in England feels overwhelming compared to Denmark. This might be because of the differences between the societies and their norms for religious advertising. Billboards and underground posters in London are used to sell religious-based products, slogans or services - something that I have never experienced in Copenhagen. Despite the cultural and structural differences, there are arguably wider transnational narratives that form the entities of the contexts. I will discuss these claims in chapter seven.

The two men and four women that I interviewed in England were all born and raised in London, similar in age to the Danish interviewees, and all identified as Muslims. One of the male interviewees held an academic degree in Islamic studies and a diploma in psychotherapy, whereas the remaining parties all held a degree in psychology but had no formal training at religious seminars. In contrast to the Danish interviewees, all six English practitioners presented Islamic therapy as their main profession. Diya, Emad and Fauzia have clinics in London, and Bilal, Abira, and Wajiha run their services through a social media presence, travelling across England to set up practices in homes, mosques and *Airbnbs*. Locating interviewees in England proved to be an entirely different experience compared to the challenges of locating therapists in Denmark. In the next section, I will elaborate on locating participants, practices, and relevant sources needed to undertake my study. In addition, I will reflect upon the limitations and the election processes that I encountered.

Locating interviewees

The first step towards an understanding of the concept of Islamic therapy as produced in relation to contexts was to define relevant sources; however, I initially struggled to define what I was searching for. The process of defining my search object and whom I was searching for should be visualised as a spiral moving forward, continuously revisiting my position and my knowledge in order to reconsider what the next step forward should be. Embodying the Hermeneutic Circle (Gadamer, 2004), so to speak, and using it as a method to gain access to fields of interest through spiral-like thought processes and actions.

Hermeneutic Circle

Hermeneutic process

Prejudice
Contextualisations

Taking Gilhus' statement into account, "the act of interpretation should always include systematic reflection over the hermeneutical process and one's own starting points in this process" (Gilhus, 2014, p. 276), I identified my starting point and circled back continuously as I slowly gained perspective. I find that researchers' interpret, evaluate, and make linguistic discussions regarding the terms and concepts of their studies, which is supported by Gilhus' reference to the interpretation of a text. My prejudicial (cf. Gadamer, 2004) evaluation of the concept of Islamic therapy was shaped by various experiences spanning many years. This includes studying Islamic psychology and Islamic pedagogy at an Iranian University in 2017 and 2018, as well as attending seminars on Islamic psychology by international speakers in Copenhagen and London in 2019. Years of participation in different Muslim communities have led to numerous conversations about therapy and counselling in different forms. These experiences formed subconscious connotations that led me to my starting point of the study. My first task was to look for literature about Islamic therapy. The majority of the literature that I discovered were texts that attempted to conceptualise Islamic psychology. This discovery was, on many levels, expected and very much aligned with my previous experiences within the study of Islam.

Studies
Seminars
2017-2019

As a means of acquiring more interviewees, I called, wrote to and e-mailed former contacts of mine in different Muslim communities. I also posted a call for help on my social media accounts. I searched for psychologists on several search platforms, such as Google and LinkedIn.

I searched for private and public clinics specialising in minority clients and psychologists with names I could identify as potentially North African, Middle Eastern or Sub-Continental. I am conscious of the ethical implications that I was facing while making the assumption that names infer religious identities. Similarly, I am well aware that it disregards a number of potential psychologists who would be beneficial to the study, but I found it to be a reasonable attempt, nevertheless.

This resulted in a group of Muslim psychologists whom I invited to informal conversations to discuss their perspectives, practices, and ideas, which eventually led to the final six interviews. These interviews made me rethink both my interview guide and my general research perspective in addition to influencing my context.

By building on those experiences and networking through my newly attained contacts, I could locate more Muslim therapists practising Islamic therapy. During this process, I also located clients who received forms of Islamic therapy, which secured two interviews that I later decided not to include in the research. After long ethical deliberations, I decided that I would not include these clients in my research to avoid their potential re-traumatisation or any psychological harm. It would undoubtedly add valuable information to the examination, but I could not bear to risk the potentially negative repercussions. I feared that my questions would harm the potential growth of the clients, as well as the therapeutic process as a whole. Moreover, I was concerned that if said clients were to read my analysis, it might cause them to doubt and mistrust their therapists, potentially harming the therapeutic alliance (Jørgensen, 2022). It is important to note, however, that the research is still relevant without their participation.

In November 2021, I attended the public seminar: "Psykologiens møde med muslimen" (The psychology meeting the Muslim). The seminar housed an active crowd of nearly one hundred attendees. The breaks were filled with buzzing conversations, and a long line of attendees formed a queue after the lectures, waiting to talk to the speakers. It seemed like everyone had something to say or something to share, and I had a pocket full of questions when I left with a list of potential conversational partners.

As addressed briefly in the previous segment, locating participants in London in spring 2022 was an entirely different experience. A quick Google search showed that the King's Cross area, near the institute I was visiting, housed a minimum of 13 Islamic therapy clinics. Webpages, associations and social media boomed with opportunities. With permission to use a friend's social media platform with access to over 30 thousand followers, many of whom are within Muslim communities, I soon had multiple interviewees to choose from. Testing and exploring different methods of approaching the field through a playful, creative and curious mind shaped my outlook on how to find and approach the Danish Interviewees.

Two years into my research, I had located 12 Muslim therapists in Islamic therapy and six Muslim psychologists in Denmark, in addition to the six Muslim therapists in Islamic therapy in England. In order to prevent researcher bias (Flyvbjerg, 2006), I approached the sample with a high degree of inclusivity. In Denmark, I struggled to locate relevant interviewees. A sense of struggle that brings frustration at first but forces one to think in creative, lateral and more unconventional ways. Like any emotion, the sense of struggle moved dynamically and came in waves, intermittently flooding my sense of direction. Somewhere between debating how many interviews are enough, how to structure the size of the case, and feeling limited within a fairly new field, I stringently sought to contact hospitals, medical clinics, safe houses and schools, all in a bid to find professionals and researchers from a broad range of fields. Additionally, I attempted to reach beyond the momentary blindness caused by the seemingly limited field, something that caused me to constantly question whether I had reached the point of saturation.

The appropriate number of interviews

A common question within qualitative research is, how many interviews are required in order to reach data saturation? (Emmel, 2013). The data is what informs the themes of the cases. In other studies, it is also known as *the codes*. Dworkin argued that "the concept of saturation is the most important factor to think about when mulling over sample size decisions in qualitative research" (Dworkin, 2012, p. 1319; Mason, 2010), based on the 2010 *Sample size and saturation in PhD*

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studies using qualitative interviews by Mark Mason. Dworkin further defined saturation as "the point at which the data collection process no longer offers any new or relevant data." (Dworkin, 2012, p. 1319). Seidman contributed to the conclusion by stating, "There are two criteria for enough. The first is sufficiency. [...] The other criterion is saturation of information." (Seidman, 2006, p. 55).

A 2006 study by Greg Guest, Arwen Bunce and Laura Johnson showed that the vast majority of codes stem from the first six interviews (Guest, Bunce, & Johnson, 2006, p. 67). More specifically, 80 of the codes were provided by the first six interviews and 20 new codes were added from interview number seven to 20 (*ibid.*). This demonstrates that six interviews provide insight into a phenomenon. However, they only arrived at that conclusion by interviewing more than six people.

Morse argued that at least six interviews would be suitable for phenomenological studies (Morse, 1994, p. 225). Creswell concluded that five to 25 would be appropriate for phenomenological studies (Creswell, 1998). Hennink *et al.* concluded that they reached the saturation code with the ninth interview but needed a larger sample to draw their conclusion (Hennink *et al.*, 2017). In a 1986 study, Romney, Batchelder and Weller concluded that a sample as small as four interviewees would render a sufficient amount of information for their research (Romney *et al.*, 1986). The Muellmann study demonstrated that they found no notable differences in changing the interviewees from 4-6 to 12-15, concluding, "Scores showed little variation after having interviewed ten key informants in a community." (Muellmann *et al*, 2021, p. 3).

I found that familiarity, levels of trust and personal interest and investment influence the amount of data a researcher may collect. A same sized, different groups of interviewees would provide varying themes according to the conversational alliance between the interviewer and interviewee. I find that the interviewees' prejudicial approach to my role and position as a researcher affected the range and depth of the phenomenological themes. Likewise, the same group in a different context could potentially have provided divergent themes. If saturation is found at the point where the process no longer provides new data, and saturation relates to a concept of quality, then the number of participants will undeniably vary from situation to situation.

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In the context of this study, I reached saturation with my 24 interviews. I reduced the number of Danish psychologists to six based on Morse's conclusions (Morse, 1994, p. 225) and Dworkin's concept of saturation (Dworkin, 2012, p. 1319). The fourth, fifth, and sixth interviews did not provide any new findings, nor did they add to any relevant themes. I limited the number of Danish therapists in Islamic therapy to 12 due to (1) the immense struggle to find relevant interviewees and (2) to ensure that my final sampling would not become intangible (Staller, 2021). Lastly, I specified the group of English therapists to six due to the fixed and limited time of my research stay, in addition to the aforementioned points regarding saturation (Morse, 1994). A study of English therapists, in particular the clinics and the aesthetic reflections on how healing looks Islamically, is much needed and deserves separate research resources.

Is 24 the right number? Staller advised researchers "not to fret too much about the numbers of participants, but rather focus on the richness and quality of your evidence." (Staller, 2021, p. 903). Guetterman argued that researchers should rise above the questions of how many and instead ask how and why (Guetterman, 2015, p. 18). To address Guetterman's *why,* I argue that the point of saturation has been achieved by the reproductions of themes. I only found new themes when I moved the context geographically, which in a larger sample could affect the dynamics of the study. As the study is located and limited to Danish contexts, I looked to the group of English therapists for inspiration and hypotheses. The sample is adequate to assist an in-depth analysis and suitably provides different themes. In summary, it is substantial enough for me to conclude that saturation has been met.

Positioning as a researcher

I have been a visible part of different Muslim communities for the last decade through research interests, social work, friendships and personal interests. I have worked with Muslim minority clients at safe houses focusing on honour-related crimes at the Vester and Herstedvester prisons, where I ensured Muslim inmates access to spiritual care. I have also worked at psychiatric centres, communicating a

terminological bridge between spiritual worldviews and contemporary psychiatric approaches. Having worked within a field that is closely related to my research interest gives me a rare insight into social dynamics and common terminology. I have spent a decade building trustful relations, which gives me an advantage in collecting rare data. That being said, it also has its disadvantages and challenges.

Due to my former work within certain communities, former clients could respond in accordance with our former power structure, and vulnerable clients may feel forced to accept my interview requests. Among several ethical considerations, this is one of the reasons as to why I changed my sampling strategy and decided to stop interviewing clients. The former power structures and work programs that I was a part of may have influenced the field in its current state, which could make my former work an active part of my current research. In order to combat these challenges in the best way possible, I decided to use my former contacts as a part of a snowball effect - a means by which to acquire new interviewees. This way, I could ensure that I did not interview former contacts and still make use of the valuable insights and contacts that they had to offer.

Considering the time-limited research position and the structure of the PhD programme at the University of Copenhagen, I was grateful to have built trust during former accesses to the aforementioned fields. The benefits of having worked closely with similar groups could provide me with abilities that may give some interviewees a sense of being seen or heard authentically. On the other hand, what benefits me may also be what challenges my position as a researcher. Having former knowledge of certain terminology and cultural norms challenges my prejudices and my ability to spot important themes, which could affect my neutrality. In order to ensure a new critical approach to the data, I made sure that I asked the interviewees to elaborate on the terminology they used in communicating. This also ensures that I do not read any pre-understood interpretations of terms used by my interviewees. That being said, only five interviewees were aware of my former work and positions.

I attempted not to produce or reproduce the cultural norms that I had formerly become familiar with in Muslim communities.

This is because I did not know whether my new interviewees would apply the same cultural norms that I was familiar with despite the fact that they identified with the same cultural minority. I am aware that self-identification as a certain social group is somehow individual and based on cognitions, and I cannot assume that two individuals produce identity markers and norms identically. A researcher who applies the same cultural norms as their interviewees risks altering or disrupting the power dynamic between both parties. This may leave the interviewee with an unclear definition of the researcher's position by blurring the lines between formal and informal roles.

I am aware that my presence as a researcher has an influence on my interviewees (Kvale & Brinkmann, 2009). This influence extends beyond just the conversations we have together (Zahle, 2023). Some of the interviewees sought information about me, and most of them were referred to me by former contacts, which means that they were already influenced by their initial perception of me or my research interests. During the interview, they are influenced by my body language, tone of voice, reception, and my engagement in the conversation (Byrne, 2004). I aimed to ask as few questions as possible and, therefore, shift the focus onto my body language and other visual actions that would exhibit acceptance, openness and kindness. I sought to mirror their body language as well as use my own body language as a means of making them feel heard and seen (Basberg Neumann & Neumann, 2018). I asked for permission to write down notes during the interview, which indicated to them that they were contributing useful information and were in control of the written narrative. The influence that these factors have on the interviewees is corroborated by the environmental factors of the interview, such as background noise, interview location and the physical positioning of each party, both within the location itself and in relation to one another (Basberg Neumann & Neumann, 2018). Additionally, the interview affects their future reflections on the topic of discussion. Such reflections may be contained within their own narrative but could also be shared with colleagues or friends. The experienced world is constantly evolving, and concepts are formed by the hermeneutic reflections, questions, and conversations held between practitioners, believers and researchers (Nunkoosing, 2005).

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As I cannot erase my role in producing knowledge alongside my interviewees (Gilhus, 2014), I am mindful of my personal morals and political views on the topic we are discussing. Both politically and morally, I am of the opinion that minorities should have access to spiritual care should it bolster their prospects of healing. I did not express this opinion during any of the interviews; however, I acknowledge that the sentiment of said opinion may have influenced the interviews on an indirect or subconscious level, despite my best efforts to nullify such a possibility (Yow, 1997).

Another crucial element to highlight is the relationship between majority and minority within all of the interviews (Jeldtoft, 2012, p. 117). All of my interviewees come from minority backgrounds, both religiously and ethnically, whereas I am of the majority ethnicity in Denmark.

Minority interviewees could change their wording and terminology or actively present a particular narrative based on their pre-positioning or prejudice towards the majority (Kapinga, Huizinga, & Shaker, 2022). The history of unequal power structures between the minority and the majority may influence the produced knowledge. My interviewees have articulated scepticism towards my research funding, the agenda of the university, and the agenda of the Independent Danish Research Fund, which funded our project. Using a word such as 'agenda' shows a discursive practice that differs from my worldview and cognition. I do not experience a similar scepticism towards institutions that may represent the majority. When interviewees asked, I explained that I am not paid to produce a certain research result. With time, persistence and the ability to articulate an authentic understanding of their positions, I gained the trust of even the most sceptical interviewees.

Other interviewees argued that I hold what they identify as a "majority voice", arguing that as such, I inherit a more powerful ability to advocate for their needs, thus producing the role of an activist. The interviewees expressed different expectations and interpretations of what a researcher's role might be. Recurring narratives include that a researcher is a journalist, holds political motivations or powers, or is an activist.

I often spend a great deal of time communicating my research intentions should I discover that there is a misunderstanding of my role as a researcher that may be related to majority-minority power structures.

In my interview process, I sought to address reactivity (Zahle, 2023) as a phenomenon that follows when interviewees alter their behaviour, ideas and knowledge when being observed. Interviewing is creating and producing knowledge in the space between the interviewer and interviewee, not something that happens exclusively within the responses of the interviewee. Likewise, in discussing who the owner of the knowledge produced is between the interviewer and interviewee, I argue that it is a contextual, dynamic and shared ownership (Gilhus, 2014).

In line with understanding a researcher's position in the behavioural changes and alterations of my interviewees, I will exemplify my point with an example from my first pre-entry interview.

I was interviewing a Danish psychologist with an Arabic minority background who was unaware of my familiarity with Arabic terminology. During the semi-structured interview, I asked a follow-up question and mistakenly used the Arabic term ''īmān' /ʔiˈmāŋ/ (faith). He previously used a Danish word for the same concept, which I had accidentally translated into Arabic when asking my question. I realised that I had become a co-producer of the concept by using the Arabic term, thus implying that he had the same cognitive understanding of the concept. In order to rectify this, I quickly corrected myself and used the Danish word that he had previously articulated. When he responded to my question, he used the Arabic term that I had introduced in my question. As an attempt to make up for my linguistic mistake, I requested clarification of the word that he felt would most accurately represent his point. This situation demonstrated how easily terms can be produced and reproduced in conversations with frequently changing languages and dialects; in this instance it was between Danish, English, and Arabic. Likewise, it demonstrated how both parties interact and react to the various and evolving components of the conversation.

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It was imperative to seek clarification of my interviewee's choice of words, not only when speaking in Arabic or Farsi but also when speaking in Danish. In a phenomenological approach, I use the experience of meaning as a conversational tool. It is my hope that these explicit focuses help me position myself as a researcher whilst also being mindful of the positions of my interviewees.

I have discussed my thought processes, intentions, and position throughout the empirical period of my research. During the two years that I spent collating the empirical data, I was in constant reflection and self-assessment, evaluating every step of the process as it unfolded. I used the experiences to address, test and falsify ideas and prejudicial approaches to the field. I started off with a fairly small and limited set of questions, and only during my time in England did I discover a more expansive and explorative approach. This helped me to specify definitive questions informed by a broader understanding. The horizon of my perspective had widened, and only through looking curiously at a different field could I gain a better understanding of my field of interest. The following section will present and address the methods used to gain and obtain the data of the study based on the ethical considerations of this section.

Methods of field studies

This section will discuss the data collection methods employed in the study and the ethical considerations associated with these procedures. Specifically, it will examine the use of shadowing and participant observation during therapy sessions, which are particularly relevant in the English context. Additionally, the use of phenomenological interviews and interview guides will be explored, as they hold significance across all study contexts.

According to English Professor Graham Harvey, field research in the study of religion involves observing religious groups, communities, or activities over sustained periods or through a series of shorter visits. The aim is to comprehensively understand what people do, when, where, how, and potentially why they do it (Harvey, 2014, p. 218). Shadowing and observations have proven to

be valuable tools for comprehending the nature of environments and human interactions within specific settings (Askeland *et al.*, 2019). Czarniawska describes fieldwork as an expression of curiosity towards the other (Czarniawska, 2007, p. 9).

For the purposes of this study, the reflections on the theoretical approaches to the methods are divided into two categories: participant observation and shadowing. This division highlights the differences between the two approaches while acknowledging their similarities in certain aspects of execution and theoretical underpinnings. In the English context, shadowing was the preferred method employed to study practices, whereas participant observation was utilised in Denmark. The following sections will provide further elaboration on the methodological and ethical processes involved in these approaches.

Participants observation

Graham Harvey introduced his piece on field research by stating, "Fieldwork is the best approach to research about the lived reality and/or performance of religion" (Harvey, 2014, p. 217). He also argued, "The core method of fieldwork is participant observation, sometimes supported by interviews." (Harvey, 2014, p. 217). His arguments inspired me to undertake the role of a fieldwork researcher. This includes participant observations, shadowing and interviewing. The two latter will be presented in the following sub-chapters.

By doing fieldwork, a researcher may gain an understanding of three complexes. Harvey presented them as (1) what religious people do, (2) what religious participants "understand, say, intend and/or value about their own religious activities" (Harvey, 2014, p. 218) and lastly, (3) what a researcher may experience as a participant (*ibid.*). The last point should be understood as the researcher's attempt to "get as close as they can to the 'doing' of religion while maintaining a focus on scholarly objectives." (Harvey, 2014, p. 218). The task is to scholarly

translate the activities and present the observations in systemised and analysed forms.

During my fieldwork, I adopted the practice of organising my field notes based on emerging scholarly reflections that occur while observing and participating in the research context. This approach involves documenting the activities taking place, capturing the dialogue and interactions, and recording my immediate reflections on the observed phenomena. To illustrate this process, consider the following example:

Activity	Body language	Words	Reflections
Speaker is placed in the centre of the lecture hall at the University of CPH She is giving a talk on Islamic Psychology momentarily uses PP	Sits down, wide legs, gestaculering with arms Formal tone of voice	"Bismillah ar-Rahman	Uni, lecture hall provides authority. Science + Rel. Religious activity Blessing information Presented as Uni. Lecture + prayer, quran, religious activity/rituals

By systematically utilising my immediate observations and reflections, I am able to provide myself with valuable assistance during the analysis of recordings and transcripts. In instances where my role involved active participation rather than pure observation, I relied on taking notes shortly after the participation. However, in most activities, I had the opportunity to write down my observations while they were being performed. When conducting participant observations in mosques, I respectfully adhered to religious norms by wearing a headscarf. This ensured that my presence did not disrupt the ongoing activities. It is important to note that while I was present, I did not partake in the shared prayers and recitation of religious slogans, which sometimes made me stand out from the rest of the congregation. Through my fieldwork experiences, I have recognised that being present and empathetic are essential skills for conducting effective research in the field.

I conducted three participant observations while a therapist performed ruqyah rituals. In order to maintain the integrity of the performance, I refrained from taking notes during those instances. However, I carefully assessed each situation accordingly and only decided to take detailed notes whenever I could ensure that it did not disturb a central or significant part of the ritual or activity. There was one exceptional case where I fully participated in the activity and, therefore, did not take notes during the performance.

Prior to shadowing Fauzia, an English psychologist and practitioner of Islamic therapy, I actively participated in one of her therapy sessions as a client. Fauzia performed *fire hijāma,* a cupping method, on me. As a participant, my focus was on experiencing the therapy session in a sensory and embodied manner. Instead of taking notes, I paid close attention to the sounds, scents, and emotions associated with the activity. Despite being aware of my role as a researcher, Fauzia treated me like any other client and openly discussed my "spiritual energies" and her concerns about tattoos. She explained that tattoos are believed to be gateways for jinns, posing a danger to the soul. While Fauzia was aware that I did not share her beliefs, she felt the need to express her concerns. Out of care and respect, I did not challenge her statements (Harvey, 2014, p. 223). This conversation led to an interesting discussion and provided deeper insights into the activities undertaken by my interview participants. It also offered me an understanding of the experiences of the therapy clients and why they may seek alternative forms of therapy. This proved valuable in learning about the norms and proper behaviour within this context (Harvey, 2014, p. 219).

Participant observations have played a pivotal role in comprehending the world of the participants. By experiencing the phenomena as they are practised and communicated within the community, where shared belief systems are acknowledged, I gained a broader understanding of the concept. On the other hand, interviewing practitioners provided a conscious and reflective perspective, often offering insights into their verbal interpretations of the phenomenon. However, participant observations provided a more tangible grasp of the lived experiences associated with the phenomenon. In conclusion, both participating and observing

added unique and valuable information to the research that could not have been obtained through other methods.

However, participant observations also present ethical challenges. It is crucial to constantly respect the boundaries and limits of the religious individuals involved and, akin to being a guest, carefully discern and adhere to the social expectations set by the hosts. Drawing on my extensive experiences as a guest in diverse cultures around the world and within Muslim communities in Western countries and the Middle East, I remain conscious of the social dynamics in new situations. Another ethical challenge is to ensure that participants are aware of my role as a researcher without excessively intruding upon or disrupting the natural settings to the extent that it compromises their religious experiences. In most cases, the therapists themselves made the participants aware of my position and intentions.

In the following section, I will divide the participant observations into lectures and therapy sessions. I will introduce the different experiences, and I will address the specific ethical challenges and the reflections that led me to rethink observing during therapy settings.

Lectures and student associations

During the spring and autumn of 2021, I attended meetings of the Muslim Student University Association in Copenhagen in an attempt to identify Muslim psychology students. With an open mind and a curious disposition, I informally engaged with attendees, discussing my research interests. However, these specific endeavours did not result in finding interviewees, as the Muslim students I interacted with were unfamiliar with the concepts of Islamic therapy or psychology. Nonetheless, in November 2021, the student association at the University of Copenhagen organised a seminar titled "Psykologiens møde med muslimen" (The psychology's meeting with the Muslim). While it cannot be definitively concluded that my inquiries during the student association meetings directly influenced the organisation of the seminar, it is plausible to consider that my questions and expressed interest sparked a general intrigue or subconscious curiosity among the participants.

3.28
Participant
Observations
Ethical challenges

3.29
Participant
Observations
Lectures
Events

See Appendix

Public events that occurred during my fieldwork were the aforementioned seminar organised by the Muslim Student Association at the University of Copenhagen (see Appendix image 2) and the day-long seminar by CDIR, Centre for Islamic Counselling (see Appendix image 3). Furthermore, smaller-scale local events have also been influenced by the growing interest in psychology and the integration of scientific principles with religious dogma (see Appendix image 4).

These events serve as an illustration of how psychologists now assume the role of bridging the gap between the scientific realm and religious practices and myths. Through participant observations at public lectures, I gained an understanding of the natural demeanour of the lecturers, providing insights into how they perceive and interpret the world, the messages they aim to convey, and their communication styles (Mackellar, 2012, p. 59). Australian researcher Joanne MacKellar argued that one advantage of conducting participant observations at public events, such as lectures, is that it allows for an uninterrupted experience for the participants (Mackellar, 2012, p. 58). I would add that this is contingent on the size of the audience and the researcher's ability to blend in with the crowd. In cases where participants raise questions, it is ethically important to acknowledge one's position as a researcher.

During my time as a student, I engaged in participant observation at a lecture organised by the Shi'i youth community in Copenhagen. Prior to allowing questions from the audience, the host made a public announcement about my presence, highlighting that I was recording and taking notes, and added, "If there are any questions you do not wish to have on tape, please let us know." This early experience shed light on the concept of privacy for religious individuals. It became evident that they exercise control over the narrative they present to researchers, as it is their moral right to withhold information and shape the image they deem suitable for research interests. This eye-opening encounter continues to influence my approach to participant observations.

While I would like to raise a philosophical concern regarding the claim that this method grants access to natural behaviours, I do agree with the notion that it

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provides researchers with an understanding of how individuals navigate evolving experiences. This statement is supported by the quote, "A major advantage of participant observation is that you get fresh impressions, right as things are happening. You can see how the experience evolves, how the impressions change, how people navigate a situation." (Morrison, 2002, p. 31; Mackellar, 2012, p. 59).

However, as Harvey pointed out, limitations exist based on "a scholar's gender and willingness to adapt to local expectations." (Harvey, 2014, p. 233). In the context of Muslim communities, my experience has shown that public lectures at universities are not gender-limited or segregated. Conversely, public lectures held in mosque facilities restrict a researcher's access based on gender. In my case, being a woman resulted in limitations, such as being unable to attend "brothers-only" events and often being placed at the back or in a separate room where women had limited access, relying on a TV screen to view the main event room. However, in the particular case of a "sister-only" event organised by the Alsadiq Centre, my gender provided me access to the lecture rather than limiting it.

An ethical question that arose during participant observation relates to the distinction Harvey made regarding the possibility and necessity of asking questions (Harvey, 2014, p. 233). I appreciate this discussion as it prompts researchers to self-reflect on their positions and limitations. Harvey raised the point that participants often prefer to engage in religious practices rather than explaining them (*ibid*.). In the case of asking questions during lectures, I found that participants expected to learn rather than answer. Harvey further stated that questions addressed to 'ordinary' people are frequently answered by humble claims that "I am not a good example" (Harvey, 2014, p. 234), or, in my experience, "I do not know, I can refer you to the teacher." Observing lectures revealed a power dynamic that made it challenging for participants to assume the role of someone who provides answers. However, I discovered that participants were willing to discuss their expectations and questions. Engaging in conversations about their anticipated outcomes from the lecture, the knowledge they acquired, and the questions influenced by the lecture provided valuable insights into their experiences of the concept.

Therapy sessions

Participant observations during therapy sessions should have been a pillar of my data; however, it challenged my ethical reflections and moral positions to a degree that led me to decide to leave the practice before entering the Danish field. Here, I will introduce the challenges and benefits of participant observations during therapy sessions, my experiences with English therapists and their practices, and finally, my decision not to pursue this particular method among Danish therapists. Nevertheless, I consider it a significant experience, which I find valuable to my methodological reflection.

By immersing myself in the therapeutic context, I observed the dynamics, interactions, non-verbal cues, and subtle nuances that contribute to the therapeutic process (Sharkey & Larsen, 2005). This first-hand experience provided valuable insights into the complexities of therapy and enhanced my understanding of the therapeutic relationship (Watts, 2011). The authenticity of the observed settings allowed for a more accurate representation of the therapy process as it unfolds organically (Watts, 2011). I also gained insight into the contextual factors of the therapy, which may include the physical environment, cultural influences, social dynamics, and power differentials within the therapeutic relationship. Understanding how these contextual factors shape the therapeutic process can inform the development of culturally sensitive and contextually relevant interventions (Sharkey & Larsen, 2005).

However, my presence as an observer is an artificial element in the therapy session, altering the dynamics between the therapist and client (Lincoln & Guba, 1985; Sirris *et al.*, 2022). Clients may feel self-conscious or behave differently due to the awareness of being observed, leading to an inaccurate representation of their authentic experiences. Clients may not fully understand the implications and potential risks of having a researcher present during their therapy sessions. Informed consent becomes particularly important, as clients should have the opportunity to provide or withdraw their consent to participate in the study, but it also adds an "unnatural" element to their therapy experience (Oeye *et al.*, 2007).

Additionally, maintaining confidentiality and privacy proved challenging when I was privy to sensitive and confidential information shared within the therapeutic setting.

Finally, my presence during therapy sessions could create additional stress or discomfort for clients. Clients may feel inhibited in expressing their thoughts, emotions, or personal experiences due to the presence of an unfamiliar observer. This potential interference with the therapeutic process raises concerns about the well-being and emotional safety of clients (Hoeyer *et al.*, 2005). Therefore, I carefully considered the potential harm and took the necessary steps to mitigate any negative effects on clients' healing processes.

In summary, the most substantial ethical challenges in undertaking participant observation (in this particular example) are within client interactions. The ethical challenges involve (1) re-traumatisation, (2) inhibiting therapeutic progress, and (3) mistrust between client and therapist. The last concern must be addressed within their respective contexts: the English and Danish fields.

The context of England represents a diverse landscape of Muslim practitioners and clients engaged in Islamic therapy, while Denmark presents a smaller field encompassing therapists and clients. In the initial phase of my fieldwork, I gained access to a limited number of clients through their therapists. These clients' therapy experiences were closely intertwined with their perceptions of the therapists themselves. As a result, concerns regarding anonymity, the therapist-client relationship, and the emotional reactions of the therapists were expressed. Given the scarcity of clients and therapists in Denmark, ensuring a satisfactory level of anonymity proved challenging. This limitation could potentially have a negative impact on the therapeutic alliance. These reflections led me to the ethical conclusion that the benefits of participant observations did not outweigh the ethical concerns in this context.

Another ethical dilemma arose during my participation observation of a ruqyah. Prior to commencing my research, I had coincidentally attended four sessions of

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Muslim ruqyahs. Consequently, I was familiar with the intense and outwardly expressive nature of such practices when I encountered Fatimah during my field studies. Fatimah, a young student in her early twenties, had received a diagnosis of bipolar disorder. However, her family sought religious expertise and assistance, as they believed that medication had failed to alleviate her symptoms. One of my interviewees, who was a therapist, had been found by Fatimah's sister, and I was invited by both Fatimah and the therapist to observe the therapy session. During the course of the session, the therapist concluded that Fatimah was not suffering from bipolar disorder but rather was possessed by jinn, which explained her episodes of euphoria and depression.

The ruqyah itself did not constitute the entirety of the therapeutic process but was one component of a broader treatment plan. The therapist asserted that typically, ruqyah would resolve the client's condition within the initial session, but he considered Fatimah to be a challenging case. He attributed this to the presence of a powerful jinn or a malevolent magician who had established a strong hold over her. During my observation of Fatimah's third ruqyah session, as the jinn appeared to have left her body and consciousness, the therapist made a significant remark: "I have considered it. There is a vulnerability within you that the jinn exploits, and I can tell it stems from your medication. To achieve successful treatments, you must cease taking it."

This final statement presented me with an ethical dilemma, as I perceived it as an instance of power abuse and potential harm. Firstly, it contradicted professional evaluations of Fatimah's medical needs, and secondly, abruptly discontinuing psychiatric medication could pose severe harm. This example exemplified both psychological harm in terms of power abuse and physical harm in terms of the directive, thereby placing me in the position of a witness to a potentially harmful act. Consequently, I have omitted the anonymous name of the therapist.

Observing and participating in the daily lives of participants has consistently presented ethical challenges and underscored the potential conflict between preconceived theoretical aspirations and real-life experiences. These experiences

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prompted me to reassess my research model and ethical responsibilities as a researcher, encompassing both participant observations and shadowing.

Shadowing

Shadowing is a relatively recent research technique employed in the social sciences and is regarded as one of the most comprehensive methods of observation (Earley, 2012; Bartkowiak-Theron & Robyn Sappey, 2012; McDonald, 2005). It involves the researcher assuming a position of observation by closely following and observing the participant within their natural environment. The concept of "outsideness," initially introduced by Russian philosopher and literary theorist Mikael Bakhtin, served as an inspiration for Italian Sociologist Marianella Sclavi (Tulowitzki, 2019), who interpreted Truman Capote's novel A Day's Work as a form of shadowing (Czarniawska, 2007, p. 20). This approach presents shadowing as a method that seeks to gain insights into the various aspects of an individual's life while maintaining a distinct perspective separate from their own. Czarniawska argued that shadowing is as much a technique as it is an attitude and rightly pointed out that "a stranger cannot say more about any culture than a native, but observers and strangers can see different things than actors and natives can" (Czarniawska, 2007, p. 21).

Shadowing offers a broader scope in terms of settings and period compared to traditional observations, allowing the researcher to immerse themselves in the lives of the interviewees over an extended period, which gave me the opportunity to experience the various ways in which Islamic therapy is performed by the interviewees (Gilliat-Ray & Ali, 2013, p. 14).

In the 2022 paper on observation and shadowing, Sirris *et al.* described shadowing as "a form of direct non-participant observation" (Sirris *et al.*, 2022, p. 137) quoting the 2007 study by Czarniawska (Czarniawska, 2007). The non-participant part of the observation refers to the passive actions of the researcher.

In this particular case, my approach to observation involved adopting passive actions such as positioning myself at the back of the room, maintaining a distance while observing the unfolding situations, and refraining from interrupting the natural flow of the settings through verbal interaction. It is important to note that these observations were not conducted with the assumption that I was completely invisible. The following example of Bilal's case serves as an illustrative example of this notion[1].

Bilal, an English-born practitioner in Islamic therapy, was raised in England by Middle Eastern immigrant parents. He described his journey of becoming a therapist, reflecting on his upbringing in a poor, non-practising, and non-English speaking family. Bilal expressed his sense of responsibility to make something meaningful out of his life and repay his parents for the opportunities they provided. He viewed his role as a therapist as a calling and a way to give back to the community. Bilal gained recognition in specific Muslim communities in London due to his active presence on social media platforms. The COVID-19 pandemic further facilitated his online engagement as people increasingly turned to virtual communication. Bilal shared his motivation for sharing videos and content online, which resulted in a significant increase in his social media following.

Bilal's livelihood is primarily based on his social media presence, which allows him to travel to different locations worldwide and utilise temporary accommodations such as Airbnbs as therapy settings. During my fieldwork, I shadowed Bilal as he conducted his therapy practice from a house in Birmingham. He explained his decision to focus on specific areas based on the demand he received from nearby individuals, emphasising the convenience and practicality of this approach.

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[1] Information regarding Bilal has been formulated in cooperation with Bilal. Bilal did not wish to be anonymised; however, he understood my ethical concerns regarding anonymisation for all of the participants of the study. We attempted to formulate an introduction to Bilal's context while still anonymising details.

In his later studies on Islam, Bilal adopted a strict interpretation of gender roles and advocated for gender segregation. He humorously mentioned that he had to educate his parents on the correct Islamic way, assuming a parental role when it came to imparting true Islamic teachings. His online videos and Q&A sessions promoted traditional gender values while actively opposing what he perceived as feminism. However, despite Bilal's adherence to rigid gender norms, my gender identity as a woman did not pose an obstacle or concern when it came to my request for shadowing. Between Bilal and I, our roles as interviewer and interviewee transcended his gender considerations. It became apparent that my gender was deemed irrelevant or insignificant in the context of our interactions. He argued, "I am from social science, I know how it works," referring to a commonality, a bridge of shared understanding. The fact that we both identified with the field of social science fostered a shared understanding and served as a common ground for building trust. Bilal, like others, compartmentalises different aspects of his life and assigns specific codes of practice, social norms, and expectations to each domain. The experience with Bilal highlights the impact of the shadowing practice on shifting positions and perspectives, as it demonstrates how he perceived my gender as inconsequential despite his adherence to strict gender norms in general aspects of life.

The primary advantage of shadowing as a research method lies in the profound insights it offers to the researcher (Sirris *et al.*, 2022). Through shadowing, I had the opportunity to observe therapists as they navigated therapy sessions, encountered everyday conflicts, and experienced a range of emotions, including frustration, happiness, challenges, and successes. This method allowed me to gain a deeper understanding of the therapists' practices beyond their own retrospective reflections. However, it is important to acknowledge that my presence during shadowing and observation influenced the environment (Sirris *et al.*, 2022).

Scholars such as Meunier and Vasquez, as cited by Sirris *et al.,* highlighted the role of the researcher's attention in the shift between shadowing and observation (Sirris *et al.*, 2022, p. 137; Meunier & Vásquez, 2008). This transition from shadowing to observing occurred dynamically and intuitively.

While shadowing therapists during therapy sessions naturally led to passive observation, I became a part of the therapists' daily lives during that time, although to the clients, I remained a passive observer. My main concern revolved around the clients and their experience of my presence, which is an ethical issue that will be addressed further in the subsequent subchapter on ethical considerations.

Participant observation, particularly through shadowing, proved valuable in establishing a comprehensive understanding and contextualisation of the phenomena surrounding Islamic therapy as experienced by the participants.

Interviewing

Steiner Kvale, late Norwegian professor of psychology, and Danish professor Svend Brinkmann introduced their famous work on interviews by stating, "Qualitative methods - ranging from participant observation to interviews to discourse analysis - have since the 1980s become key methods of social research." (Kvale & Brinkmann, 2009, p. 11). They further argued, "An interview is literally an inter view, an inter-change of views between two persons conversing about a theme of mutual interest." (Kvale & Brinkmann, 2009, p. 2). Seidman, an American professor emeritus of qualitative research, concluded, "As a method of inquiry, interviewing is most consistent with people's ability to make meaning through language. It affirms the importance of the individual without denigrating the possibility of community and collaboration. Finally, it is deeply satisfying to researchers who are interested in others' stories." (Seidman, 2006, p. 14).

Seidman further explained how curiosity and questioning inspired him in his personal reflections on his family history (Seidman, 2006, p. 1). It is the same curiosity and attempt to understand the world that engages researchers. Kvale and Brinkmann established that "The qualitative research interview attempts to understand the world from the subject's point of view, to unfold the meaning of their experiences, to uncover their lived world prior to scientific explanations."

(Kvale & Brinkmann, 2009, p. 1). They continued their introduction to the method of interviewing by arguing,

> "Qualitative interviews were used to varying extents in the social sciences throughout the 20th century. Although systematic literature on research interviewing is a phenomenon of the last few decades, anthropologists and sociologists have long used informal interviews to obtain knowledge from their informants." (Kvale & Brinkmann, 2009, p. 9).

I decided on semi-structured interviews (Bryman, 2008, p. 196) when undertaking this research. Seidman argued, "Each interview requires a series of instantaneous decisions about what direction to take." (Seidman, 2006, p. 39). I used these decisions as a frame of my interview guide, which will be presented in a later section. Seidman opted for an emphatic, context-bound approach and active listening. He argued, "The truly effective question flows from an interviewer's concentrated listening, engaged interest in what is being said, and purpose in moving forward." (Seidman, 2006, p. 93).

The utilisation of a semi-structured interview model allowed me to effectively leverage the predetermined interview framework while also facilitating attentive and empathetic listening that fostered the generation of context-specific follow-up inquiries. Seidman concluded that "The most important personal characteristic interviewers must have is a genuine interest in other people" (Seidman, 2006, p. 94), which led me to place an authentic interest in my interviewees' stories before rigid guidelines.

Interviewees who ask questions

Swedish researcher Anna Davidson Bremborg interestingly emphasised English Professor Ann Oakley's 1981 criticism of the positivist epistemological approach of her time (Bremborg, 2014, p. 311).

Oakley's critique, derived from her interactions with female interviewees, highlighted their tendency to ask her questions and demonstrate a personal interest in her. Despite prevailing views in her field, she actively engaged with these inquiries. Bremborg cited Oakley's observation that "together they were jointly creating material," underscoring the collaborative nature of their interactions (*ibid.*). I can relate to this experience, not only when interviewing women but also in the digital age, where some interview participants have expressed having researched my online presence prior to our meetings. Consequently, they have posed questions about my interests in Kierkegaard or other shared topics of interest.

During my interview with Kemal, he posed several questions related to my research interests and political views. Although the atmosphere initially felt somewhat hostile, by actively addressing his inquiries and concerns, we were able to find common ground and foster a more constructive dialogue. Dawud and Bilal both exhibited opinions aimed at my gender. They utilised questions as a means to assert power and dominance in the interview, often attempting to diminish my knowledge or expertise.

Kvale and Brinkmann pointed out that "The research interview is not a conversation between equal partners, because the researcher defines and controls the situation." (Kvale & Brinkmann, 2009, p. 3). One possible explanation for interviewees seeking common ground is to alleviate the initial awkwardness and perceived power dynamics inherent in interview settings. These individuals may feel a certain level of discomfort and, as a result, engage in small talk as a means of establishing rapport. This serves as a way to balance the power roles by initiating a dialogue and asking questions.

Oakley found that answering the questions led her to form a more non-hierarchical relationship with her interviewees (Bremborg, 2014, p. 311), though one can never fully achieve a non-hierarchical relationship due to the power relation between interviewer and interviewee. Similarly, I have also observed that engaging with interviewees' questions can serve the purpose of putting them at ease. However, I have made the conscious decision to decline certain questions, particularly when

they arise later in the interview or directly influence the focus of the conversation. For instance, during an interview with Hiba, she requested that I analyse a recent dream of hers. Although I declined her request, it sparked a valuable discussion on how she incorporates dreams into her therapeutic practice. These instances exemplify how the interview process is a dynamic interaction between two individuals. It is difficult to anticipate a textbook-perfect process and outcome, but I have learned to appreciate the unexpected nuances that arise during interviews.

Collecting nuanced material

Bremborg argued, "The main feature of qualitative interviews is the possibility of collecting nuanced and complex material." (Bremborg, 2014, p. 312). The depth of the produced knowledge rests firmly on the strength of the interview processes. Kvale and Brinkmann stated, "An interview is a conversation that has a structure and a purpose." (Kvale & Brinkmann, 2009, p. 3). Interviews, akin to conversations, provide a window into individuals' endeavours to comprehend their lived experiences. Some interviews leave one pondering whether the entire exchange was a meticulously rehearsed performance, while others overflow with spontaneous improvisations. To navigate the intricacies of conducting a successful interview, I adopted semi-structured phenomenological interview strategies as my guiding framework. Kvale and Brinkmann argued that "phenomenologists are typically interested in charting how human subjects experience life world phenomena" (Kvale & Brinkmann, 2009, p. 14) and Irving Seidman, professor emeritus of qualitative research, exemplified how researchers may use phenomenology to guide the interviews, thereby shaping structured knowledge about a phenomenon (Seidman, 2006).

A common interest of researchers may be centred on *how things are* and *how things have come to be.* I am particularly intrigued by how things are *experienced.* I pay little interest in how things *are* and spend my time contemplating how people perceive existence. In this case, I am interested in how my interviewees formulate

their expectations of *the being* of Islamic therapy. Mark Bevan, an English contemporary researcher, argued for an important difference between phenomenology as a philosophical approach and tradition and the method of performing phenomenological research. He stated, "In philosophical phenomenology, it is the philosopher who reflects on the givenness of a thing, whereas in phenomenological research, initial reflection is by the person who has undergone a particular experience, and this reflection is a primary interpretation." (Bevan, 2014, p. 137). He continued to state, "It is through thematised verbalisation of this reflected experience that we gain access to the thing experienced, its modes of appearing in natural attitude, and its meaning." (*ibid.*).

Interview strategy

Given my interest in delving into individuals' personal understanding and the attribution of meaning to their experiences, it is essential for my interview strategy to foster such reflective insights. The initial phase of my interview approach revolves around posing descriptive questions. In the context of exploring Islamic therapy, I am equally interested in comprehending the religious belief systems of my interviewees. Hence, I initiate conversations by requesting the interviewee to provide a description of the role of Islam. For instance, I inquire about how they

would succinctly characterise Islam and its significance in the world, which could look like the following questions: "How would you describe Islam in a few words?" and "How do you describe the importance of Islam in the world?" These inquiries enable me to grasp the religious worldviews of the interviewees. Bevan maintained, "Description begins to show the complexity of experience and significance of interrelatedness of elements of experience. It is these relationships that begin to offer the researcher insight into meaning of experience and how it is constituted." (Bevan, 2014, p. 140).

By asking questions related to the main subject of interest, I ensured an insight into the landscape of meaning and how it is shaped.

Without understanding how the interviewees understood Islam and its role or place in the lived experience of the world, I would not be able to grasp the complex nature of the constructions of Islamic therapy. Asking phenomenological questions is key to addressing the multifaceted being of phenomena. The experiences of the interviewed and how they exemplify statements, emotions and experiences are the core of phenomenological interviewing. Bevan argued, "The goal is to get participants to describe experience," and added, "One cannot control how people choose to express their experience." (Bevan, 2014, p. 140).

The strength and the challenge of this strategy lie in the interviewer's ability to create enough space for the expressions of experiences while still progressing the conversation in the right direction. Bevan further pointed out that "application of the method also requires flexibility on the part of the interviewer to develop questions that are relevant to the individual." (Bevan, 2014, p. 140) Creating guidelines for semi-structured interviews and doing follow-up interviews, likewise, to consult and converse with the interviewees about the material turned out to be valuable solutions to the challenges of the interview stage.

Bevan, based on the conclusions of Don Ihde (b. 1934) and Paul Ricoeur (d. 2005), argued that phenomenology does not have a universal method (Bevan, 2014, p. 138). The practice of phenomenological interviewing provides researchers with a certain degree of flexibility and freedom.

While there are no fixed rules for conducting phenomenological interviews, this approach offers a distinct perspective on the interview process. It encourages a unique attitude that aligns with my fundamental interest in delving into lived experiences and subjective phenomena.

Meaning and context questions

One crucial aspect I want to emphasise is that meaning and interpretation should never be assumed or taken for granted. Throughout the interviews, I made a point

of asking my interviewees to provide descriptions and examples to elucidate their choice of words and phrases. Building on the insights of Bevan, who referenced Spradley's point that descriptive questions could be "supplemented with structural questions," which "aim to show how individuals structure their experiences." (Bevan, 2014, p. 140; Spradley, 1979), I supplemented descriptive questions with structural questions that aimed to uncover how individuals structure their experiences. To guide the interviews, I developed an interview guide based on three main categories of interest, which were supported by a foundation of structural questions.

As the conversations unfolded, I employed descriptive questions to enhance the depth and breadth of the interviews. Once a level of comfort was established between myself and the interviewee, I would introduce more unconventional lines of questioning, incorporating elements from the surroundings or specifically addressing dreams. Examples of such questions include: "If you were a politician and could enact a law, what would it be and why?" and "Do you experience any emotions when looking at the painting in the background?" or "Do you ever have dreams related to your work?" These alternative questions were chosen because they shed light on the interviewees' context as a multifaceted individual. In many cases, asking these non-traditional questions provided analytical insights into the interviewee's statements. The answers enabled me to gain a deeper understanding of the interviewee's context, as asking for examples provided context to specific attitudes or expressions.

Bevan highlighted that it is important to ask context questions as they allow "a presentation and examination of a phenomenon under investigation as it stands out against context, but is intrinsically part of it and informs meaning." (Bevan, 2014, p. 140). Incorporating context questions proved to be a productive approach in navigating the interviews, as they guided the conversation and prompted the exploration of new questions to enrich the knowledge produced.

Dreams

During the interview and shadowing processes, I grew fascinated by the meanings my interviewees ascribed to dreams. My attention was initially led to Freud's 1899 *The Interpretation of Dreams* and his psychoanalytic approach to dreams (Freud, 2010; Schredl *et al.*, 2000). Price introduced his 1986 article *The Future of Dreams: Freud and Artemidorus* by quoting Freud's famous statement: "The interpretation of dreams is the royal road to a knowledge of the unconscious activities of the mind." (Price, 1986, p. 3).

In early literature by Muslim scientists and philosophers, dreams were not only pathways to the unconscious activities of the mind but also a portal to communication with the divine (BaHammam *et al.*, 2018). This resulted in numerous literature on dreams and, in particular, the manual by the late 14th-century Muslim scholar Ibn Khaldūn (d. 1402 C.E.) (BaHammam *et al.,* 2018; Pruett, 1985).

Although none of my interviewees utilised dream interpretation as a therapeutic technique, their overall emphasis on dreams captured my research curiosity. Taking a contemporary perspective on Freud's assertion, dreams are seen as providing a glimpse into the conscious retrospective narrative of the unconscious mind. Motivated by this idea, I inquired about the dreams of my interviewees, particularly in relation to their roles as therapists. It is important to note that my intention was not to engage in Freudian psychoanalysis or to interpret their dreams but rather to gather insights into their phenomenological experiences. By exploring their dreams, I aimed to enrich my understanding of their subjective perspectives and the significance of dreams within their therapeutic practice.

Implementing bracketing

Implementing *bracketing* (Husserl, 1970) or *epoché* to the interview does influence the way the interview is conducted. Bevan described it as remaining "faithful to the descriptions of experience of the people interviewed" (Bevan, 2014, p. 139), a notion I appreciate and the attitude with which I approach the search for new knowledge. Bevan stated:

> "To abstain from the use of personal knowledge is what Husserl (1970) called "bracketing," which is a setting aside of what we already know about a given phenomenon. It is worth acknowledging that total abstention is impossible, but that is not the point. Bracketing or abstention requires a researcher to become aware of his or her own natural attitude, immersion in their lifeworld, and how it is taken for granted (Merleau-Ponty, 2012). Essentially, bracketing is an attempt to overcome the uncritical dogmatism of the natural attitude." (Bevan, 2014, p. 138).

Bevan called bracketing "an attempt to overcome the uncritical dogmatism of the natural attitude." (*ibid.*). This further reinforces the earlier assertion that meaning cannot be assumed or taken for granted. One of the notable strengths of phenomenology lies in its inherent emphasis on self-reflection. Bevan put it perfectly, "interview questions are posed with self-consciousness of one's own natural attitude." (Bevan, 2014, p. 139).

The researcher's *natural* disposition shapes the questions asked and the responses obtained during an interview, ultimately influencing the resulting knowledge produced. In social sciences, I argue that self-awareness plays a crucial role in conducting effective research. It is through this self-reflective stance that the researcher becomes an integral part of the knowledge produced rather than remaining an external observer.

Bevan presented three distinct research approaches that arise from a phenomenological attitude (Epoché): (1) Acceptance of the natural attitude of

participants, (2) reflective and critical self-dialogue, and (3) active (Bevan, 2014, p. 139). These approaches have led to different interview structures and methods. Throughout my interviews, I have shifted between these methods to achieve the best possible outcomes.

In applying the first approach, I utilised a contextualisation structure and employed descriptive, narrative, and contextual questions. For instance, I would ask my interviewees, "How did you come to undertake your current role as a therapist?" This allowed the interviewees to provide a narrative and description of both the practical and emotional aspects of their journey. By contextualising the subject and gaining insight into their conscious and reflective choices, I, as a researcher, gained a better understanding of their natural attitude towards the concept of being a therapist.

The self-critical approach, on the other hand, guided me towards apprehending the phenomenon through a structure of descriptive and structural questions. For example, by asking, "Can you describe your typical day as a therapist?" I gained an understanding of their specific narratives surrounding their role. In this process, I might discover differences between their natural attitude and my own.

Since we often take our own natural attitude for granted in everyday communication, encountering contrasts or variations can have a different impact. I have found that the emotional reaction to these differences correlates with the distance between one's horizon of understanding (Gadamer, 2004) and that of others. The greater the distance, the more noticeable the differences become, although small variations may be harder to discern. This particular approach to the interview helps the researcher navigate between their own natural attitudes and those of the interviewees, fostering awareness of our role in knowledge production and guiding the framing of effective questions.

The final approach is active listening, which plays a central role in seeking clarification of the phenomenon. Here, I utilise hypothetical scenarios to form questions. Bevan argued that "imaginatively varying aspects of experience makes

an interview more dynamic" (Bevan, 2014, p. 142), drawing on Husserl's notion that "a phenomenon should be actively examined" (*ibid*.). Bevan further highlighted Seigelberg's view that "placed the imaginative variation earlier in the process of examining a phenomenon" (Bevan, 2014, p. 141) but also defined the approach as "the use of elements of experience, or experience as a whole, while exploring the phenomenon itself." (Bevan, 2014, p. 141). This argument led me to place these questions later in the interview after gathering a substantial amount of information about the interviewees' experiences. This approach aligns with the value Bevan emphasised, that "each person's experience is an experience in its own fullness." (Bevan, 2014, p. 142).

I acknowledge that a phenomenological approach carries the possibility of bias and subjective interplay. I am aware of my role in co-producing research knowledge, as discussed in the section on positioning as a researcher, which also challenges the notion of bracketing or phenomenological reduction. Bevan stated that "to undertake the phenomenological reduction a researcher is required to abstain from the use of personal knowledge, theory, or beliefs, to become a perpetual beginner (Merleau-Ponty, 2012) or deliberate naiveté, in Kvale and Brinkmann's (2009) terms." (Bevan, 2014, p. 138).

As discussed in the previous section, phenomenological reduction plays a crucial role in a phenomenological approach to interviewing. However, engaging with the collected material while collecting new data may challenge one's ability to maintain bracketing. The information gathered along the way can influence one's awareness of the phenomenon. Nonetheless, I argue that it is possible for a researcher to reset their conscious decisions while conducting new interviews. Although data processing may pose a challenge to bracketing, I believe that the self-reflective nature of phenomenology and the benefits of re-evaluating the interview process outweigh the disadvantages.

Phenomenological interviews offer rich and comprehensive material, providing in-depth understanding and unique perspectives. I specifically chose a phenomenological approach due to the characteristics of my research subject,

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Islamic therapy, which is a relatively new and uncommon concept in Denmark. Only a few therapists practise these therapy forms, and their services are not widely advertised. As the field is gradually emerging and evolving during the data collection phase, and there is a lack of common and public definitions by practitioners and users, I saw the opportunity to examine the approach as a concept with related phenomena. By conducting phenomenological interviews, I was allowed to explore the multifaceted nature of Islamic therapy.

Ethical reflections during interview processes

Ethical issues may arise during interviews, especially when interviewees discuss criminal activities or moral conflicts. I have encountered information that pushed the boundaries of my role as a researcher. Particularly when interviewing clients, I have questioned my moral responsibility. The first question revolves around the overall benefit or potential harm that interviews may cause. The second question arose when I came across references to harmful actions. Kvale and Brinkmann stated, "The ethical principle of beneficence means that the risk of harm to a participant should be the least possible" (Kvale & Brinkmann, 2009, p. 73).

Considering this principle, I decided not to pursue further interviews with clients of Islamic therapy. I had two ethical concerns: (1) could interviewing re-traumatise clients and potentially hinder their progress in therapy, and (2) could interviewing both therapists and clients create mistrust between them and compromise interviewees' anonymity?

From a utilitarian perspective, "the importance of the knowledge gained should outweigh the risk of harm to the participants." (Kvale & Brinkmann, 2009, p. 73). While I recognise the benefits of the research, I concluded that the risks of harming the clients outweighed the benefits of obtaining that knowledge.

Kvale and Brinkmann described Greek philosopher Aristotle's (d. 322 AD) *phronesis* as practical wisdom, which they concluded that it "can be said to involve

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what we call the skill of "thick ethical description." (Kvale & Brinkmann, 2009, p. 67). I have taken on the stance of Aristotle's virtue ethics as presented by philosopher Gilbert Ryle (Ryle, 2009) and Clifford Geertz (Geertz, 1973) in their notion of "thick description" (Kvale & Brinkmann, 2009, p. 67). This includes the researcher's use of their practical knowledge. As a criticism of Kantian ethics and the attempt to describe a universal set of ethics, Kvale and Brinkmann argued that researchers "should engage in contextualised methods of reasoning rather than calculating from abstract and universal principles." (Kvale & Brinkmann, 2009, p. 67).

During my interviews, I adhered to a set of ethical norms, but I also relied on my previous experiences to assess the ethical considerations contextually. I will provide a more detailed discussion of the ethical guidelines in a subsequent sub-chapter.

One of the more nuanced ethical dilemmas emerged during an interview with a practitioner. As she shared her personal journey and how her troubled past influenced her interest in Islamic therapy, she mentioned an episode involving another interviewee of mine. She said:

"I had struggled with some mental health issues for a while, and as I mentioned, I did not receive proper help from authorities, so - naive as I was - I asked [name intentionally left out] for advice and at first, it was fine, he listened, and it seemed like he cared. He suggested that I should come see him again, which, at first, I found a bit odd. Normally, they answer and kind of push you out of the door, like [imitates a deeper voice] 'I have better things to do', but I was happy about the help. You know. You have someone who listens to you. Suddenly, he would message me directly or late at night, even suggesting he would get me groceries and come and do housework for me if I was not feeling mentally capable. And you sit there like, is this really happening? Wow, this person is so kind, but on the other hand, you hear rumours [laughs], you know, that he hardly helps his wife, that she is burdened by his...you know, he does not help at all, and suddenly he wants to do all this effort. He kept pushing, even when I found it uncomfortable, and I knew in my gut something was off. Later, I think I would call it

grooming or slowly forcing me into a co-dependent power relation. In the end, he said we should get married, as a secret second wife, because he knows that Allah has given him a gift of helping vulnerable women. I was disgusted. I am sure he does this to a lot of women. Describing himself as a saviour kind of figure, grooming and abusing. The only good thing that came from it was my eagerness to help myself and to learn how to help others. I will give women the offers they need so they do not rely on men like him, and I am sure there is more. It seemed too organised, too well-planned."

The quotation demonstrates how open-ended questions can lead to the acquisition of knowledge and details that would otherwise remain inaccessible. In this particular case, the interviewee, whom I have left unidentified intentionally, disclosed her experience of grooming and power abuse. As I listened to her narrative, I confronted four ethical issues: (1) Is this knowledge valuable for the overall research? If so, can I request further details and clarifications without causing re-traumatisation? (2) Can I pose critical questions to verify the events, and should I do so? (3) Will sharing this information potentially harm or damage the participants as a group, challenge their self-image, or subject them to political attacks? (4) To what extent can I maintain a state of epoché while engaging with the participant who is accused in this instance?

From a phenomenological perspective, the narrative holds significant value and is important to the interviewee's lived experience. However, due to the ethical dilemmas involved, I have not focused on the traumatic aspects of the collected data. I am concerned that doing so could overshadow the overall research and its broader significance. Nonetheless, I do not underestimate the importance or downplay the consequences of such experiences. Many of the interviewees have incorporated major personal or traumatic life events into their self-image as therapists. Therefore, I have meticulously selected extracts from the interviews in accordance with my ethical considerations. This careful selection places me, as a researcher, at the core of the data while also ensuring that the privacy of the participants is protected, and the significance of their personal experiences contributes to the depth of the analysis.

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The last interview guide

Data collection began early in the research period, and this phase included conducting pre-entry interviews in Denmark and England. Throughout this stage, I utilised diverse qualitative methods to iteratively refine and narrow down the set of questions that would ultimately form my final interview guide. The development of this guide was informed by insights gained from the pre-entry interviews, as well as from participant observations and shadowing experiences. In the subsequent sections, I will elaborate on my reflections and decisions pertaining to the different categories of questions incorporated in the interview guide (see Appendix Image 6).

Before commencing the interviews, I provided a comprehensive explanation of the research goals, project interests, and the interviewee's rights. Ethical considerations were addressed, and all necessary information was provided in printed form. The interviews were divided into three sub-categories to structure the questioning process.

Introduction

In this phase of the interviews, I initiated the discussion by asking a descriptive question: "If you were to describe Islam in a few words, what would those be?" This question aimed to gain insights into the interviewees' overall understanding of religion and its role in their worldview. Considering their engagement in what they refer to as Islamic therapy, I assumed that Islam plays an active role in the discursive constructions surrounding this concept and its related phenomena. It is important to note that while religion may not necessarily hold a central position in the actual practices of Islamic therapy, it serves as a significant aspect of their articulation and verbal presentation.

Graham Harvey, an English professor of religious studies, makes a noteworthy distinction between the research approaches of scholars studying texts and those engaging in fieldwork research (Harvey, 2014, p. 217). Harvey argued, "It is what

people do that engages fieldwork researchers" (*ibid.*) in contrast to "people's ambitions to live up to some exalted, authoritative version of what a religion should be." (Harvey, 2014, p. 217). From an ethicist's viewpoint, I am interested in the normative suggestions offered by the interviewees. However, I prioritise what the interviewees themselves present as authoritative texts or ideas rather than scrutinising specific textual sources. Although there were instances where interviewees misquoted Quranic or hadith material, it is not within my scope or interest to address these misquotations. As a fieldwork researcher, my focus lies in better understanding people's experiences and interpretations, as Harvey aptly phrased it (Harvey, 2014, p. 217). By asking the interviewee to describe Islam, I gain insights into their experiences, interpretations, expectations, and the performative aspect of their religious identity.

The subsequent question, "Can you please exemplify the role of Islam in the world? In your life?" adopts a narrative nature. Through this question, I aim to explore the interviewees' narratives and how they depict Islam in narrative form. This provides further understanding of their religious beliefs and identity, potentially adding nuances and differences to the answers provided in response to the previous question.

For instance, Sadef expressed that "Islam is a guide to one's life, it is peace, and always doing the best," while also stating, "Islam does not really play a role in my life or in my daily work." By posing these two different questions, I am presented with nuanced insights into Sadef's understanding of Islam. This does not necessarily indicate contradictions, and I do not examine it as such. Instead, I perceive it as responses from a multifaceted individual. Interviewing individuals about their religious beliefs requires striking a balance between rehearsed answers, the ideals they aim to convey, and the performative roles they may feel compelled to fulfil. Simultaneously, it involves recognising their personal struggles to navigate a life guided by religious practices and beliefs, as observed in other relevant studies.

The following question aimed to gain insight into the interviewee's societal context by exploring their experiences and expectations within the society they inhabit.

Specifically, I inquire about their perceptions of the role of Islam in Danish/English society and ask for examples to further elucidate their viewpoint. While I explicitly specify the society in this particular case, my intention is to access their ideals, awareness, disappointments, and their sense of identity as members of a broader society. In subsequent questions, I refrain from specifying the society to observe whether the interviewees naturally associate themselves with a smaller community, such as a religious group, or if they refer to the general society, including transnational or online aspects.

In Danish, I employ the term "samfund," which for the Danish interviewees, encompasses their religious community. This term may carry connotations associated with the highly politicised notion of "parallel samfund" (Parallel Societies), which the interviewees have integrated into their vocabulary. However, this tendency was less pronounced among my English interviewees, who referred to the religious community as simply a community rather than using the term society.

To conclude the introductory sub-category, I posed a structural question that outlines the practical role of religion in their lives. I ask them to describe a typical day and the role Islam plays in their daily lives, while also inviting them to share any specific experiences that come to mind.

This question is designed to address the broader relationship between religion and one's life while also delving into the everyday experiences of the interviewees. By concluding the initial part of the question with a reference to their daily lives I aim to narrow their focus and prompt them to provide specific examples. While the experiences of the interviewees are a valuable aspect of phenomenological interviews, inquiring about experiences on a larger scale may overwhelm the interviewee. Hence, I deliberately guide their attention towards smaller timeframes, using them as a pathway to exploring their overall life experiences.

Addressing the concept

The central and most substantial section of the interview focuses on the concept of Islamic therapy. In this category of questions, my objective was to gain a comprehensive understanding of the interviewees' knowledge and personal encounters with Islamic therapy and the related phenomena. This could encompass various aspects such as reflective interactions, thoughts, ideas, or experiences related to their engagement with the phenomenon in the world. To delve into the concept, I initiated this section by posing three descriptive questions:

"Please describe what Islamic therapy is". (What, where, how?) Ask for examples/experiences."

"How would you describe the best example of an Islamic therapist?" (In some cases, ask about the worst example, too.)

"What kind of clients do you meet?"

These questions were specifically crafted to gain insights into the practical aspects of their therapeutic practices within Islamic therapy. They aimed to uncover the specific therapy forms employed, as well as the locations and methods of practice adopted by the interviewees. Building upon these descriptive inquiries, I further inquired about their perception of the ideal scenario within Islamic therapy. This line of questioning provided valuable insights into their own expectations of their role as therapists, their professional interactions, and their ethical values. In some instances, I also inquired about examples of the worst-case scenarios. While some interviewees naturally addressed this aspect while discussing the best examples, others displayed sensitivity towards the topic, prompting me to refrain from directly asking about negative instances.

The descriptive questions also served to shed light on the interviewees' perspectives on their clients. By delving into their experiences and reflections on their clients, I gained a deeper understanding of how they emotionally and cognitively engage with their clients, as well as a better grasp of their own positioning and the role of their therapeutic practices.

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Interview Guide
The Concept

Examples

Insights

Descriptive
Questions

Following the descriptive questions, I proceeded with narrative inquiries that focused on the interviewees' personal experiences. For instance, I asked them to recount a situation where Islamic therapy was particularly successful and effective for both themselves and the client. Additionally, I encouraged them to provide examples or anecdotes illustrating moments when their approach was challenged. By posing these narrative questions, I aimed to elicit a more profound level of self-awareness and nuance regarding their experiences. I took care in choosing the right words to express challenges, ensuring that I did not unintentionally highlight negative aspects of their narratives. The narrative inquiries allowed me to gain a comprehensive understanding of the emotional connections they formed with their experiences. The interviewees' explanations of their successes and challenges provided valuable insights into their self-image and lived experiences as therapists. To further explore this aspect, I posed three contextual questions that aimed to contextualise their experiences within their respective contexts:

"Please tell me how you came to be an Islamic therapist - can you think of any events that led you to this position?"

"How has the reception been - in your family, (if any) in your faith community, in your workplace, and in society?"

"Do you ever dream about your work, specific episodes or experiences?"

The initial question aimed to explore the retrospective narrative of the interviewees' journey to becoming therapists. Most of the interviewees recounted vivid memories of a transformative moment, an epiphany, or a profound sense of belonging. This provided valuable insights not only into their personal experiences as therapists but also into their perceptions of what Islamic therapy entails and its potential, as expressed by the interviewees. Furthermore, delving into their spiritual awakenings prompted me to inquire about their experiences with how their work is received.

By examining their views on the reception of Islamic therapy, I gained a deeper understanding of their perspectives on the concept and its position within specific contexts. Did they perceive themselves as pioneers challenging an uninformed public, or did they view their work as a divine duty driven by familial expectations

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and community needs? These questions focused on the interviewees' conscious and self-reflective perspectives, although it became evident that the interviewees' religious experiences also stem from attitudes residing in the subjective experience of the world.

Moving forward, I posed a structural question: "How does a typical day or session look for you?" and "Are there any notable experiences that come to mind?" This question provided a structural framework for understanding the therapists' daily practices and how they would describe Islamic therapy. Lastly, I incorporated an imaginative variation question to gain a different perspective on their experiences of Islamic therapy. The specific variation of this question depended on the individual setting, ranging from exploring how their work would change with financial support to envisioning the impact of having a specialised clinic for Islamic therapy or increased support from society. The imaginative variation was tailored to the interviewee's specific experiences and earlier comments. Some interviewees emphasised financial needs, while others highlighted the importance of broader societal acceptance.

In summary, these were the questions used to guide the interviews. They facilitated engaging dialogues and provided unique insights into the phenomenon of Islamic therapy. Ultimately, the interviews contributed to shaping the research object during the interpretive phenomenological analysis.

Interpretive phenomenological analysis

Interpretative Phenomenological Analysis (IPA) is a qualitative research approach that emphasises an idiographic perspective on cognition. By employing IPA, my aim is not to generate generalisable findings but rather to provide a detailed understanding of a specific case that may serve as a basis for the emergence of similar studies. IPA involves a process of interpreting data to present and analyse how the interviewee, within their particular context, makes sense of the phenomenon under investigation.

English Professor of Psychology Jonathan A. Smith and clinical psychologist Mike Osborn introduced their chapter on IPA by stating, "The aim of interpretative phenomenological analysis (IPA) is to explore in detail how participants are making sense of their personal and social world." (Smith & Osborn, 2007, p. 53). They continued to link the method to hermeneutics by arguing that IPA is "a two-stage interpretation process," (*ibid*.) concluding that "a double hermeneutic is involved." They explained it by stating that "the participants are trying to make sense of their world; the researcher is trying to make sense of the participants trying to make sense of their world." (Smith & Osborn, 2007, p. 53).

A Hermeneutic approach to IPA

Hermeneutics, as a philosophical method of interpreting, gives us a system of understanding empirical statements and their meanings. Ingvild Sælid Gilhus, a Norwegian Professor of Religion, argued that by approaching the data from a hermeneutic perspective, the analysis becomes "a means to say something about religion and religious processes in a society." (Gilhus, 2014, p. 275). Contemporary hermeneutics is not only applied to texts but also to signs that religious agents produce. Signs may include text-like objects but also text-analogies, including non-verbal communication (Gilhus, 2014, p. 276).

I prefer a hermeneutic approach as it assists in analysing both codes, system of codes and sense-making processes. This particular method of revisiting one's understanding of the concept while engaging in self-reflection and acknowledging changes in one's contextualisations aligns with the hermeneutic guidelines outlined by Gilhus. The first guideline emphasises the careful, slow, and repeated reading of interviews and field notes. Drawing loosely from the hermeneutic circle, one should revisit the interviews and field notes repeatedly over time.

If a hermeneutic analysis can encompass non-textual and non-verbal objects, the object or concept, as well as the context, contribute to the creation of meaning. The empirical data will demonstrate how meaning is contextually constructed as research subjects establish connections between their contextual experiences,

expectations (i.e., cognitions), and verbal and non-verbal objects. Returning to the process of meaning production for the concept, I asserted that the interviewees dynamically interpreted and assigned meaning to the concept based on their contextualisations. These contextualisations changed as they revisited the concept while engaging in communication with me. My research questions, reflections, facial reactions, and body language became active elements in their revised contextualisations. Subsequently, I revisited the collected data through my own contextualisations. The emergence of questions and interests from this data review led to follow-up interviews, which played a crucial role in revisiting the data through revised contextualisations. Consequently, the understanding of the concept represents shared knowledge co-created through conversations, reflections, and the convergence of our contextualisations.

The second guideline, rooted in Gilhus' work, acknowledged that a text or discursive concept is always embedded in multiple contexts (Gilhus, 2014, p. 276). A comprehensive analysis necessitates an understanding of these contexts and self-awareness regarding one's position and approach in relation to them. It prompts researchers to ask themselves, "How do I know this?"

Gilhus' third guideline emphasised the use of comparisons in the study to uncover overlooked meanings and intentions (Gilhus, 2014, p. 278). Gilhus argued that using comparisons would help a researcher "look for meanings and intentions that have been overlooked." (Gilhus, 2014, p. 278). While I recognise the potential usefulness of comparisons in this research, I believe it is not the researcher's role to search for intentions that interviewees have not expressed. Therefore, I will refrain from seeking intentions and instead employ comparisons between contemporary psychology theories and discursive practices in Islamic psychology to highlight the contextual influences that shape the emergence of divine intentions.

The fourth guideline highlights the dynamic nature of meanings (Gilhus, 2014, p. 278). As the concept is examined within its contextual articulation and practice, the meanings associated with it will inevitably vary.

The fifth and sixth guidelines pertain to the researcher's ability to promote specific interests and pose new questions. Lastly, Gilhus poses a question of utmost

importance: How do we determine the validity of our interpretation? (Gilhus, 2014, p. 278) A scientifically rigorous and systematic analysis of the concept's presentations, in and of itself, can be considered valid to the extent that it is carefully formulated. This means that a qualitative analysis cannot make universal claims about every aspect of the concept, but it can provide meaningful insights specific to the analysed data. This highlights the specific strength and purpose of the IPA methods.

The methods of Interpretative Phenomenological Analysis

The initial stage of the analysis, as outlined by Jonathan Smith and Mike Osborn, involves a repetitive process of carefully reviewing and re-examining the transcript on multiple occasions. Smith and Osborn argued, "There are no rules about what is commented upon, and there is no requirement, for example, to divide the text into meaning units and assign a comment for each unit." (Smith & Osborn, 2007, p. 67). According to their recommendations, the analyst is advised to establish two margins. The first margin serves the purpose of highlighting significant words. They concluded, "Comment on similarities and differences, echoes, amplifications and contradictions in what a person is saying." (*ibid.*). Then, the second margin is used to "document emerging theme titles" (68). Here, "notes are transformed into concise phrases which aim to capture the essential quality of what was found in the text." (*ibid.*).

With a systematic approach, one can initiate the process by identifying and listing the recurring themes while seeking connections among them. This endeavour aims to categorise the themes according to analytical or theoretical objectives. As noted by Smith and Osborn, "some of the themes will cluster together, and some may emerge as superordinate concepts." (Smith & Osborn, 2007, p. 70). It is crucial to verify the coherence of these theme clusters by cross-referencing them with the primary source material—the participant's actual words—found in the transcript (Smith & Osborn, 2007, p. 71). Lastly, the analyst should organise the findings and

assign names to the clusters (72). This iterative process is then repeated for subsequent interviews.

Smith and Osborn (Smith & Osborn, 2007, p. 74) suggested that, for the initial analysis of Interpretative Phenomenological Analysis (IPA) or when dealing with small sample sizes, it is advisable to restart the analysis afresh for each interview. However, researchers have the option to utilise "the table of themes from the first transcript to orient the analysis of the subsequent ones, or start the analysis of each case, as though it was the first." (Smith & Osborn, 2007, p. 74). Despite having a larger sample size than recommended, I chose to restart the process of identifying themes and clustering for each interview. This allowed for meaningful comparisons among clusters and themes, ultimately leading to the creation of a supercluster. The following table presents an illustration of how the Interpretative Phenomenological Analysis was conducted in this research.

Interview transcript	Significant words	Emerging themes	Cluster Category
"I often meet clients at my day	*often; clients; day job*	Society vs. Ethical duties	In the World; Ethical
job that could benefit from a	*benefit*	Spiritual benefit	Spiritual Realm
spiritual and an islamic approach.	*spiritual; an; Islamic*	A spritual world; vs./both?	Spiritual Realm
They can be diagnosed with	*diagnosed*	Society norms	In the World
something from a non-Muslim	*non-Muslim*	The other	In the World
perspective, which I respect, but	*I; respect; but*	The other; authority	Divine Authority; In the World
the Western way just does not	*Western way; just*	Society	In the World
see the whole picture. If the client	*see; whole picture*	clarity; vision; divine underst.	Spiritual Realm
expresses a willingness to be cured	*expresses; willingness; cured*	duties of the client	Ethical
and not just medicated for his or	*not just;*	society; lack of something	In the World
her symptoms I do suggest that we	*symptoms;*	society norms	In the World
talk outside of the office."	*outside the office*	Society vs. Ethical duties	In the World

The provided table illustrates the procedural framework employed to organise and structure the data. The first column displays the interview transcript, from which I extracted significant words. The third column reflects my initial attempt to categorise the words into themes, leading to the fourth and final column, where clusters of themes are presented. These cluster categories informed the structure of the analysis and laid the foundation for how the themes are presented in this work.

Prior to delving into the analysis of the collected data, I will address ethical considerations and declarations related to the research. All my methodological choices have been ethically driven, necessitating a discussion of ethical dilemmas throughout. However, the following section is exclusively dedicated to the importance of ethics.

Ethical considerations and declarations

The following sub-chapter serves as an introduction to the ethical considerations that guided and influenced the research process. This encompasses ethical concerns regarding thematisation, informed consent, confidentiality, and anonymity.

Kvale and Brinkmann stated, "The purpose of an interview study should, beyond the scientific value of the knowledge sought, also be considered with regard to improvement of the human situation investigated" (Kvale & Brinkmann, 2009, p. 63), a principle I took into careful consideration during the planning of the study. Specifically, the aim was to shed light on an understudied group who, in their own words, possess the capacity to assist marginalised and vulnerable segments of society. By creating public awareness of the thoughts and practices of the interview participants, it is anticipated that their work opportunities and effectiveness may be enhanced, offering a sense of improvement in their professional endeavours.

Informed consent

Prior to the interviews, all participants were provided with a comprehensive description of the project and my research interests. Furthermore, at the beginning of each interview, I ensured that I clearly communicated the research objectives, the rights of the interviewees, and the potential outcomes of the study. This included discussions on confidentiality, their access to the interview transcripts and analysis, as well as my rights as a researcher to publish the results.

Striking a balance between providing participants with the necessary information and avoiding overwhelming them with technical details was carefully considered, taking into account Kvale and Brinkmann's question: "How much information should be given and when?" (Kvale & Brinkmann, 2009, p. 71).

Confidentiality

Maintaining confidentiality has been a crucial aspect of both the field research and interviewing processes. Measures were taken to ensure that any information that could potentially identify the participants would not be disclosed. Careful selection of information was made to prevent participant recognition by others in published research. Anonymising the interviewees and safeguarding their privacy was a significant priority.

Anonymity

All participants have been assigned anonymous names that do not reveal their religious identity or cultural background. I did not request participants to choose their own anonymous names, as there was a concern that they might inadvertently select a name that corresponds to another participant or a name that they personally identify with, which could pose a risk of identification. However, I did obtain approval for the specific names chosen for the interviewees.

Specific details such as educational background, age, and specific geographical area of residence and practice were not disclosed. If relevant, I referred to their work and educational background in broader terms, such as mentioning their general sector. Similar discretion was exercised when referring to age and geographical location. Special attention was given to anonymising the Danish interviewees, as the field of study is significantly smaller compared to the English context. This is due to the larger number of practitioners and the diversity within Muslim communities in London as opposed to Copenhagen. Consequently, being London-based does not carry the same risk of identification as being Copenhagen-based, considering the size and variation within the respective locations.

Consequences

Kvale and Brinkmann stated, "The consequences of a qualitative study need to be addressed with respect to possible harm to the participants." (Kvale & Brinkmann, 2009, p. 73). A utilitarian perspective posits that if the benefits of the research outweigh the potential risks of harm, it may be deemed ethically justifiable to proceed. In my approach, I prioritise the well-being of participants over the value of the research itself. Even the slightest risk of harm would prompt me to reconsider and alter my intended course. This principle was exemplified when I decided to change my focus to clients of Islamic therapy. However, it is important to acknowledge that there is always a risk of influencing and challenging the self-understanding of the interviewees.

During my observation of English therapists and contact with their clients, I took great care to minimise any potential harm. I presented my interest in the therapists rather than the clients, refrained from taking notes during sessions, and avoided interviewing or questioning clients before, during, or after the session. The shadowing process was planned in a way that limited my presence to sessions with clients who were at an advanced stage of their progress. Additionally, I consulted with the involved psychologists to ensure that my presence did not cause immediate harm.

An intangible and hypothetical consequence to consider is the reception of the research in society. Given the political and sensational journalistic interest in Muslims in Denmark, I addressed my concerns with the participants, leading to discussions about their needs. They confirmed feeling stigmatised in society, particularly by politicians and the media. Their core intention in participating was to challenge and change public perceptions. Despite being aware of this concern, I still find it reasonable, and it has influenced my approach to analysis.

Verification

Verification is a crucial aspect of research. Kvale and Brinkmann raised the question of how critically an interviewee can be questioned to verify the information provided (Kvale & Brinkmann, 2009, p. 63). I previously mentioned ethical challenges arising from receiving criminal or immoral information about well-known individuals or other interviewees. To address this, I made the decision not to publish such statements in the final research manuscript. I did not want to subject them to critical questioning or treat the information as a journalistic exposé. The phenomenological approach values the interviewees' experiences, and while I may examine these examples as experiences, I have not verified the stories. To present an authentic and respectful portrayal of the data, I contextualised the statements. As Kvale and Brinkmann argued, "We thicken events by describing them in their context" (Kvale & Brinkmann, 2009, p. 78), which I find to be an important ethical approach to analysing data.

Another dimension of verification involves ensuring that the transcript accurately reflects the oral statements made by the interviewees (Kvale & Brinkmann, 2009, p. 63). After transcribing the interviews, I sought the interviewees' approval of the data. This provided them with an opportunity to address any points they wished to clarify. I also asked them to provide feedback on the specific analysis, which includes interpreting their statements. This approach highlights the collaborative nature of knowledge production through conversation.

In summary, all interviewees were fully informed, both in writing and orally, about the purpose and intentions of the research project, including the particular research and the broader project. They were informed about potential publications and granted access to the final product. Interviewees were made aware of their rights and the rules governing General Data Protection Regulation (GDPR), as well as how their data would be securely stored and processed. This includes full anonymity from the start and deletion of files that could identify the interviewees. Please find the project description and information about the rights of the participants, as well as the informed consent form, in the Appendices.

CHAPTER FOUR

ISLAMIC THERAPY

"A NEW BREATH OF THE DIVINE"

Introduction to the chapter

This chapter encompasses a comprehensive descriptive analysis of the research findings based on the methods of the Interpretive Phenomenological Analysis. The central inquiries addressed throughout this section are threefold: (1) I will present what Islamic therapy comprises in this context. This involves an exploration into the foundational practices of Islamic therapy, coupled with an introduction to the Islamicness of Islamic therapy (2) The second query delves into the practitioners of Islamic therapy, and lastly, (3) I will present where Islamic therapy is practised, including a presentation of aesthetic experiences in Islamic therapy. The chapter emanates from the quotations provided by the interviewees, meticulously translated to adhere faithfully to the syntactical and lexical conventions of the Danish language. The structure of this chapter offers insights into the phenomenological themes explored in the research, as well as introduces the practices and spaces associated with Islamic therapy and the underlying religious narratives that inform its production. While the themes are presented independently, it is crucial to consider them within the larger framework of the study.

4.1

Introduction
Analysis Chapter

Structure
Outline

Quotations

The practices and methods of Islamic therapy

Through a combination of interviews, participant observations, and shadowing, I have discovered that the practitioners define Islamic therapy practices as encompassing conversational therapy, ruqyah, Quran or duʿāʾ recitations, herbal medicine, and energy healing involving the use of stones. It is important to note that not all interviewees endorse every practice, but the compilation of this syncretism demonstrates a diverse and multifaceted approach that they argue falls within the realm of Islamic therapy. This observation further highlights the absence of a standardised typology, style, or theoretical framework within Islamic therapy, indicating that it lacks a unified identity. In the subsequent sections, I will explore each subcategory of Islamic therapy, beginning with conversational therapy.

Conversational therapy

All therapists engaged in conversational therapy as part of their practice. However, it is important to clarify that when participants refer to "conversations," it should not be confused with specific structural forms of conversation therapy (Simmons-Mackie, *et al.*, 2014). Instead, it pertains solely to the practical aspect of engaging in therapeutic dialogues. In some cases, these conversations may lead to the utilisation of other methods within Islamic therapy, while in other instances, they remain as individual conversational therapy sessions. Adel elaborated on this point:

> "I mostly have conversations in the mosque or in private; however, I would say that things have become a little more structured. The more you talk to the others and hear how others do it, then it becomes more organised. We just get a call, and before, you had to coordinate via text messages, and we all did it a little independently of each other, but now there is clearly more structure. Now, I refer clients to others if they can help them better. Otherwise, I am responsible for finding offers for those that suit their case. I offer either that my clients get advice for what they need or a little more technical knowledge about what they have to do."

Adel's sole method of therapy is through conversations. Here, he explains that the conversations are situated either in mosques or in private homes. The statement suggests that his approach to conversational therapy has evolved over time, becoming more structured and organised through the influence of interactions with others in the field. Similar structural patterns have been demonstrated in Jesper Petersen's work on Islamic authorities (Petersen, 2021), which could indicate that in the absence of a uniform identification of Islamic therapy, practitioners adopt diverse approaches, potentially reflecting the fluid and dynamic nature of Islamic therapeutic practices.

The Danish practitioner Fadi, who also introduced therapy based on Quranic recitations, demonstrates another example of conversational therapy. He stated:

"I use a mix of conversational therapy; it has proven very useful, and my clients like it because a lot of times they really just want to talk. They want someone to let go to...if that makes sense. Someone who does not judge, someone who guides them and can give them the right tools. A lot of Muslims stick to their culture, and in doing so, they practise superstition and cultural beliefs that go against the Quranic message and the will of Allah. So they need someone who listens and can provide the right answers."

Fadi argued that conversational therapy "has proven useful". He employed the term "to prove," indicating that he experienced his evaluation as a method or validation process for the therapy approach. This suggests that Fadi viewed his approach as one that involves testing and evaluating methods based on client experiences and their reactions during therapy sessions. This articulation provides Fadi with agency and ownership. However, he also distanced himself from the therapeutic practice by using the term "someone." This someone embodies the qualities of a non-judgmental guide whom clients can trust and confide in. Fadi defined this guidance as providing clients with the "right tools." The notion of "rightness" implies the existence of incorrect, false, or inappropriate tools. From Fadi's perspective, Islamic therapy offers a set of tools that help Muslims navigate what he identifies as "superstition." He contrasts these therapeutic tools with the tendency of Muslims to adhere to their cultural norms. Fadi uses the word "their" to describe cultural norms, indicating that he identifies as a Muslim but does not associate himself with the cultural beliefs he refers to.

According to Fadi, this culture is rooted in superstitious and cultural beliefs that contradict Quranic messages and the will of Allah. Islamic therapy is deemed necessary to renounce superstition and access the will of Allah. This includes providing active listening and offering "right answers." Fadi sought to reconcile the cognitive dissonance between his ideals of being Muslim and the narratives prevalent in the contextual environment by juxtaposing culture with the Quran and Allah, particularly the will of Allah. This tendency is not uncommon, as studies

have shown that Muslims often use the terms "culture" and "Islam" to distinguish between right and wrong (Roy, 2004; Rahat, 2014).

Fadi's statement indicates that Islamic therapy carries an implicit ethical dimension involving the assessment and transformation of individuals. The therapeutic process aims to provide guidance and correction to Muslims, assisting them in navigating their lives in accordance with what is deemed correct or incorrect in terms of their Muslim identity. Ehab similarly positioned himself as an evaluator within this framework. He expressed the following perspective:

> "I always read the energies of my clients because they come for answers, so sometimes conversational therapy works, so yes, sometimes I use that type of therapy. History shows that the greatest thinkers have used it as well...*laughs* it must work but it has to be in relation to other types of therapy, other models, right? There is so much the human cannot explain, and so much of it is spiritual, spiritual illnesses, something that I can see, but yes, it also comes out during conversations."

The quotation supports Fadi's perspective on clients' motivation in seeking "answers," which Ehab aligns with. Ehab employed the practice of "reading energies" to understand and address the client's needs. He associated the pursuit of answers with conversational therapy, asserting its efficacy. The phrasing used by Ehab conveys a sense of surprise or wonder, indicating that the therapy is expected to function in a specific manner.

According to Ehab, conversational therapy "works" but only "sometimes." He emphasised the importance of integrating other therapeutic approaches alongside conversational therapy. He suggested that there are aspects of human experience that are inexplicable and refers to these as "other models" with spiritual characteristics. By highlighting the limitations of humans, Ehab implied that these unidentified models are beyond human comprehension. He presented himself as possessing spiritual awareness or knowledge, suggesting that the inability to explain these processes pertains to understanding rather than experiencing them.

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Both Fadi and Ehab asserted that conversational therapy is closely connected to addressing questions, with both affirming its effectiveness in assisting clients, particularly those seeking answers. Unlike Fadi and Ehab, who provided various arguments to support their approaches, Khadija firmly believed that conversational therapy was unquestionably the best way to engage with clients and combat what she identified as "traditional methods" and "idolatry." She stated:

> "I am an unconventional therapist because I do not keep track of time, and I take much less than the others. It is more than my job. I do this for my clients, so I use conversations to let them talk and put them at ease. I could never think of interrupting them; it ruins the good conversation, just like if I keep looking at the clock. The best way is clearly conversational therapy, and indeed, the traditional methods that some use, e.g. shuyūkh, they use dangerous methods. It is idolatry to rely on these traditional methods. They use them against schizophrenia and the evil eye, but it is dangerous because it takes the focus away from the fact that it is only God who protects and heals. There are a lot of people who empower themselves with magic and with human-invented things instead of Allah's."

In Khadija's view, Islamic therapy represented the authentic Islamic approach, while she deemed traditional methods, such as the belief in the evil eye and magic, as un-Islamic or idolatrous. Khadija's statement revealed her perception of a division between a true Islamic approach, aligned with the divine, which encompassed conversational therapy as Islamic therapy, and an un-Islamic and perilous path involving idolatry and reliance on human inventions such as magic.

Similar to Ehab's viewpoint, Khadija ascribed a negative aspect or limitation to humans, in this case, associated with "invented things." Humans were juxtaposed against the divine authority of Allah, who created Islamic therapy as a means to assist individuals on their spiritual journey. The human inventions of magic and the evil eye were perceived as hazardous obstacles. However, it was important to note that this perspective was subject to debate among the interview participants, as

some individuals valued the inclusion of "traditional methods" as an integral part of Islamic therapy.

Hijāma

4.6

Islamic therapy

Second of Seven

practices

Hijama

Cupping

Hijāma, also known as fire cupping or wet cupping (Uddin *et al.*, 2016), is a therapeutic practice that involves placing heated cups on the skin to create a localised suction. Fire cupping uses glass cups that have been briefly exposed to fire (Rozenfeld & Kalichman, 2016), while wet cupping involves making small incisions in the skin to draw out blood while the cups are applied through suction (Al Bedah *et al*., 2016). Hijāma is primarily performed in clinics, either at

established Islamic therapy clinics in England or by utilising massage therapy clinics in Denmark through personal connections. Inaya explained her approach to the practice:

> "I do not have a clinic myself, but I want to do it properly; I mean, there are some rules we should follow in terms of hygiene. I do fire cupping at home, and I also do normal cupping, but I only do wet cupping at clinics. Well, once I did it at home as well, but I am very confused about the safety and the hygiene."

In her statement, Inaya discussed her practice of hijāma, and she mentioned that she does not have her own clinic but emphasised the importance of adhering to proper procedures, especially regarding hygiene. She revealed that she performs

fire cupping at home, indicating a practice that oversteps the former regulations she pointed out. However, the practice of hijāma holds significance in Islamic beliefs and traditions, which in some cases seem to outweigh the health safety.

Hiba said, "When we are performing these practices of shifā' [healing] one can not get ill." The interviewees considered the practice a sunnah or a practice recommended by the prophet Muhammad.

They believe that hijāma can help alleviate physical ailments, purify the body, and promote overall well-being, and it is often performed on specific dates in accordance with lunar calendar events.

In contrast, the English participants had the advantage of accessing clinics and, consequently, more controlled and regulated environments, which served as their primary venues for conducting hijāma. Fauzia believed that the client may have spiritual "blockages" that cause mental health illness and argued that dealing with those (i.e. blockages) creates an environment where the client is more receptive and able to benefit from the subsequent conversation therapy. This suggests that hijāma plays a role in preparing the client for further therapeutic interventions. Furthermore, she suggested that hijāma can address smaller attachments from jinns, which demonstrates Fauzia's understanding of the varying levels of spiritual issues and the use of hijāma as a suitable intervention for specific cases. This leads to the next form of treatment offered by the interviewees and articulated as Islamic therapy.

al-ruqyah al-shar'iyyah

Ruqyah refers to a form of treatment employed to counter the effects of jinns, magic, or malevolent influences, such as the evil eye. It involves the recitation of specific incantations and is often referred to as exorcism in other contexts. The interviewees of this study predominantly utilised the same Arabic term used by the participants in Suhr's study, namely, al-ruqyah al-shar'iyyah /əlrʌqjeə/ /əlʃəˈriː.əjeə/, denoting the concept of a rightful, legitimate or authorised incantation (Suhr, 2019). Suhr explained, "In Arabic, however, the term they use is al-ruqya al-shar iyya—lawful incantation—the common practice of reciting prayers and Quranic verses for healing and protection not only from jinn but from all kinds of malaises ranging from headache to severe illness." (Suhr, 2019, p. 123). The spiritual world, al-ghayb /ʁeɪp/ (lit. invisible world), plays a significant role in the practice of ruqyah. Suhr defined it as "a realm of knowledge beyond human comprehension and that only God knows their true meaning." (Suhr, 2019, p. 122).

4.8
Islamic therapy
Third of Seven
Practices
Ruqyah, exorcism
Jinns

Al-Ghayb
Unseen world

In a subsequent chapter, I will delve into the significance of the spiritual realm. However, it is essential to establish at present that the interviewees engage in a process of constructing meaning that encompasses both observable and imperceptible elements (Suhr, 2019; Marlow, 2022).

Within this framework, the practice of Ruqyah assumes a prominent role in their interactions with these imperceptible aspects of their experiences. In contrast to Khadija's perspective on conversational therapy, Dawud, another Danish practitioner, argued:

> "When people come to me, it is more their families, their parents or their friends. Sometimes, the client contacts me, but I would never use conversational therapy. I know it might become popular amongst Muslims but it is an un-Islamic tradition; how could someone sick know what is wrong? Do you go to the doctor with the answer? You go to the doctor for answers, and you only know the symptoms. I had a student who was affected by a spiritual disease, a disease of the heart, the Qalb, but she would not listen. I tried to read upon her without her awareness, but it caused a lot of conflicts, and finally, she stopped coming to classes. Other cases, their child or sibling, sometimes a spouse or a parent, has been diagnosed with some personality disorder or schizophrenia, and they are forced to take medicine, but how do they explain that she will react to readings? Sometimes, it only takes one session, and then they are cured."

Dawud's statement reflects his observation that his clients are often referred to him by others. Unlike the clients of Ehab, Fadi, and Khadija, Dawud's clients are described as unaware of their condition. They commonly describe their process as "seeking answers," with Dawud using the analogy of a doctor. Based on his experience, Dawud finds the method of "reading upon someone" to be the most effective, although he did provide examples of cases that did not end successfully. He maintained that this method can bring about a cure in a single session, and instances where it does not succeed are attributed to the client's trait or the action of "not listening."

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When asked about follow-up sessions with clients who appeared to be cured during the initial session, Dawud responded that they do not return, which he considered a positive sign. Dawud shared Khadija's experience regarding the correlation between treatment success and clients not returning. However, they differed in their approaches to achieving this outcome. Khadija believed that a fruitful conversation leaves clients with no further questions, indicating that she has provided them with all the necessary answers. In contrast, Dawud considered conversational therapy to be inconsistent with Islamic principles. According to him, clients only reach out again if the treatment does not work, and it takes significant effort on his part. Some sessions can last for hours, requiring physical restraint to prevent harm to themselves or others. However, when the treatment is successful, clients do not return, which he perceives as a triumph. He also advised his clients to discontinue the use of medicine when the underlying condition is clearly spiritual, such as in cases involving magic or jinns (Suhr, 2019, p. 135).

Dawud explained mental health challenges, illnesses, or disorders as originating from the "spiritual world." He categorised the causes into three categories: (1) spiritual diseases, (2) magic, and (3) jinns (spirits). Ruqyah served as a means to navigate and address the spiritual realm, including "fighting jinns" or "stubborn jinns" (Marlow, 2022). Dawud's method involves the recitation of the Quran, which he refers to as "reading." While Dawud perceived the spiritual world as obvious, he does not specify to whom this clarity is apparent.

Hiba, another Danish practitioner, shared Dawud's experience. Hiba recounted an incident in which a client screamed and exhibited what Hiba identified as unusual behaviour during treatment. Although the client sought further treatments, Hiba decided it was too difficult for her, as she did not work with "dark energy" in that manner. Hiba explained,

> "I have never taken money for my treatments, and at the beginning, I took everyone in because I had to be trained, and there is no official system here, so I had to be trained through doing it for free. It was really hard because there was one time someone screamed because she was obsessed with

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something. I had only put oil on my hand and was about to touch her, then I started reading the Quran, and she screamed, and that white stuff came out of her mouth, yes, foam came out of her mouth. I read the Quran until she passed out, but that was enough for me. She wanted more treatments, but I don't work with dark energy that way; it's just too hard for me."

Both Dawud and Hiba described their practice as involving the recitation of the Quran, but Hiba added the use of oil on her hands. While Dawud framed the process as a struggle against jinns, Hiba referred to it as encountering "dark energy." Both practitioners expressed feeling drained by the elements of the spiritual world (Marlow, 2022) indicating their experience of it as a tangible manifestation or interaction.

All interviewees perceived a dimension of engaging with the spiritual realm through observation, analysis/reading, or sensing. Similar to Ehab and Dawud, Inaya hinted at an undefined means of experiencing a spiritual interaction. This sense of direct perception or access to the unseen provided the interview participants with additional tools to explain or approach therapy. Inaya stated:

Inaya:	"I do not seek it; I just do the work of God whenever it happens, whenever I am needed."
Tessie:	"Can you please describe a case and which practises you used?"
Inaya:	"Yes, of course. So there were these two sisters; they were not from our mosque community, but anyway, the one sister had been diagnosed and medicated for a long time, and the family was desperate. I guess they had heard about the successes from our community, and it was clear, even during classes, the one sister would react. As soon as she saw the shaykh, she would shake and react violently. Because she was a woman, the

shaykh said that I should gather some women, and we could do the reading, and only if it got out of hand, should I contact him. One evening, after class, we were a few women and her sister, and when we started the reading, I mean reciting Quran verses, she reacted, and the jinn came out...it forced her to beat her head against the wall, and when we held her down, she would try to harm herself by beating her head against the floor. I had to contact the shaykh, and our readings combined helped send the jinn off, and she changed completely. She started to attend the classes with her sister, and everyone noticed how she was a completely different person.

Tessie: "Can you give an example of how, or what role she found in the community or during the classes? I mean, was she naturally integrated into the class, and how did the other students welcome her change?"

Inaya: "Hm, I think she was seen as a miracle, or not that strong, but she was a living proof of the spiritual world and how the girls should protect themselves, but not long after she and her sister stopped coming, I am not sure why."

In line with Dawud's experiences, Inaya recounted a story about a family that sought assistance in the past. In this particular case, the family did not seek ruqyah or treatment for jinn possession. Instead, the evaluation and resolution of the spiritual issue were solely entrusted to the therapist or conducted in collaboration with a cleric. This specific example involved a communal experience where the struggles of a young girl became apparent during classes or gatherings. The girl's experiences served as a source of wonder and testimony to the influence of the spiritual world on the religious community's women.

Inaya provided insights into a certain process or method. Through various interviews, it became evident that ruqyah is performed through the recitation of Quranic verses (Suhr, 2019, p. 123; Marlow, 2022), sometimes involving the use of scent and/or physical touch. In all instances, there were physical reactions or fears of violence and self-harm, which were attributed to the spiritual jinn fighting back (*ibid.*). Both malevolent and benevolent jinns can possess human bodies, and depending on the intentions of the jinn, individuals may suffer from various personality disorders or mental health discomfort. The interviewees appeared to classify the cases as either easy and straightforward or severe and dark in nature. Quranic recitations appeared to hold significant importance in the practice, although not all recitations were considered ruqyah, as demonstrated in other cases of Islamic therapy.

Recitations

A common theme of the interviewees is their ability to "see" their clients. In this case, Adel explained:

> "I mostly look at people and see what their needs are because they are so different. Some pray, others do not, some wear a headscarf, and others do not, so you have to meet them where they are. I assess a bit how religious they are, and then I use Quranic verses and hadiths if it suits their needs, but I always ask them to pray that everything is in Allah's hands. In this way, I combine the scientific, the theoretical, and the spiritual, cultural and religious, and that is really what I can give. It is so important to be able to combine."

Adel's statement demonstrated how he utilised his "seeing" abilities to assess and evaluate clients' need for Quran recitation in the past. According to Adel, he required a certain level or degree of religiosity in his clients to "utilise" Quranic verses. This perspective suggests that religion or faith can be measured, calculated, and examined and can vary in magnitude, level, and quantity.

It should be noted that this assessment was based on Adel's evaluation, not the client's personal experience of faith. Former studies have characterised faith with an ability to be low or weak, high or strong, but in terms of quantifying the psychological effect of religiosity, like the 2002 study of Laurencelle, Abell and Schwarts.

Laurencelle, Abell and Schwarts' identified their participants by having a clergy categorise individuals with high faith (Laurencelle *et al.*, 2002, s. 112), and by using the George Religious Faith Scale (Laurencelle *et al.*, 2002, s. 113), similar to the attempt of Abu Raiya, Pargament, Mahoney and Stein study from 2008, who developed a 60-item Psychological Measure of Islamic Religiousness (PMIR) (Abu Raiya *et al.*, 2008). Both cases demonstrate how predefined qualities were used to identify and categorise faith. These attempts are based on the notion that belief and behaviour are intertwined. Adel's categorisation of religiosity in terms of horizontal or vertical distinctions remains unclear; however, he too indicated that he measured the levels of faith by the performance of rituals. It is possible that these categories do not represent a value-based classification where one category is considered superior to another.

In a follow-up interview, I asked Adel about his practice, and he explained that some individuals do not receive the Quran in a positive manner due to their experiences. This observation aligns with a point made by another interviewee, Kemal:

> "I sometimes think it is important to use Quran recitation and especially talk to my clients about the Quran because there is healing in reciting it, but also because it has so many stories that are relevant to the clients, but of course, it depends on the situation. I assess whether the individual person is open to it, and if the person is not open, then, of course, I do not do it. I can use the same Quran on different people, and it will not give the same effect, it will give the opposite effect. Tools are good in themselves, but you have to be careful who you give them to. A person who reads the Quran may end up with greater depression or worse anxiety. It depends on what people need."

According to Kemal, reciting the Quran has healing properties, and its numerous stories are relevant to clients. However, he emphasised the importance of assessing whether an individual is receptive to such practices, as the Quran can have different effects on different people.

Rabia added that correct Arabic pronunciation is crucial for healing through Quranic recitation. She stressed that clients must fulfil their religious obligations, such as ṣalāh (prayer) and wuḍū' (ablution), and the correct pronunciation of Arabic is significant for their spiritual well-being. Rabia also expressed surprise at the number of Muslims who struggle with reading Arabic properly, noting that these minor details can impact their spiritual progress and hinder their recovery. She stated:

> "I think the biggest part is what the client does on their own; I can only do so much as a therapist if the client does not do his duties, like shar'an duties, you know, ṣalāh, wuḍū' and you know what, a lot of clients do not know why things like correct Arabic pronunciation are so important to their healing. All the actions they do are combined and are related to their ability or the possibility of getting better. Some clients will come back, again and again, not knowing why they do not get better, and when I ask them if they perform their ṣalāh, they say yes, and when I ask them to recite Quran verses, I find the reason. All along some of these clients just had not recited Arabic correctly. Though I do most conversational therapy, this also comes up, so I kind of have to teach them. You would be surprised if you knew how many Muslims have to learn to read properly, and it affects them on a spiritual level. If we do not check what some might find as minor details, they just will not get better."

Rabia's statement exemplifies the role of recitation in her therapy practice. She stated that she mainly performs conversational therapy; however, she finds that recitation is an underlying path to healing. She established that clients need to perform what she identified as shar'an duties in order to find healing and progress in Islamic therapy. She further stated that I would be surprised if I knew how many

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Muslims do not recite Arabic correctly. It is unclear whether this "you", to whom she ascribed some sensation of surprise, is me as the interviewer or a general "you" used to present her argumentation. Nevertheless, it demonstrates that she expected Muslims to read the Quran in Arabic and according to certain rules or methods.

Adel viewed the combination of scientific, theoretical, cultural, and religious approaches as essential in Islamic therapy, enabling the integration of lived experiences. Fadi described Quranic recitation as "the oldest method of therapy," emphasising the spiritual healing it provides, regardless of whether it is recited in Danish or Arabic. He said:

> "I always use the Quran as a tool because there is a lot of spiritual healing in reciting the Quran, both in Danish and in Arabic. It does not really matter. If a client is struggling with anxiety, I give them a few verses or chapters that I know help against anxiety. All the answers are in the Quran, in prophetic stories, or in general in Allah's words. God says that he sent down the Quran as a healing or as a remedy and that we would find everything we need in it. It is Ilaj bi Quran, the oldest method of therapy."

Fadi's statement demonstrates the belief that the answers to various issues can be found in the Quran, whether through prophetic stories or the words of Allah. He referred to the concept of العلاج بالقرآن [al'ilāj bi-l Qur'ān], which translates to "treatment with the Quran," highlighting his attempt to frame his practice as the ancient nature of this therapeutic method.

Fadi's use of the term "ilāj" distinguishes it from the term "shifā" used by other participants to describe healing. Ilāj carries a primarily medical connotation, adding a scientific dimension to the spiritual concept. It is worth noting that Fadi was not the only participant who employed medical terminology to present authoritative arguments.

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Herbs

The interviewees discussed Herbal Medicine, invoking associations with diverse medical traditions such as Chinese medicine and natural remedies, as well as Persian and Arabic manuscripts like Ibn Sīnā's (d. 1037) *al-Qānūn fī al-Ṭibb* (The Canon of Medicine) and al-Rāzī's (d. 925/935) *Kitāb al-Ḥāwī fī al-ṭibb* (The Comprehensive Book on Medicine). Hiba stated, "Islamic therapy is holistic because Islam is holistic; it includes every aspect of human life," and Inaya contributed by saying,

> "Herbs and flowers, seeds and vegetables are very important in Islamic traditions. It is something we have learned from the prophet himself. He used to approach the world from the natural way, and it teaches us the truth of being a true believer on the earth."

Here, we are introduced to a definition of Islamic therapy, namely that the concept and its surrounding phenomena are understood as "holistic". This understanding may pertain to the concept of perceiving the world as a unified entity where its components are interrelated or interconnected. In this context, the entirety of the world is viewed as an encounter with divine entities, divine plans, and religious obligations. Hiba further illustrated how she aligns Islam with Islamic therapy by presenting a semi-circular argument. Inaya, on the other hand, associated this approach with the prophet Muhammad and asserted that the methods employed are derived from his teachings. She exemplified this by referring to actions she ascribed to Muhammad, which she later connected to being a true believer. Both Hiba and Inaya emphasised a close connection between nature and their experiences of divinity, encompassing prophets, divine master plans, spiritual entities, and illnesses. Hiba explained,

> "I cannot help my clients without looking at all of the aspects of their life. What we eat and what we smell, all of our senses are affected by our surroundings, and all of them contribute to our well-being. [....] You will

find that honey, garlic, and black seed are very healing. These actually cure us from within and protect us."

Throughout the interviews, the interviewees consistently described a complex and interwoven relationship between the physical world and spiritual experiences. They experience entities, such as foods, as having the ability to influence an individual's spiritual being. Similarly, spiritual conditions could bring about changes or challenges to a person's mental health. Inaya supported Hiba's viewpoint by sharing a folk story:

"There is a story about a shaykh who knew that his son had spiritual powers. He could see who would end in hell and who would enter paradise, and after one day, when he divided the shoes in front of the mosque into those who go to heaven and those who go to hell, his father, the shaykh, had to let him eat some non-ḥalāl meat. By eating that, though it was a tiny piece, the boy stopped having that gift because his spirituality was poisoned."

She continued by stating: "Today we do not know where a lot of our meat is coming from; it says it is ḥalāl but *allāhu 'alim.*" Inaya shared the anecdote to reflect on her experiences with the spiritual states of her faith community. From her perspective, the moral of the story is that even consuming smaller pieces of spiritually impure food can affect a person's spiritual state, regardless of whether it is done intentionally or not and irrespective of one's awareness of its impurity.

Inaya's statements conveyed a sense of disappointment regarding her expectations of human nature. There are elements of indifference towards a subject that holds significant importance to her, as well as a perception of a lack of awareness, which Inaya deemed crucial for enlightened beings. When discussing this matter, she sighed apathetically and used the Arabic phrase "allāhu 'alim," roughly translating to "God knows best" or simply "God knows." This expression may allude to her frustration with her experiences of humans' carelessness and their blind trust in divine judgement. When asked about her change in posture and facial expression, she explained, "They go about life as if Allah is not going to hold them accountable

for their decisions and intentions." A similar sentiment is echoed in her following statement:

> "This is a very hard truth for my clients because it requires that people really change something within their habits, and most humans are lazy and just want a quick fix. Herbs can help cure these spiritual blockers and are just a small part of the spiritual diet the client must follow. Especially herbs and food from…for instance, dates, figs, honey, everything mentioned in the Quran."

Herbs

Inaya introduced the use of herbs in Islamic therapy, including dates, figs, and honey, which she employed to alleviate "spiritual blockers." This statement demonstrated that Inaya, like the other interview participants, viewed humans as spiritual beings. The innate quality of being a spiritual being preceded the physical existence. Physical objects or the physical self were perceived as potential obstacles to the transcendent spiritual being.

Quran
Spiritual dimension

Inaya continued to refer to the Quran as a source of authority and guidance. According to her perspective, food mentioned in the Quran holds healing properties and value. Similarly, Ehab also appealed to the Quran as a discursive authority, emphasising the connection between Islamic therapy and Islamic medicine. He asserted that Islamic therapy would be rendered insignificant without the influence of Islamic medicine. This narrative reinforces the underlying theme expressed by other interviewees, which highlights the interaction between spiritual dimensions and the physical world, leading to issues that manifest as mental health illnesses. Spiritual beings and interactions can be invisible, untraceable, and even malicious or mischievous in nature (Suhr, 2019). Nature was seen as a pathway connecting the physical and spiritual realms. Additionally, physical objects such as stones were understood as gifts from God endowed with inherent curative properties.

Energies, stones and energy healing

The interviewees in the study demonstrated a syncretic approach (Peel, 1968) in their practice of the metaphysical concept of "energies" and physical stones (Jeldtoft, 2012). While some interviewees linked these two concepts together, others, like Ehab, focused solely on one of them. Ehab described it as "important to tap into your energies and energy heal" and continued by explaining:

> "That is something I teach my clients because a lot do not even consider it. They wonder why they are angry all the time or why they can not be patient, and when they tap into their energy, they realise."

Ehab, like Jeldtoft's interviewees Saif, Fadime and Amina (Jeldtoft, 2012, p. 208), have been inspired by holistic approaches to spirituality, mostly known in Eastern traditions such as Chinese Medicine, Buddhism and Hinduism.

Ehab taught his clients about the importance of energy awareness and highlighted how it could help them understand their emotions and behaviours. According to Ehab, energy resided within human beings, and it was necessary to utilise and manage these spiritual energies for optimal well-being. Islamic therapy, in his perspective, involved raising awareness of these energies and understanding how to effectively harness them. Ehab also connected energy awareness to the practice of waking up for the morning prayer, Fajr /faʤɜː/, indicating a link between religious rituals and energy.

Ehab further explored the concept of energies by associating them with the Jungian notion of the "shadow self". He argued,

> "The energies are connected to the shadow sides of humans, and when addressing the shadow sides, they actually unlock the motivation to change the specific habit they are struggling with.

Ehab

Syncretism
Chinese Medicine
Buddhism
Hinduism

Energy

Islamic therapy

Jung, shadow self

The Case of Ehab

I had a client who never tapped into his traditional masculine energies, and it turned out that he was a man-child and could not face his shadow sides. When we did energy healing, he was released from the trauma surrounding his masculinity, and by tapping into a healthy, traditional masculinity, he found that waking up to fajr was much easier."

Ehab's understanding of Islamic therapy drew inspiration from readings of Jung, which he sometimes referred to as "Islamic teachings." He made connections between Jungian psychology, energy healing, and the book *King, Warrior, Magician, Lover* by Robert L. Moore. He used the concept of man-child, which may allude to the Puer Aeternus discussed by Jungian analyst Marie-Louise Von Franz and reflected upon by Jung (Jung, 1981; Sharp, 1991).

Ehab connected the archetype to a fear or lack of willingness to "face his shadow sides". In Jungian terms, the shadow side of the man-child is the senex (the old man) and vice versa (Sharp, 1991, p. 110). Ehab believed that alternative or holistic practices had a strong link to this book and offered insights into masculine archetypes and personal development. His contextualisations formed a complex patchwork of semiotic resources - ideas and models, integrating different sources of knowledge to support his arguments.

This pattern of contextualisations was observed among all the interviewees. Dawud stated, "Allah has not created a disease without He also created a cure," and continued, "and He has given various elements on earth healing powers." Dawud continued by arguing, "Stones carry His healing powers. Of course, we do not believe that the stone heals, but that God has given it healing powers such as honey, herbs, etc." To Dawud, it is obvious that believing Muslims do not ascribe healing powers to the stone independently but through divine actors.

The interviewees frequently emphasised the relationship between Allah as the Creator, the attributes ascribed to the divine being, and the healing powers of physical objects. This includes what they identify as "energy healing". Fadi stated,

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"I have heard of some who use energy healing, and it is a form of Allah's essence. That kind of energy has always been there, and when they say they are tapping into that energy, it is because they are drawing on Allah's energy. They must be careful not to commit shirk and attribute the power of Allah to things such as when they do energy healing with stones. It's something like that from other religions, and they have to be careful with that."

Faid's statement reintroduces us to the concept of shirk. Shirk technically refers to the concept of "making a partner [of someone]", and in this case, it is referred to as idolatry. Both Fadi and Khadija cautioned against "committing shirk" by ascribing divine powers to objects rather than Allah.

Fadi viewed energy healing with the use of stones as "from other religions", indicating that it is not a part of his Islamic semiotic resources (Petersen & Ackfeldt, 2023). In contrast, Hiba explained,

"I actually first studied body therapy, and I found that everything we were taught is Islamic. All of it just made so much sense to me. A big part of body therapy is to focus on the energies, like the chakras, and I know it means so much to my clients to learn these things about themselves, spirituality, I mean. Actually, traditional Islamic healing is just body therapy."

Hiba's understanding of Islamic therapy encompassed body therapy, which she found to align with her Islamic principles. She mentioned the importance of focusing on energies and chakras (Judith, 2004), borrowing the concept of chakras from traditions associated with Hinduism and Buddhist esoteric traditions. The term Chakra /ˈtʃæ.kɹə/ is Sanskrit, refers to a wheel or circle, and has been accepted in various English dictionaries; likewise, it was accepted into the Danish Official Dictionary in 1971. In Ayurveda philosophy, it is used to describe seven centres of spiritual energies related to the body (Lad, 2002).

Hiba concluded that Islamic healing is body therapy and argued: "An important part of it is dhikr; I love dhikr. You can feel that there is khayr in it, and you should never do anything that does not have khayr in it." Here, she introduced a recitation practice called dhikr /ðɪkr/, which includes a continuous loud or silent recitation of a chosen word or sentence (Saniotis, 2018). She stated that she loved it, expressing an emotional experience of the practice and further concluded it is the practice of

khayr /xajr/ (goodness/virtue) based on her "feeling" it.

Hiba's emotional relation to the production of the practices exemplifies a common tendency among the practitioners. The interviewees tended to approach Islamic therapy as a spiritual awareness to be felt and known rather than as an area of study. The theories and methods were rooted in a higher sense of knowledge, transcending mere intellectual education. To experience something as Islamic relates to the

contextual productions performed by the individual. This opens up the contextual influences of producing and ascribing Islamicness objects, ideas, and practices.

The purpose of Islamic therapy

The interviewees of this study experienced Islamic therapy as possessing a spiritual purpose, transcending the limits of human consciousness by facilitating a connection with the ultimate essence of humanity. This connection entails navigating a transformative path leading to unity with the divine creator. The experiential domain of sharia, and by extension, Islamic therapy as a production of

sharia, revolves around the conceptualisation of life as a path.

The ascription of significance to the lived experiences of interviewees is grounded in the overarching notion that life itself is akin to a path. According to the Oxford

Learners Dictionary, a path is described as a way or a track and "a way of achieving something." (Path, 2023). Similarly, the Cambridge Dictionary elucidates that a

path is "a set of actions, especially ones that lead to a goal or result." (Path, 2023). In this context, sharia is experienced as a method to attain an ultimate objective,

often described with metaphors like a well-trodden path.

The same sentiment extends to the realm of Islamic therapy, where this therapeutic modality is perceived as endowing both the therapist and clients with indispensable tools. These tools are instrumental in addressing challenges that have the potential to impede the harmonious relationship between humans and a transcendent Divine. Moreover, beyond its divine purpose, the interviewees argued that Islamic therapy had a significant societal role. Mariam explained:

> "Islamic psychology can give so much to society. If we could teach social workers, municipal employees, teachers, nurses, employees at job centres, yes, the list is long; if we could just get out and teach them, then they would get a better image of Islam. They would be able to meet citizens with better qualifications instead of judging and treating them on the basis of prejudice. After all, it is in everyone's interest that everyone is better off in a welfare society, so why, in 2022, do we still not have equal treatment when it comes to mental health? I think that many will be a little anxious and distrustful at first, but when they learn that Islam is the foundation for a lot of psychology, then it will build bridges."

The case of Mariam
Social purpose of
Islamic therapy

Mariam's statement suggests that she contended that Islamic psychology had the potential to make significant contributions to society, specifically in the realms of mental health and social services. She argued that gaining a better understanding of Islam, or what she referred to as a "better image," could lead to enhanced treatment and reduced prejudice towards Muslim citizens. All interviewees emphasised a need to either protect or better the "image" of Islam (Rahat, 2014; Abu-Lughod, 2015; Parekh, 2009). Ehab stated:

> "There is a great need for help for Muslims in the West. They do not get their spiritual needs fulfilled, and they are exposed to many more things in society; therefore, they need help. Hate crimes, I mean. If there is not any organised help, then people will turn to insincere therapists, either non-Muslims who might want to make it worse or people who just want to make money. I do not know how many people I have met who send money to women who help with spiritual problems, but it is just fake business. It

should be like in England, where there is a trade union and an organisation for all Islamic therapists."

Ehab's main contention emphasised the need for a well-structured endeavour to address the spiritual needs of Muslims. Such an effort, he argued, would ensure the availability of genuine and trustworthy processes facilitated by professionals who can effectively address the spiritual requirements of Muslims in Western contexts. To Ehab, the spiritual needs of Muslims in the West are essentially different from other spiritual needs due to what he identified as hate crimes. In his argument, Ehab highlighted the importance of the intentions of therapists and the existence of potentially illegitimate practices. Thus, he called for not only Islamic therapy itself but, more specifically, well-organised institutions. Lastly, Ehab's statement demonstrates that the absence of institutionalisation can lead to instances of financial fraud. Dawud echoed the same concerns and offered his own reflections on the matter by stating:

"There is a reason people turn, and there is a reason they turn to incompetent imams. There is a need, and it should be a human right. It is equally necessary to offer this kind of help on an equal footing with hospitals and the police. It is a human need to be able to meet a therapist who can give advice based on one's religion."

4.21
Islamic therapy as a human right
Role of imams

Dawud referred to a public discourse in Denmark concerning the roles and practices of Danish imams (Rytter & Pedersen, 2014). In this discourse, he labelled a specific group of imams as incompetent and argued that Muslims seek their guidance due to a fundamental and profound spiritual need. Dawud concluded that Islamic therapy should be recognised as a fundamental human right, equating its importance with medical care and societal security. According to his perspective, spiritual care, encompassing mental health, should be addressed and confronted at a societal level.

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Dawud, Adel, and Ehab saw Islamic therapy as a common social responsibility that could be assisted by Danish authorities. Rabia, conversely, exemplified a different approach to Western societies and, more specifically, a Danish context:

> "The West creates all these spiritual problems for Muslims. I have clients who have developed social anxiety because they are constantly being advised or treated differently because they wear a hijab. Should they then go to a Danish psychologist, who will also just say - the problem is that you wear a hijab? There must be a place where you can come freely and without prejudice and get the help you need. There is no point in sending clients to non-Muslim psychologists when they have already had bad experiences with non-Muslim authorities."

Rabia's quotation illustrates her personal experiences of the challenges faced by Muslims, particularly within Danish society, and marks the necessity for a culturally sensitive approach in therapy (Weiss, 2005). She initiated her statement by asserting that the Western cultural and societal context contributes to the emergence of spiritual difficulties among Muslims. This implied that experiences of discrimination or differential treatment, particularly related to the wearing of a hijab, can result in the development of social anxiety and other psychological issues (Craig-Henderson & Sloan, 2003). Rabia further questioned the suitability and competence of Danish psychologists in their treatment of Muslim clients, arguing that this group often encounters prejudice or discrimination (Qasqas & Jerry, 2014; Arshad & Falconier, 2019). According to Rabia, the purpose of Islamic therapy is to provide a space where individuals can seek assistance without encountering bias or prejudice, highlighting the importance of acknowledging and respecting the specific concerns and experiences of Muslim individuals. Rabia, like the other interviewees, suggested that Danish society, as part of the Western context, needs to address the challenges faced by Muslims within its cultural framework and, by doing so, support the purpose of Islamic therapy – the path of healing, the path to the divine.

4.22
Discrimination
Mental health

Suitability
Competence

Purpose
Conclusion

Path

The Islamicness of Islamic therapy

In scholarly discourse, the attribution of "Islamicness" to therapeutic practices transcends mere derivation from historical manuals, explicit mention in Quranic texts, or endorsement by revered Muslim scholars. The therapeutic modalities are considered Islamic because the interviewees personally *know, feel,* and *think* that they are. They integrate their previous contextualisations with new experiences, whether those involve acquiring new knowledge, adopting new methods, or engaging with the world. Through this process, they reconstruct or adapt their framework of potential experiences and interpretations of lived experiences. Ehab concluded:

> "Carl Jung's theories are Islamic because his idea of archetypes is taken from the names of Allah and an Islamic principle that we both have the ability to become as good as angels and as bad as animals. In fact, we can become better than angels can if we master our shadow sides. The archetypes in Islam are the names of Allah, and they are the ones that man must spend his life getting to, just as we have Sharia to help us, psychology is also a way in which we can reach our goal."

Ehab's statement begins with the conclusion that Jung's theories are Islamic. He then continues to explain why. Here, we observe that Ehab incorporates interpretations of "The Names of Allah" (Dewan, 2003) and perceives human nature as a spectrum encompassing both angelic and animalistic traits. He then alluded to the notion found in older ethics manuals that humans can surpass angels in their moral development (Burge, 2012). These pre-existing ideas are subsequently linked to the theories of Carl Jung (d. 1961), particularly his exploration of the shadow sides of human psychology. In his conclusion, Ehab established a connection between sharia and psychology, viewing both as tools for attaining or embodying the various names of Allah. Similar to Ehab, Rabia argued that:

"Freud is a good example of how psychology comes from Islamic principles. He introduced the idea of the division of the self, something Allah has taught us and has been a part of Islam since the beginning. It has always been this way, and it is only within the last 100 years that the West and Western thinkers have reinvented Islamic knowledge. But it is also the truth; you know something is Islamic when it is the truth."

Rabia argued that not only did Sigmund Freud's theories originate from Islamic principles, but so did psychology itself. She equated Freud with psychology and exemplified this by referring to Freudian interpretations of consciousness and the unconscious mind. Although Freud's (d. 1939, London) idea of the "Id, Ego, and Superego" (Freud, 1922) does not correlate with Ibn Arabi's (d. 1240, Damascus) previous division of the self, Rabia viewed Islam as a "beginning" and considered knowledge she identified as Islamic or rooted in Islam to be taught by the divine entity, Allah. She asserted, "It had always been this way," placing her concept of Islamic principles on an infinite timeline that transcends Western thinkers.

Rabia concluded by addressing a concept that emerged during interviews and participant observations, which she referred to as the circular argument that "the truth is Islamic and what is Islamic is the truth." This judgement of truth was based on *knowing*. The same sense of knowing which led Hiba to conclude, "Psychology is Islamic […] How could you be a Muslim, i.e., a good person, if you do not work on yourself?" A similar sentiment to Khadija's statement:

"Psychology comes from Islam and Islamic principles. Today, the way in which the West presents psychology is different from the Islamic one. In fact, people cannot get help if they do not understand Islam correctly. I always include Islam because it is through Islam that the clients gain a greater understanding of psychology."

These statements demonstrate the interviewees' experiences of psychology as encompassing both a theory and a method based on Islamic principles. While they did not explicitly elaborate on these principles, they emphasised that therapeutic

approaches rely on Islam. Khadija associated the concept of "help" with the idea of "knowing." In her experience of therapy, it is not only important to have knowledge of Islam but also to have an understanding of the correct interpretation of Islam.

Kemal offered an interesting reflection on how Islamic therapy *is* Islamic therapy. He stated:

"There is a form of therapy where you have to accept and forgive those who have hurt you, where you forgive yourself and accept things as they are, which is exactly what you have in Islam. You must be forgiving, you must have riḍā, satisfaction, to God, but I doubt if it is only Islamic therapy if the person who performs it, i.e. the same principles, is a Muslim."

Kemal displayed a reflective perspective on the construction of Islamic therapy. He pondered whether Islamic therapy is considered truly Islamic only when practised by a Muslim. The interviewees held differing views on the significance of being Muslim in relation to Islamic therapy. Some believed that being Muslim was a crucial element for the therapy sessions to be fully effective, while others contended that the principles of psychology, as theories and methods, are inherently rooted in Islam. Consequently, they all argued that all therapists and psychologists inadvertently engage in Islamic therapy, regardless of their awareness or knowledge of its Islamic foundations. Bashir concluded:

"Islamic psychology is not one thing. Islamic psychology can increase psychological well-being regardless of which model one uses. There are many religious people who have a different understanding than what we learn in psychology studies, so it is a different model that can appeal to them. But then it is not completely contrary to what we understand by Western psychology because we have theorists like Carl Jung who shed light on the spiritual. There is no contradiction between Islamic and Western psychology, but there may well be an overlap. Sometimes, there are recommendations in classic cognitive therapy, where you ['*man*' in Danish] have evening therapy; it is very similar to shukr, being grateful. Whether

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you call it evening therapy or shukr, many of the forms of therapy that are out there are Islamic, perhaps because they recognise that man has a need for the spiritual."

Bashir's statement reflects a contemplative stance regarding the relationship between what he referred to as Islamic psychology and Western psychology. Similar to the other interviewees, Bashir distinguished between "Islamic" and "Western" approaches. While many interviewees viewed these approaches as contrasting, Bashir argued that there are areas of overlap. Bashir began the paragraph by asserting, "Islamic psychology is not one thing." He used the terms psychology and therapy interchangeably in the context of Islamic classification. He concluded that therapy could be considered "Islamic" when the parties involved acknowledge the importance of spirituality. To illustrate this point, he connected the concept of shukr /ʃukər/ (gratefulness) to "evening therapy," while Kemal associated riḍā /ɾaˈða/ (satisfaction) with therapeutic models of acceptance and forgiveness. Bashir, Kemal, Ehab, and Rabia all exemplified the practice of linking new experiences with prior contextualisations. In these particular cases, therapy is perceived as Islamic because the therapists recognise and identify elements of the new experiences as resonating with their previous understanding of Islam.

The practitioner in Islamic therapy: Shaykh or psychologist?

When Adel introduced the importance of Islamic therapy, he also added, "It is insanely important that we must be able to combine both [i.e. sharia and psychology], because an imam cannot be a psychologist and a psychologist cannot be an imam." To Adel, like many of the interviewees, sharia and psychology were inseparable. Some argued that these domains were founded on the same underlying principles, while others emphasised the complementary nature of the two, together forming a comprehensive framework to address the psychological needs of Muslims. Adel deemed it crucial to embody both the roles of the cleric and the

4.27

Analysis Chapter
Islamic therapy
Practitioners

Sharia – Psychology
The case of Adel

therapist. On the other hand, other interviewees perceived the roles of the two differently. Kemal, for instance, stated:

> "There are many who think that I am a shaykh - or they come to me with questions they need to go to. They need to go to a shaykh, but the same applies the other way. So that is my impression, not because it is my fault or anything, but I think it is a shame because the shaykh has a lot on his mind, so he has to take care of his teaching and his studies, but also has marital problems and people's...psychological well-being and so on. So I think...if...uh...the jobs, or what to say...the work, is distributed beyond the people who really have the skills...for...within the area. It would be appropriate for...all of us...professionals...and for the simple person who gets the professional help they need."

Kemal exhibited a slight nervousness when addressing this particular topic. Likewise, half of the Danish interviewees asked me to erase the notes on their comments regarding positioning as a therapist in the mosque. Sadef argued, "There is so much hate towards our shuyūkh, I do not want to add to it; I want this to be about the positive aspects of what I do and how we help Muslims." Here, she exemplified a sentiment present with many of my interviewees. Namely, a fear that the media, Danish politicians, or other representatives of Danish majority society could "misuse" their narrations in a smear campaign against Muslims, particularly against Muslim clerics. From interviewing Kemal twice, I knew that he showed careful behaviour when communicating his specific point in this regard. This is demonstrated in the pauses and contemplating about which words to use.

Kemal raised two central points: (1) clients approached him with questions he identified as questions more fitting for a cleric, and (2) clerics and therapists should separate the work accordingly in order to ensure that the clients get professional help. As for the first point, he argued that it is not "his fault," referring to the clients' misunderstanding of his role. With a concept like fault there is a sense of blame, or an idea of wrong-doing. According to Kemal, most of his clients are members of mosque communities that preach a clear distinction between the two positions, and

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Kemal, like other therapists, is viewed as changing the status quo of the power structures in the mosque. Regarding the second point, Kemal argued, "The shaykh has a lot on his mind," pointing to the therapist as a helping hand. The division of roles is articulated as care for the cleric and for the clients in terms of appointing professional help within the appropriate areas. Bashir expressed his experiences of a collaboration between him as a therapist and clerics. He stated:

> "What I experience is that the imam is the one you go to regularly to get help with all your psychological problems, but he is not a psychologist. Now, when people are looking for psychologists, it shows that there is some kind of development. Now, there is greater openness, and the local imam sends many of his cases to me. If you yourself are a leading figure in a mosque or contact those who are, and people seem to know that you have an Islamic or Muslim background and the fact that I come across as a psychologist who also undertakes imam duties, it gives a certain security for those looking for both an imam and a psychologist. I think that is what many people request."

Like Adel, Bashir advocated for the integration of the roles of clerics and therapists. Based on his experiences, clients approached him requesting and finding solace in him assuming both roles, either separately or simultaneously. Leveraging his own authority within the mosque, he collaborated with other prominent members to distribute the cases among them. According to Bashir, it was a positive development that Muslims now sought psychologists for psychological issues rather than solely relying on local clerics. This viewpoint garnered support from all the interviewees, who contended that seeking assistance from the appropriate professionals contributed to the overall well-being of the community members. In their view, the "right people" were those with the relevant qualifications and expertise. While Adel and Bashir advocated for the fusion of the cleric and therapist roles, they emphasised that such integration should only be considered if the individual possessed both sets of qualifications.

Ehab reinforced this perspective when he highlighted community support for the need for individuals who could assume both the roles of a cleric and a therapist. Like others, Ehab also observed a positive shift in communities, where people now seek out psychologists rather than solely relying on clerics for psychological issues. Ehab further argued, "They [i.e. clerics] end up saying things that make sense to them but are wrong according to psychology." This observation echoed a common concern among the interviewees, highlighting their apprehension about clerics holding positions without appropriate qualifications (Ali, 2020). The interviewees

described the clerics in terms that could be categorised as Vinding's "Traditionally trained local mosque imam" or "self-taught mosque imam" (Vinding, 2018, p. 245), which inadvertently established a hierarchical assessment of individuals deemed eligible to articulate their perspectives on psychological matters. The interviewees strategically emphasised the terms "traditional" and "self-taught," thereby constructing a discursive framework that positioned these attributes in

comparatively lower esteem when contrasted with Western-educated psychologists. This discursive strategy facilitated the establishment of their own authority within the discourse.

Another concern addressed by the participants pertained to whether practitioners in Islamic therapy should be qualified to address spiritual matters. Khadija raised this point:

> "There are some shuyūkh, you know, imams, who take on the roles of the psychologist, and then they end up giving wrong guidance. After all, they only have knowledge of the spiritual. All my clients come because they want a psychologist because many shuyūkh only use the spiritual - the psyche and spiritual go hand in hand, so the shuyūkh do not know much about psychology because they only delve into the spiritual. Like I said, many things that they do and those methods are not from Islam. It is not from the Sunnah, and it is actually really dangerous."

Khadija's statement demonstrated her two concerns: (1) clerics without a degree in psychology will end up providing "wrong guidance," (2) and the clerics' methods are not "from Islam," nor are they "from the Sunnah." Khadija exemplified a

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prevalent belief in accurate guidance emerging from either of the two sources, Sharia and psychology, or through their synergistic combination, while approaches perceived as lying outside these spheres were often viewed with a sense of potential risk. Nevertheless, the demarcation between psychology and Islam did not consistently hold relevance across all interview contexts.

While some interviewees advocated for a clear separation between the roles of clerics and psychologists, they also emphasised the need for a spiritual or religious aspect in psychology. Notably, there was a discernible discrepancy in the expectations regarding qualifications for responding to inquiries of a spiritual or religious nature compared to those of a psychological nature. This disparity may be ascribed to the fact that a majority of the interviewees did not possess formal educational qualifications in religious studies. They perceived the "Islamicness" of therapeutic interventions as an intrinsic dimension of their lived experiences. To them, Islam embodied an inherent wisdom and spiritual consciousness juxtaposed with psychology, which was construed as an external discipline offering insights that could be acquired.

The complexity of the matter was exacerbated by the diversity of perspectives on Islamic qualifications. The notion of authority exhibited notable divergence among the interviewees and their respective communities. Significantly, no uniform reference to the same source of authority, educational institution, or school was identified. Some interviewees alluded to initiatives aimed at establishing Islamic education within Scandinavia, while others esteemed education received in England. Distinct viewpoints emerged regarding what constituted "genuine" Islamic education, with assertions ranging from the necessity of Middle Eastern and Subcontinental educational institutions to considerations of the instructors' popularity, perceived sanctity of the educational setting, and historical significance of the place. Moreover, the interviewees affiliated with varying schools of thought and branches of Muslim identities, thereby introducing further complexity into the delineation of Islamic qualifications. In stark contrast, the criterion for evaluating qualifications in psychology remained more straightforward, hinging on whether individuals possessed a formal degree in the field or not.

Finding the space and place of Islamic therapy

In the ensuing section, an examination of the placement and role of Islamic therapy will be presented. This analysis is grounded in the experiences of the practitioners, offering valuable insights into their self-perception, therapeutic practices, and the utilisation of their worldview to produce Islamic therapy. The section will introduce the place and reception of Islamic therapy in Muslim communities and mosques as therapeutic spaces.

Muslim communities and reception of Islamic therapy

The Danish interviewees used three different words to identify their faith and cultural communities. "Moskeen," which translates to "the mosque," but is referred to as more than a building (Becker, 2017). They also used the word: "samfundet," which translates to "the society." Society in this context does not refer to a general society but a segment of society. This also includes members of their faith community, family members, or people they identify as part of their immediate surroundings. The last word they used is "miljøet," which translates to "the environment" or "surrounding." This refers to a social environment (Kühle, 2006).

The English interviewees only used the word: "community" (McMillan & Chavis, 1986); however, I did not encounter the use of the word "fællesskabet" (the community) by any of my Danish interviewees. Differences in linguistic expression between Danish Muslims and their English counterparts may arise due to variations in language usage or cultural nuances. Additionally, the choice of certain words by the Danish interviewees might be a strategic means to position themselves in contrast to others. The term "community" in English has commonly been employed to depict faith communities, encompassing both religious groupings in the UK and the US, where they coexist alongside one another, contributing to the formation of the broader societal context (Smith, 2004). Danish society and how we use the Danish language to describe society and culture mostly refers to "the society" and

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then "parallel society" (Frandsen & Hansen, 2020) or "minority societies" (Olesen & El Mongy, 2021) indirectly ascribing an order or position between the different entities of a larger whole. I tend to use the word "community" when communicating in English, though I do include the words communicated by the Danish interviewees.

I am mindful of the discursive implications associated with employing the term "community" in this particular context. It is noteworthy that the Danish term for "community" conveys a sense of "togetherness," a connotation that does not uniformly align with the experiences articulated by several interviewees in relation to their Muslim faith communities.

The risks inherent in utilising the term "community" in this context primarily revolve around potential misrepresentations and oversimplifications. The term may carry preconceived notions or assumptions, particularly when applied across diverse religious or cultural settings. Moreover, the term "community" can be laden with normative expectations, implying a cohesive and harmonious social unit. In the case of the Danish word for community, with its emphasis on "togetherness," there is a risk of imposing a specific cultural interpretation that might not accurately capture the nuanced and varied experiences within Muslim faith communities. This is exemplified in the following statements by Kemal:

> "I have...such a driving force...where you really make a difference and especially after seeing the things...the things that...that are wrong with us as...both as individuals, as an environment, as a society and after seeing those problems, I have been motivated by wanting to use...wanting to be able to use my education and make a difference."

Kemal's statement includes the use of the words "environment" and "society," but here he stands or positions himself in contrast to others. He wanted to help or improve the conditions of the "Muslim society." Kemal narrates about "seeing," which indicates some sense of awareness that others do not have, and therefore, he positioned himself as one to "make a difference." Kemal does not ascribe any

positive associations to the faith community that he interacts with. A social group he finds problematic, mainly because they practise what he identified as "culture." Culture is often used in its definite tense, "kulturen", to describe a negative force that keeps Muslims from the path of God. Kemal explained:

> "There is something we have to learn; it is something that psychology and psychologists can teach us, but it is not something that...just because we cannot figure out that part does not mean that our īmān is weakened or there is...it has something to do with our faith in God or that you have to pray extra so that you achieve this emotional vocabulary. It is about the fact that the culture has not given it."

In this context, Kemal employed inclusive language by using the terms "we" and "our," indicating a sense of affiliation and identification with the group he is referring to. His statement highlights the significance he attributed to psychology as a means to impart Muslims with an emotional vocabulary that has been lacking within their social groups. Additionally, Kemal addressed the social phenomenon of "weakened" or "low īmān," pointing to the relevance of discussing the concept of faith in the context of their social experiences. In this case, īmān refers to a sense of measurable faith. Each of the interviewees unanimously contended that they encountered individuals within their faith communities who held the belief that mental health issues signify a weak or low faith. A narrative that the interviewees identified as a regressive or outdated belief.

Kemal further emphasised the distinction he perceived between his understanding of Islamic teachings and the prevailing cultural context. This implied that the attribution of mental challenges to insufficient faith was more of a cultural phenomenon rather than a strictly religious one. In this regard, Kemal's stance was not an isolated one, as he shared the perspective of the other interviewees who divided their lived experiences into "religion" and "culture." (Roy, 2004). Within this framework, religion is regarded as embodying objective truths, while culture represents negative social phenomena often found within Muslim communities.

Inaya spoke about the reception she faced when she became a practitioner in Islamic therapy. She explained:

"There are some who have a little difficulty accepting it [i.e. Islamic therapy]. More cultural families believe that if their children or someone in their family needs psychological help, it means they are insane. They imagine that it is a bit like sending someone to a psychiatric institution or that they have to be hidden away, but today, we know that there are many variations, so the younger generation is clearly very open. I have experienced some criticism from shuyūkh, that is, they want to help sometimes, and sometimes they invite someone to say a little about Islamic psychology, but if it comes to what they define as their work, they become dissatisfied, and then you do not get the same support as...yes...I think it is a bit complex, but the environments take it well. It is mostly the older generation and then some shuyūkh."

Inaya's statement reveals a complex landscape regarding the reception of Islamic therapy, and she was not alone in experiencing mixed reactions from the Muslim communities. Other interviewees have articulated similar experiences with religious leaders, authorities, and older members of the faith communities. The reception of Islamic therapy is complex due to its newly found position that raises questions about authenticity or "true Islamic nature." Most of all, the interviewees expressed an experience of fear coming from other authorities, whether that be older community members or family members or religiously trained or autodidact authorities; a fear that the new phenomenon would overrule their current positions and challenge or change the status quo. However, there have also been experiences of positive reception from the communities. Hiba stated:

"I think that the environment has welcomed the treatments, so they are also in accordance with sharia, but yes, it seems like everyone is really just positive. I have a female teacher I go to, and she has also been very supportive. There are not that many people who can do my job, so I think it is really important in the environment."

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Hiba's statement demonstrates her positive experience, though she did express a sense of uncertainty by starting her sentence with "I think" and adding, "Seems like." Both point to a level of insecurity, but it does not stop her from concluding that the overall reception has been positive because her treatments are "in accordance with sharia." Where Inaya argued that the positive reception only occurs when the positions of her treatments do not interrupt or challenge the existing power structures, Hiba ascribed the acceptance as being due to her practice

of sharia. This is another case where their productions of sharia forms a central role in their experiences of Islamic therapy. Khadija also expressed a positive reception from the mosque communities, which, in her case, exemplifies a common conclusion that being familiar with other members of the community or being on good terms with the mosque leadership may lead to positive reception. In this

context, familiarity creates a sense of trust that ensures either that the therapist does not cross the boundaries of power or that they provide a trustworthy service to the

community.

The mosque as a therapeutic space

Khadija represented a unique but important case of the mosque facilities and their role in Islamic therapy. In cases like the ones of Bilal, Abira, Hiba, Sadef, Kemal, Fadi, and Inaya, they all expressed obstacles in gaining acceptance from the mosque leadership and their members. Hiba and Fadi both used the words "good mosque" and "bad mosque" (Birt, 2006; Becker, 2017) to describe who supports their work as therapists. Despite the dominant negative experiences with mosque communities - which include both mosques and *metaphysical mosques* (outside mosque community). Dawud stated:

> "I teach in the mosque, and that is where I meet my clients or those who need help. The elderly have always been supportive and appreciate the work I do or what we young people do. They also respect that I have more knowledge and know how to practise Islam correctly.

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There are conflicts, but they are everywhere, and they generally accept it. In fact, the environment supports the help I can offer, so they have never had a problem using the mosque's premises, and there is never anyone who has rebelled or...yes, you know, it is really just a good platform, and we help each other like that. I also think that it means a lot to people that they can get help like this in the mosque because it gives them some kind of peace - this is legit enough."

In line with Khadija's experience, Dawud gained access to the mosque facilities through his authority as a teacher. He described his work as being "appreciated" and "supported" by the elders in the community. This points to the conclusion of Inaya, where the elders form a significant power position. In this case, Dawud holds the authority to teach the elders how to practise Islam "correctly," which also gives him the position to identify Islamic therapy as "correct." He argued that performing therapy at the mosque or using the facilities to gain new clients legitimised his practices of Islamic therapy.

Dawud addressed conflicts amidst the reception of Islamic therapy in the mosques, stating, "They [i.e. conflicts] are everywhere," pointing to an experience of conflicts that are present in all mosques. This supports some of the positions where the "good mosques" are experienced to have less conflict and the "bad mosques" tend to have more. All of the interviewees, however, agree that there are conflicts in the communities, conflicts regarding power and authority, about truth, and identifying correct "Islamicness." Mosques, on the other hand, are a space of familiarity and divine authority. It is experienced as a place of support and as a good ground in which members struggling with mental health can get help. Bashir argued that mosques form a space where clients feel free to seek help when they feel lost or unheard in Danish society or through conventional help. Adel concluded by saying that Muslims "just trust us more," indicating that Muslims in Denmark tend to go to their local mosque when they are in need of help. The interviewees argued that mosques serve as pseudo-homes, which extend the comfort and safety of private spaces (Dewiyanti, 2012).

The interviews were collected during and shortly after the COVID-19 pandemic, which meant that interviewees also introduced digital therapy, namely spiritual treatments via Skype, Zoom or Teams. Similar to other fields, the interviewees saw the normalisation of online meetings as a means to explore new methods (Barker & Barker, 2022; Békés & Aafjes-van Doorn, 2020). Bilal fully incorporated digital and online means. To him, it was an optimal way of reaching clients and conveying his messages. He explained:

> "People contact me via Instagram and Facebook, and when I have enough interest in a certain area, I rent an Airbnb in the local area and go there. It is the only way I do it, and I've never thought about getting a clinic because this works so well. It works better for the clients, and I think it is important to accommodate them in this way. After all, it is people who are having a hard time. Clinics are more for non-Muslim therapists; this is the prophetic way."

Bilal described the method of setting up treatment spaces and meeting clients in their respective towns as the Prophetic way. Bilal was the only interviewee who described clinics as non-Muslim. The other interviewees viewed clinics as a step closer to establishing a treatment business that is accepted by society. They perceived a clinic as a sign of approval and professionalism. While Bilal shared a nomadic approach to therapy with English practitioners Abira and Wahija, none of the Danish therapists exemplified their practices in the same terms as Bilal did,

particularly his method of renting Airbnb's.

Like the other interviewees, Bilal demonstrated a deep awareness of how to create an Islamic space, or add Islamicness to space and articulated various ways in which he addressed the question of space in the context of Islamic therapy. Whether at home, in a temporary treatment space, or at the mosque, the aesthetics and layout of the space played a crucial role in shaping the atmosphere and ambience that encouraged a deeper engagement with spirituality.

The interviewees regarded space as both physical and spiritual environments that could impact human experiences, behaviours, and emotions. In the context of mosques, they explored how the arrangement of architectural elements, spatial organisation, and aesthetic choices influenced clients' engagement with their faith, healing, therapeutic progress, and a sense of transcendence. Creating a sacred space within treatment environments involved careful consideration of various design elements to evoke a sense of awe, tranquillity, and devotion. Whether in mosques, private homes, or clinics, they oriented their practices towards the Ka'ba in Mecca. By doing so, the therapeutic treatment transformed or moved between spaces of religious or spiritual devotion and, therefore, could take the form of purposeful art (Otterbeck, 2021, p. 161)

Healing as an aesthetic experience

Aesthetic experiences refer to the subjective and emotional encounters individuals have with sensory stimuli. These experiences are characterised by a heightened sense of perception, appreciation, and engagement with elements such as visual, auditory, or tactile stimuli that are considered aesthetically pleasing (Dufrenne, 1973). Aesthetic experiences often evoke a range of emotions, thoughts, and sensations, contributing to a profound and sometimes transformative impact on an individual (Joy & Sherry Jr, 2003). Aesthetic experiences in religious healing involve a purposeful integration of sensory elements, symbolic representations, and ritualistic practices to create an environment that fosters spiritual well-being, connection to a divine, and a transformative journey towards healing (Reimer, 1963; Gilmour, 2020; Newell, 2007). Alexander Baumgarten (d. 1762) introduced

the term aesthetics in his work "Aesthetica" (1750-1758), where he aimed to establish a science of sensory knowledge, specifically focusing on the realm of beauty and aesthetic judgment (Gregor, 1983). Baumgarten's work laid the foundation for later philosophers, including Immanuel Kant (McQuillan, 2015),

who significantly contributed to the development of aesthetic philosophy (Makkreel, 1996).

In the course of my fieldwork and interviews, a discernible position emerged, elucidating the significant role ascribed to aesthetics within the paradigms of Islamic therapy. Much akin to the articulation of therapeutic theories and methodologies as Islamic, the realm of artistic expressions and aesthetic predilections were attributed an Islamicness. Within the interviewees' perceptual framework, artistic endeavours forge an intimate nexus with a divine decree, an agency that not only imparts guidance for therapeutic interventions but also encompasses the realm of recuperative endeavours. This sentiment was echoed in Fadi's statement:

> "I use a lot of the same design principles as my form of therapy, that is, minimalist and symmetrical shapes. It is an important part of Islamic art, which is also part of the form of therapy. In the 900s, the Muslim world already had hospitals where there were psychological services. It also involved art, symmetry, sensory gardens, and sound therapy. I also believe that there is a reason why Allah created the Ka'ba as the perfect, mathematical quadratic form."

Fadi's assertion carries the implication that the deliberate utilisation of minimalist and symmetrical design constructs assumes a therapeutic agency, a supposition corroborated by extant empirical investigations. Within the framework of phenomenological analysis, the engagement with such aesthetical configurations engenders a realm of experiential phenomena and sensorial imprints unique to their context. Notably, Islamic artistic manifestations are redolent with geometric tessellations and calligraphic renditions (Aminrazavi, 1985; Hajra & Saleem, 2021), both emblematic of an aesthetic work steeped in symmetrical precision and mathematical equilibrium (Hanash, 2017).

Through a conscientious emulation of Islamic art, Fadi's creative exploration aligns with a specific aesthetic tradition that resonates deeply within his discerned religious schema. This aesthetic experience unfolds as an encompassing experience, interwoven with strands of heritage and spiritual moorings, prompting a poignant tapestry of belongingness. While Fadi posited the historical presence of

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these aesthetic conventions in 9th-century hospitals, his augmentation of this artistic sojourn imparts an added layer of profundity, enunciating the continuum and pertinence of these practices across the temporal expanse.

In culmination, the perspective Fadi articulates threads a connection between aesthetics, religious convictions, and cosmological contemplations - a recurrent theme discernible among the cohort of participants under study. As explained further by Sadef:

> "I like the calm, Nordic design the best. I think that it gives us a kind of calm and warmth that gives the security that the clients need. For me, it is important to choose places where the client looks at something beautiful, for example, Islamic calligraphy, but simple. I think there are a lot of nature's qualities in calm designs and surroundings."

Sadef's articulation encapsulates her adept relation of aesthetics with an evocative register of emotional responses. Moreover, her interpretative framework is underpinned by an individualised predilection as she navigates her experiential environment through the subjective lens of personal affinity. Thus, her aesthetic inclinations and reflections become conduits through which she navigates the realm of aesthetic practices, adeptly attuned to the needs of the clientele that she engages with. Notably, her discourse interlaces two distinct stylistic idioms, namely Nordic designs and Islamic calligraphy, both emblematic of a tranquil equilibrium or systematic harmony via their symmetrical and minimalist configurations. The minimalist ethos symbolic of Nordic design serves as an illustrative contextual reference, illuminating the inspiration they harness, each resonating with its own cultural and aesthetic lexicon. This multi-faceted deployment of aesthetic constituents represents an intricate interplay between personal predilections and broader socio-cultural dynamics.

Intriguingly, the incorporation of nature-derived imagery, while poised as a facet of artistic reproduction akin to alternative or therapeutic practices, simultaneously

assumes a dual nature. By ascribing the marvels of nature to the Divine, the interviewees imbue the use of natural imagery with an elevated ontological significance, culminating in a symbiotic interlacing of aesthetic appreciation and spiritual veneration. As stated by Fauzia:

> "I have designed my clinic according to Islamic values, and it is important for the overall experience of therapy and healing. In the waiting room, I have some waterfalls and nature sounds because God gifted humans so much shifā' through nature. It is scientifically proven that humans need to be in contact with nature, and I hope that it can calm down my clients. In my office and the therapy room, I play the Quran for the clients, but not at first because we cannot talk if the Quran is being recited. Then, when I am doing the treatment, I use a lot of Quran recitation or shift to other meditative sounds...just in the background."

Fauzia pointed to her emphasis on the importance of aligning the clinic's design with Islamic values. Islamic values, to her, are present in nature and in representations of nature. Her statement indicates a deliberate intention to create an environment that reflects her productions of religious beliefs and practices. Her reflections may exemplify a post-rationalisation, a cognitive process where she tries to justify a decision and action that has already been made, even if the decision may not have originally been based on rational or logical considerations. Post-rationalisations often involve adjusting one's thoughts or arguments to provide a more acceptable or understandable rationale for one's actions or decisions afterwards, as in the case of using alternative therapy or new-age influences to create the aesthetics of Islamic therapy.

This exemplifies Fauzia's belief in the therapeutic potential of natural elements. Her line of argumentation is connected to "science" despite being an aesthetic experience and evaluation. The investigation culminated in the deduction that a discernible aesthetic essence influences the holistic well-being of her patients (Gashoot, 2022, p. 319). In the context of crafting optimal therapeutic environments, Fauzia's work demonstrated the significant role of auditory stimuli.

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She adeptly navigated between the recitation of the Quran and contemplative sounds, a deliberate choice reflecting her religious perspective. Within the therapeutic process, the recitation of the Quran or other forms of meditative sounds was harnessed to establish an ambience that she deemed essential for the facilitation of therapeutic outcomes and the pursuit of healing.

Fauzia's illustrative case unveils a dynamic interplay between the interviewees' discerned Islamic values, the remedial potency inherent in nature, and the Quran's role in shaping the aesthetic experience. Notably, other interviewees similarly underscored the Quran's function as a tool of aesthetic significance within this framework (Kermani, 2015). Bilal used the placement of the Quran as an aesthetic means to create the right positions of the rental spaces. He explained,

> "When I arrive at the Airbnb, I redecorate the front room so we have the right setup. Sometimes, I cover some images if they are un-Islamic. I cover the TVs or screens with a green cloth because it is an important colour for the client's well-being, and the blank screens invoke materialism. I rearrange the furniture if they are not in the right places. For example, we cannot sit with our backs to the Qibla during a therapy session. Allah placed everything in the right order, and us humans sometimes create this chaos because of our disorder. Like…I like Fung Shui, because I think it has a lot of Islamic truth to it…like not placing the TV in the centre of the room, or placing the Quran at the top of the shelves."

Bilal placed significant importance on the settings of the therapeutic space. In contrast to Bilal, Fauzia created a base for her therapeutic aesthetics. Bilal, like Wajiha and Abira, recreated spaces continuously. Bilal was inspired by the Chinese philosophy of Feng Shui (Bruun, 2014) and expressed a conscious effort to create an environment that fostered what he identified as spiritual alignment. To Bilal, healing occurs when humans are one or aligned with their surroundings. The statement implies the importance of order, drawing parallels between his productions of Feng Shui and Islamic beliefs, arguing that there is a shared emphasis on creating a harmonious and organised environment (Amar *et al.*, 2012).

Bilal covered images he deemed un-Islamic. This action demonstrates a sensitivity to his interpretation of Islamic values and an emotional need to create an environmental experience that aligns with his beliefs. He also covered TVs or screens with a green cloth, attributing significance to the colour green for clients' treatment and healing process (Al-Shraideh & El-Sharif, 2019). Colours were

viewed as important aesthetic choices by all of the interviewees. Green and blue symbolise what the interviewees view as calm or peaceful elements of Islam (Al-Shraideh & El-Sharif, 2019), and gold or white represents the elevated position of

the divine. Imagery or aesthetic symbols were often represented by the wonders of the creator, such as nature's elements, green and blue, and by the creator himself in terms of richness and purity, gold and white (Al Bzour, 2015). Dawud explained:

> "I think a lot about the colours I use. It is ḥarām to wear red and orange colours because the hypocrites wore those colours. That is what symbolised kuffār and the Prophet's Sunnah has kind of set an example for us, so I am going with white and green. It may well be that we do not always know why, but I think it is important for us since the Prophet did it. Then it is also a bit like nature, and Allah has created nature as healing for us humans."

Dawud's statement introduces his reflections on "Islamic" colours. He presented red and orange as having acquired negative associations, ascribing them to "kuffār" (unbelievers). By opting for white and green colours, Dawud aligned his choices with what he perceived as a prophetic example. Dawud's statement demonstrates a desire to adhere to what he produced as Islamic principles and symbolism in certain colour choices. Like the former statement, Dawud's statement also implies a connection between the chosen colours and nature's healing properties, highlighting a faith-based decision-making process where adherence to religious teachings takes precedence over other preferences or explicit justifications. Ehab also ascribed colour a special position in his treatment processes. He argued:

"What makes Islamic therapy so different from Western therapy is that we get that humans have a holistic soul. Therefore, our environment also matters for the client's ability to heal and remedy their problems. I often do chakra healing, but they also need to wear the colour they need to balance their chakras. The same goes for scents, so I give them oud and incense to cleanse their home of evil eyes or bad magic. However, it can also be scents that calm them and get them in contact with their energies. I know it is all connected, so we also always cleanse the spaces, our energies, and sometimes there are bad energies in specific things that the client either was gifted in bad faith or because they bought them with ḥarām money or bad intentions."

Ehab encapsulated the comprehensive narrative of the interviewees through the articulation that the human essence is inherently holistic, thus imparting significance to the environment in its contribution to the recuperative capacities of clients. This sentiment places humans and their prospects of healing from mental health challenges or illnesses in the midst of a spiritual realm.

Where Bilal referred to the philosophy of Feng Shui, Ehab placed importance on colours in chakra healing, similar to views within Hinduism and Buddhism (Johnston, 2012; Deekshitulu, 2014). To Ehab, it is not only colours that hold healing energies, but also physical items that may hold spiritual energies. He exemplified this by arguing that clients may be gifted items in bad faith or that items were bought with "ḥarām money." Like Dawud, Ehab used the term "ḥarām" to express a divine disapproval or forbidden object or action. To all of the interviewees, conducting or engaging with ḥarām actions or items may be the cause of the mental health issues.

Both Ehab and Hiba made explicit references to the utilisation of scented oils within their discourse. All of the interviewees conveyed a notable remembrance or conceptualisation pertaining to the character of "Islamic scents," as well as the olfactory perception associated with Islamic therapeutic practices. It is noteworthy

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that both Ehab and Hiba prominently invoked the aromatic essence of oud, an extract derived from tree resin (Battaglia, 2021). The resonance of oud emanates from spiritual and esoteric connotations, attributable to its employment in sacred spaces.

The key notion under consideration within my interviews revolves around the theme of healing. This conceptual underpinning assumes a paramount stance within the framework of Islamic therapy, constituting the foremost objective of its modalities. The interviewees conveyed a resounding sense of anticipation and zeal with regard to the curative trajectory undertaken by their clients. Such restorative endeavours are imbued with a theological import, epitomising a sacred obligation, as it is only through attaining a state of healing that an individual becomes capacitated to fulfil the spiritual obligations intrinsic to the pursuit of the divine tenets (sharia). This sentiment is aptly illustrated by Sadef:

> "Healing is our most important goal in life, or perhaps one of the most important because it leads to closeness to God. You have to see illnesses as layers between yourself and God; at least, that's what I tell my clients. It creates a distance, so when closeness to God is our purpose, then healing is a commitment to achieve it."

Sadef's statement demonstrates an experience of healing as a means to fulfilling shar'an (rightful) ethical duties, and fulfilling shar'an duties is, therefore, a source of healing. In Newell's 2007 study on the aesthetic dimensions of symbolic healing in Qawwāli singing, he concluded that the singing played an "important role in the

activation of collective memory, and in the restoration of a sense of physical, emotional and spiritual well-being in the worshipper." (Newell, 2007, p. 655). The same can be said about the interviewees of this study, namely the common approaches to aesthetics in therapy settings.

While the interviewees may not necessarily share many points of convergence in their perspectives, such as culture, language, faith community, religious

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orientation, etc., they do possess a shared experience of familiar places. Even if they have not personally visited mosques or revered locations such as the Ka'ba in Mecca, they have encountered depictions of these places through images, live recordings, or oral narratives. They have received items like water from the *zam zam* well in Mecca, fragrances that capture the olfactory essence of the al-Masjid al-Ḥarām (the sacred mosque) in Mecca, and decorative pieces adorned with calligraphy in shades of green, gold, blue, and white. These collective encounters constitute a common thread woven into their individual life experiences. Despite being physically distant from one another, these shared encounters contribute to the formation of a collective memory.

The interviewees experienced healing as a religious phenomenon, which guides individuals towards attaining eternal bliss or a state of nearness to the divine. This journey is facilitated by adhering to the righteous path as defined by sharia. The interviewees found themselves in the circular relation between healing and sharia, where both depended on each other to succeed. In short, there is no fulfilment of sharia without healing, and there is no healing without fulfilling sharia. The therapists had to navigate this paradox and complex relation and did so by creating a space where both communicate. A space of Islamic aesthetics, pointing the clients to the path of Sharia - consciously or subconsciously. The aesthetics of Islamic therapy were experienced as a significant means of healing (Hajra & Saleem, 2021).

In this process, aesthetics play a crucial role by serving as tools for individuals to fulfil their ethical obligations and strive towards the ultimate goal of healing. When healing is perceived as an aesthetic phenomenon, it reflects the individual's endeavour to employ self-performative techniques in order to derive significance from their lived experiences. In consonance with Brentano's viewpoint, as delineated in the theoretical chapter, one might approach aesthetics by analysing how we experience an object rather than the object itself. Aesthetics, in this context, pertains to judgments intimately connected with the presentation of objects. The aesthetic experience of healing does transcend from being a pragmatic evaluation of the art involved in Islamic therapy to symbolic meanings. To Markovic, the aesthetic experience is not judgment, and he argued, "The main condition that such

objects must satisfy to become the objects of aesthetic experience is the transcendence from the pragmatic to the aesthetic (symbolic) level of meaning." (Markovic, 2012, p. 12). The aesthetics used in Islamic therapy are to provoke or invoke a feeling of authenticity and true Islamicness.

The intentional creation of space aimed to facilitate a transformative spiritual experience for both clients and therapists is integral in maintaining the Islamicness of a therapeutic environment. By incorporating reflections on space, the treatment spheres became sanctuaries that invited individuals to transcend mundane concerns and connect with the divine presence, thus aiding and catalysing therapy towards its divine purpose. I have demonstrated how therapeutic spaces obtain their right Islamicness through aesthetic choices, such as scent, light, and soundscapes. Light and darkness are important components in transforming rooms into spaces in time that can transcend and be a part of a greater divine. Controlling the light intake of the room aids the therapist in creating spaces that house aesthetic experiences. Healing as an experience is then aided by such aesthetics as healing occurs in the transformative moment between darkness and light. Finally, the therapy space must be transformative; it must be a symbolic pathway to the divine and, therefore, imitate Godly characteristics.

CHAPTER FIVE

ETHICS IN ISLAMIC THERAPY

"FACING THE OTHER"

Introduction to the chapter

This chapter aims to illuminate the ethical perspectives and considerations expressed by the interviewees in the context of Islamic therapy, focusing on the concept of shar'an duties. Ethical duties are categorised into two distinct groups: the obligations of therapists and the obligations of clients. The duties range from therapeutic themes such as acceptance, taking responsibility, and seeking knowledge and change to religiously bound concepts like mastering the nafs (self), obedience and Quran recitations. Some of the ethical duties of the clients are similar to those of the therapists and mirror the expectations the therapists place upon their clients. Each set of duties will be presented separately. Additionally, the framework of ethical duties will be introduced as *an ethical triquetra* - a triangular relationship encompassing the ethical responsibilities towards and between others, God, and oneself. This is illustrated by a triquetra shaped figure, representing the trefoil knot.

The triquetra of ethical duties

Ethical duties are regarded as integral components of the therapeutic process, involving both therapists and their clients. Central to this framework is the conceptualisation of therapy as a form of worship intricately linked to a broader spiritual scheme. The ethical responsibilities, intricately woven into the fabric of this therapeutic approach, derive their significance from their connection to the divine. The non-fulfilment of these duties is not merely a deviation but is articulated as a hindrance to the progression of therapeutic interventions. A central concept in the interviewees' experiences of ethics is Ḥaqq *(pl.* (ḥuqūq), pronounced /hɑχ/, the Arabic word for "truth," but also used as "reality" or "right" (Tabatabai, 2010). In this context, it is used to express an idea of divine rights. The interviewees were reluctant to use a translation of the word as they identified ḥaqq as divine rights - rights that transcend contextual factors and rights bestowed through a cosmic order that cannot be taken away or overruled. The triquetra of rights can be visualised as the following:

the rights of the divine

the rights of the other   the rights of the self
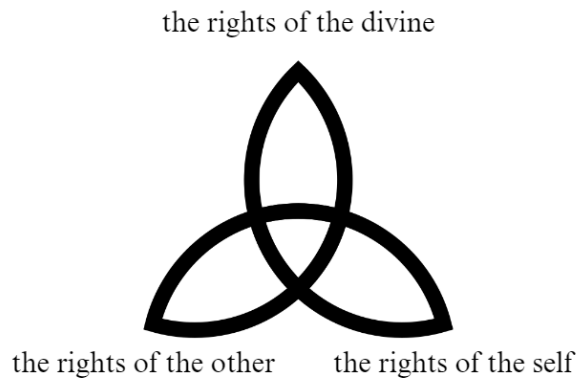
The trefoil knot serves as a symbolic representation of the interconnection among the three components of rights (al-'Abidin, 1992). It should be noted that this representation does not imply a hierarchical arrangement but rather signifies an equitable relationship. While the visual depiction may appear to suggest a hierarchy, it is crucial to recognise that the realisation of rights necessitates equal consideration of all three elements. In essence, this implies that the rights belonging to others are essentially one's own rights, and reciprocally, the rights of others and oneself are fundamentally connected to the rights of the divine. The symbolic representation serves as a pedagogical tool, it is not explained as such by the interviewees, though similar ideas can be found in Cambridge Muslim College's newsletter from January 2024.

We are introduced to the notion of rights when Kemal explains how clients ought to find meaning and purpose in times of suffering. He argued,

> "Parallel to Islamic teaching, Nietzsche explains that one must live up to God's right over one, society, one's body, parents, friends and soul's right over one. If I want to get better and if I want to be a good Muslim, then I have to do this. The good Muslim has to fulfil some rights, and when you live up to these responsibilities, then your life becomes meaningful. Those responsibilities are in Islam."

Kemal's statement suggests an experience of a dynamic interplay between personal growth, religious devotion, and social integration and emphasises the importance of intentionality and conscious choice in the realm of religious practice. The

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individual is not merely fulfilling external expectations or conforming to societal norms but actively engaging in a personal journey of self-improvement and spiritual development. This points to an experience of a collective self rather than an individual self (Triandis, 2001). The description of Islamic therapy as presented highlights characteristics that align with a collectivistic cultural orientation. In collectivistic cultures, individuals tend to prioritise group (ummah) harmony, interconnectedness, and shared values over individual autonomy and personal goals (Triandis, 2018; Gregg, 2007).

Nevertheless, a definitive assertion that Islamic therapy is inherently socio-centric eludes us, as it unveils the intricate interplay between the conception of self and egocentric objectives, notably the pursuit of oneness with divinity. Positioned at the core of the ethical triad is an autonomous selfhood, enjoined to introspect and comport itself in alignment with ethical obligations. This self, inherently individualistic in essence, aspires ultimately towards perpetual bliss. However, the attainment of this objective is contingent upon adherence to sharia, which is embedded with socio-centric values. In conclusion, Islamic therapy exemplifies the interleaved relation between the contexts of the individualistic and the collectivistic.

Kemal pointed to German philosopher Friedrich Wilhelm Nietzsche (d. 1900) as a means of authority. In this context, Nietzsche is attributed to Kemal's articulations of Islamic teachings, bolstering Kemal's advocacy for the triangle of rights. The legitimacy of Kemal's assertion, in his view, does not hinge on a direct correspondence with Nietzsche's works. Instead, it necessitates a conceptualisation of these references within the specific argumentative framework—integral to the contextualisations of Kemal. It is imperative to perceive these references as intricately linked to his contextualisations, eschewing the inclination to attribute literary origins or presupposed knowledge to these references.

Kemal's statement demonstrated that he aligned the rights of the divine with the rights of a society. This notion will be explored further in Fadi's explanation:

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"One of the causes of mental challenges, for example, is that clients do not fulfil their obligations to Allah, their surroundings or themselves. If there is someone who says that he has suicidal thoughts, then it is, first of all, a crime against his own Ḥaqq, but also against Allah because He has created all people perfect, and it is a criticism of His creation. The idea is that Allah gave him this gift, his life, and it is Allah's Ḥaqq that we take care of it. The same applies to one's surroundings. That way, it all ties together, if that makes sense. If one of my clients struggles to forgive another, then it is a violation of the other's Ḥaqq, but actually also of the client's own and Allah's Ḥaqq because it is a duty to forgive, first and foremost, for one's own healing. When a client gets better, it is in everyone's interest because the Prophet has said that if one part of the body is sick, it affects the whole body, and by that, he means the ummah."

In the initial part of the statement, Fadi showcased his association of mental health difficulties with the "triquetra of rights." He proceeded to illustrate this concept through the instance of suicidal thoughts. The underlying premise posits that Allah has bestowed individuals with the gift of life, and it becomes their responsibility to safeguard and value it as an obligation to Allah. Moreover, this duty extends to encompass one's immediate environment. The emphasis lies in the interconnectedness of these obligations, signifying their inherent interrelatedness.

The betterment of the client is deemed beneficial to everyone involved because it aligns with the idea that an ailment in one part of the body affects the entire body, symbolising the "ummah" /ˈʊmə/ (community). Highlighting that fulfilling these obligations and rights contributes positively to the collective well-being of the Islamic community. The triangle of rights then symbolises an underlying socio-centric narrative that the mental health of one community member influences the entirety of the community. The self is connected to its surroundings, and the collective selves are in relation to the higher and transcendental Self - a divine self but also transcended versions of the individual selves. Inaya stated,

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"Today, and especially here in the West, there are many Muslims who suffer from a lack of self-esteem and lack faith in themselves because they are talked down to by their parents and by society. They must live up to their parents' demands and bear responsibility for the fact that their parents travelled so far to give them a better future, and then they are constantly met with prejudice and discrimination in society, so they feel that they are never good enough. It is one of the conditions of the dunyā, so one of mine…the things I work on most with my clients is to make them realise that their soul has a Ḥaqq over them. They are always good enough for Allah if they do what is right for their soul, and in that way, by focusing on the Ḥaqq of one's soul, many of my clients actually gain more self-esteem."

The recognition of the "Ḥaqq" of the soul introduced a transformative perspective, allowing individuals to redefine their self-perception and find validation beyond societal expectations. She used the concept of "dunyā," which referred to the worldly conditions and challenges individuals faced. She described some of the challenges, such as feeling belittled by their parents and society and the pressure to meet their parents' expectations and carry the responsibility of their parents' sacrifices made for a better future. Additionally, they constantly encountered prejudice and discrimination in society, reinforcing their perception of never being good enough.

The conceptual framework known as the "triangle of rights," alternatively construed as the triangle of ethical duties, profoundly influences the interviewees' construal of their client's obligations. In essence, a nuanced and interwoven relationship emerges between the notion of rights (ḥuqūq) and ethical duties, contingent upon the vantage point of either actualising the rights or executing the ethical duty inherent in realising these rights. The following section will present the responsibilities of both clients and therapists, incorporating insights gleaned from therapists' overarching paradigm that informs their cognitive framework.

Ethical duties of the therapist

The upcoming section explains the ethical duties of therapists as expressed by the interviewees. These distinctive duties, specific to Islamic therapists, encompass responsibilities related to imparting knowledge of Islamic principles and morals, offering a broader perspective aligned with an Islamic worldview, and actively promoting the practice of enjoining good and forbidding evil.

Teach Islam

The therapists of the study expressed and presented their positions as ethical or religious duties, signifying their role in upholding divine order and contributing to a divine will. The first and most important duty of a therapist is to express their knowledge of Islam. Khadija exemplified this by stating:

> "I always find good arguments in Islam, and they work for the client. Some clients say that Islam says such and such, but then I can say no, it is not right, and correct their understanding. Many have their Islam from their culture, i.e. jāhil, and that is not good. I have to teach them about their religion because there is a lot of ignorance coming from the parents' generation…I guess, like I said, you have to know Islam to heal."

Khadija's reflection demonstrates an engagement with Islam, or ascribing agency to Islam, and her emphasis on the importance of religious knowledge in the healing process. Her ability to challenge and correct her clients' productions of Islam, or as she identifies them, misconceptions of Islam, indicates confidence in guiding others toward an understanding that she presented as more accurate. She presented the misconceptions (that may lead to mental illnesses) as influenced by cultural influences. She used the term jāhil /ʒaː.hil/, which refers to ignorance or lack of knowledge, to describe the prevailing understanding of Islam among some clients who adhere to cultural practices rather than her production of religion. This places Islam as a healing factor, in contrast to jāhil, as the cause of mental health issues.

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Provide a perspective

The fundamental theme inherent in this specific duty is the recognition of the world's existence as a realm of suffering, where the collective sum of suffering surpasses individual struggles. Kemal contributes to this understanding by affirming,

> "Quran verse 2:215 clearly shows that this is a form of existential psychology, which also shows that man must suffer. It is one of their basic conditions. Allah teaches us that we must accept this in order to be successful in our therapy."

Kemal's statement emphasises the significance of suffering as a religious concept and a part of a transcendent divine plan. Kemal referred to a verse from the Quran that, in his view, unequivocally highlighted the existential nature of suffering and its significance in human psychology. This understanding of suffering as an existential phenomenon informed Kemal's therapeutic approaches, which incorporated a recognition of shared human experiences. Instead of perceiving suffering as arbitrary or meaningless, Kemal regarded it as an integral part of the human journey.

According to the interviewees, there is no contradiction between accepting the divine plan of suffering and actively desiring to improve one's distressing situation (Flannelly, 2017). The divine powers have both placed humans within a larger plan for individual growth and provided them with the means to attain the divine by perfecting their own positions (Husain, 1998).

Following Sunnah

Sunnah /ˈsunah/ is broadly understood as the conduct of Prophet Muhammad (d. 632) (Hasan, 1968). In the context of the interviews, the term "sunnah" is employed

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by the interviewees to denote the practice of appropriate behaviour within specific contexts. Within the realm of therapy, the figure of the prophet assumes a role in conferring legitimacy upon interpretations of therapeutic modalities. By designating certain methods and theoretical approaches as "sunnah," a deliberate effort is made to establish a connection between one's worldview and one's behavioural choices, thereby endowing them with positive connotations. As a result, this positioning within a broader, divine framework empowers the therapists to engage in purposeful actions. Ehab introduced this concept by stating:

> "You cannot be a therapist without also following the Sunnah because that is kind of where it comes from. The prophet was the first therapist, and it is his method that we use. He was a holistic person, and that is why we must follow his entire Sunnah. We can follow not only his Sunnah for therapy but also other aspects of his Sunnah because it is all connected. It is one of the ways in which we tap into the energies of our ancestors because he is like our ancestor."

Ehab's statement reflects adherence to the Sunnah is a prerequisite for being a therapist, as therapy itself finds its roots in the methods employed by the prophet, whom Ehab perceived as the original therapist. The syncretic use of the term "ancestral energies" in the statement raises intriguing questions about its origin and its specific usage within the therapeutic discourse. While the concept of ancestral influence can be found in various cultural and spiritual traditions, its specific application in this context sheds light on Ehab's contextualisations and how he bridged his experiences with other belief systems. Overall, all the interviewees in the study consider Prophet Muhammad to be the earliest and most esteemed exemplar of a psychologist. Dawud concluded, "The prophet is history's first example of a therapist, and it is through his Sunnah that we learn how to be therapists."

Dawud's statement exemplifies how the interviewees asserted that Muhammad, as a therapist, employed the same methodologies that contemporary therapists strive

to emulate. Moreover, therapists are viewed as having a significant responsibility to fulfil what they perceive as Islamic obligations within their practice.

Fulfilling Islamic obligations

The interviewees highlighted a number of Islamic obligations. These include farḍ al-'ayn (individual duty), Ṣalāh /sˤaˈlaː(h)/ (ritual prayer), wuḍū' /wʊˈdˤuːʔ/ (ritual ablution), Quran recitation, ḥijāb /ħɪˈdʒaːb/ (modesty codex), and facing towards the Qibla /ˈqɪblə/ (the prayer direction). Rabia exemplified these by stating:

> "In therapy sessions, I always have… so it is important that we always fulfil the basic Islamic duties, for example, always having wuḍū'. If my client does not have wudhu, I often ask them to do it so we are ready to perform the session. Therapy is not independent of the Islamic aspects because it treats the spiritual in humans. So I think about how we sit so that we do not look away from the Qibla and that we have wuḍū', and then I also practise Arabic with them so that I am sure that they can pronounce Quran recitation correctly if we use it. There are so many cases where it was just a small thing like doing wuḍū', and then they actually got the spiritual help they needed. Other therapists might give them antidepressants, but I have an eye for the small but important things. It can, of course, be difficult for women sometimes because then we have our period, but I can, for example, give them a cloth to sit on."

Rabia's statement demonstrates that she positioned herself in a discursive power position, focusing on seemingly minor but significant aspects of therapy that reflected her attentiveness to clients' spiritual needs. However, Rabia acknowledged that certain challenges might arise, particularly for women during menstruation, which temporarily prohibited them from performing wuḍū' (Osim & Eteng, 2021). In such cases, she sought to accommodate the situation by providing a cloth for the client to sit on, ensuring that the spiritual impurity of menstruation did not affect the spiritual dimensions of the sitting area.

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This action serves as an illustration of the intricate interplay between the metaphysical and physical domains of the lived experiences of the interviewees, highlighting the capacity of the physical realm to both disrupt and rectify spiritual predispositions. Nonetheless, it equally underscores the unclear demarcations between individual autonomy and the societal imperative of privacy and social control. In the context of Islamic therapy, the individual self is experienced in relation to a collective concern, eroding the boundaries that establish the individual self from the expectation of a collective good in the therapy sessions.

Enjoin the good and forbid the evil

Enjoining the good and forbidding the evil (al-amr bi-l-maʿrūf wa-n-nahy ʿani-l-munkar) refers to a moral obligation to enjoin what is considered virtuous and discourage what is valued as immoral or harmful within their communities and societies (Fars & Maleki, 2015). This concept holds a central position within Islamic Ethics as a discipline but has also been discussed in relation to "Social surveillance" (Ale-Ebrahim, 2022) and "Sharia Zones" (Pieri *et al.*, 2014). The interviewees of this study referred to the concept of religious accountability and the belief that all actions would be evaluated on a divine scale of good and bad. Throughout the study, interviewees expressed concerns regarding potential conflicts between their ethical obligations as devout Muslims and their responsibilities as practising psychologists. Bashir addressed his ethical considerations and concluded: "It is part of one's shar'an obligations to enjoin good and forbid evil, but one must also look at what is appropriate in the context of therapy." Kemal shared a similar experience and provided further explanation.

> "When it comes to rules in Islam, in sharia…then, as I said, psychology does not say…what you can and cannot do, but then I ask the sharp questions, where the person is pushed into self-reflection and ethics…um…ethical reflections, what is right and wrong, and then it is up to the person to assess what is right and wrong."

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As a psychologist, Kemal argued that it is not within his role to dictate or impose certain actions on clients that may be considered religiously objectionable. Instead, he strives to fulfil his ethical duty through the use of probing or challenging questions. Kemal believed that these questions are intended to encourage clients to reflect upon and evaluate their own understanding of what is right and wrong. In doing so, he aimed to facilitate their own process of self-assessment and moral discernment. Kemal further elaborated on this perspective by stating:

> "So as a psychologist, in general you do not push someone in a certain direction…whether a person is Muslim or non-Muslim. So I would say, in general, that the tools we use in therapy and many of the rules in religion go hand in hand. It is actually crazy how much…you know, the concepts we have in Islam, such as rīyāʾ, is a tool we use in psychology, so it goes very well hand in hand. [If the client comes to the wrong ethical conclusion then] The ethical thing to do…and if one…if the person himself comes to the wrong conclusion then [hand wave] go for it."

Kemal's statement highlights that Kemal experienced a potential synergy between religious teachings, particularly within Islam, and psychological techniques, while he expressed astonishment when finding parallel concepts in both domains, such as prayer, fasting, self-reflection, and forgiveness.

Kemal introduced the concept of rīyāʾ/rijɑ:ʾ/ (religious ostentation), which he identified as a tool that could be applied in psychology. This indicated that Kemal, like the other interviewees, interpreted and integrated their contextual understanding into their therapeutic practices and ethical considerations. Rīyāʾ was commonly associated with religious acts performed to seek social status or recognition within religious communities. Its emphasis on intentional worship aligned with the interviewees' focus on intentional and meaningful engagement with religious practices. While it remained unclear how Kemal connected rīyāʾ to psychology or therapeutic methods, it underscored the influence of his contextualisation on his practices and ethical reflections.

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Being a mentor

5.15
Ethics in Islamic
therapy
Sixth of Seven
ethical duties
Mentorship

The case of Bilal
Purpose
Jung, Allah

Aligned with the therapists' emphasis on imparting Islamic teachings to their clients, they also identify their role as mentors, serving as guides in upholding ethical norms. Bilal provided an illustration of this perspective by stating:

> "Allah created humans and a purpose; He would not let humans alone do their own doings, so He created prophets and scripture to guide humans. When we lose our way, we need to access those traditions of seeking guidance. The most important role of a therapist is to guide and be the mentor they need. A mentor can help you react and continue to uphold those ethics, the morals that lead to a happy life. Carl Jung confirmed what Allah taught us: You need to follow a set of morals or ethics. The important part is both believing in them and then following them; if you do not, you will find unhappiness your entire life."

Bilal's statement expresses that the purpose of human existence, as determined by Allah, signifies that individuals are not left to navigate life on their own. Instead, Allah has provided guidance through prophets and scripture, which becomes crucial for individuals who have lost their way and seek direction. Consequently, therapists assume the role of guides and mentors, assisting individuals in upholding ethical values and morals that contribute to a fulfilling life. This belief is rooted in the understanding that adherence to moral and ethical frameworks is affirmed by both religious teachings and the work of Carl Jung.

The reference to Carl Jung indicates an experience of convergence between religious teachings and psychological insights on the significance of moral and ethical frameworks for well-being. Furthermore, Bilal's perspective highlights the interplay between faith, guidance, and the therapeutic process, contributing to the ongoing discourse on the integration of religious and spiritual perspectives within psychological practices. Mentorship is considered a foundational aspect of the interviewees' productions of Islamic tradition, where knowledge is imparted from mentor to mentee, creating an unbroken chain that traces back to Muhammad and,

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ultimately, to God. This transmission of knowledge and guidance through mentorship is seen as a means of preserving and perpetuating the teachings and values of Islam.

Being trustworthy

The therapists participating in the study expressed their profound confidence as practitioners in Islamic therapy. They emphasised the significance of trust in fostering a strong client-therapist relationship, which in turn plays a crucial role in facilitating mental health improvement and therapeutic advancement. According to the interviewees, this trust holds a distinct quality when it occurs between a practitioner in Islamic therapy and a Muslim client, which sets it apart from trust found in other societal spheres. Adel further elaborated on how this unique form of trust also presents ethical challenges and dilemmas. He explained:

> "I also have other ethical dilemmas, e.g. that you know them privately. There is something that is private for people and their families, but then we suddenly know about their private lives. There are also other situations where you are in dilemmas about whether you should notify them or whether you should go to the parents. Then you might go against their trust a little, and that is what is the right match. They trust us more than a non-Muslim therapist, so if we go to the authorities, they distrust us. It is important that they know that their challenges do not come out to society, that others do not get to know because we often know each other, but everyone knows each other a little on the surface because there is an Islamic…an ethical rule that you must not share your sins or your private life, so it is difficult if your friend's wife suddenly comes to you or the imam's son tells you something about their private life. There is always a balance between exercising trust and gaining their trust and then not abusing their trust by reporting bad cases to the authorities. After all, they trust me for a reason instead of telling a teacher or school psychologist."

Adel's statement demonstrates that he often encounters complex ethical dilemmas that require a delicate balancing act between maintaining confidentiality and ensuring the safety and well-being of his clients. To Adel, trust is a fundamental element of the therapeutic relationship, and he highlighted the significance of trust by stating that clients place their trust in the therapist, particularly due to shared religious or cultural backgrounds. The underlying narrative about trust in terms of interrelations between members of the same minority group and in relation to the society or majority supports the interviewees' attempt to identify Islamic therapy as something unique and valuable to Muslims. It becomes clear from the statement that the therapists must navigate these complexities with sensitivity, recognising the need to establish trust, maintain confidentiality, and uphold ethical responsibilities to ensure the well-being of their clients in multicultural contexts.

Adel highlighted the possibility of deviating from the general obligation to inform authorities in situations where individuals' trust may be compromised. This observation reveals a certain level of distrust in authorities and Danish society as representatives of the dominant norms and values. Consequently, members of minority groups are compelled to establish alternative support systems that cater to their specific faith community's norms. While these alternative support systems promote cohesion within the minority community, they simultaneously contribute to a perceived disconnect between citizens and societal authorities (Rytter & Pedersen, 2014).

Within this framework, Islamic therapy serves as an illustrative example of how minority citizens engage with and acquire knowledge from society, subsequently bringing that knowledge back to their respective minority communities with whom they identify. The newly acquired knowledge, acquired through university education or work experiences, is then reassessed within the individual's specific context and subsequently shared or perpetuated within social settings that share common underlying narratives of constructing their worldview.

Ethical duties of the clients

In the forthcoming section, I will introduce the ethical imperatives attributed to clients, encapsulating a spectrum of obligations. These responsibilities encompass acknowledging and accepting, assuming responsibility for their conduct, proactively pursuing knowledge, endeavouring towards personal maturation, fostering self-mastery, demonstrating adherence to divine precepts, and meeting religious obligations, including the recitation of the Quran and the attainment of proficiency in Arabic pronunciation. It is imperative to underscore that these duties are enunciated by the therapists, thus elucidating the anticipated conduct according to the interviewees' perspectives rather than emanating from the autonomous self-identifications of prospective clients.

Acceptance

The first of the nine duties is acceptance. This concept has been mentioned throughout the presentations of the interviews and serves as a key concept of the overall phenomena as presented by the interviewees. Adding to the narrative that the prophet Muhammad was the first therapist, Bashir explained:

> "The prophet has taught us…through the way he did therapy…that one must accept one's condition first, and one must accept whatever fate Allah has determined for them. I cannot help a client who, first of all, does not accept their fate and accept that they have certain challenges. A person who does not accept and acknowledge that they have broken a foot will not seek medical help either."

Bashir's statement demonstrates his emphasis on acceptance, indicating that the individual client should acknowledge their situation. This acceptance appears to be a prerequisite for seeking therapeutic help or support. It implies that without accepting their fate, individuals may not be willing or open to addressing their challenges effectively. Bashir continued by comparing mental or spiritual illnesses with physical issues like breaking a foot. He does so to prove his point by using the

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metaphor. Furthermore, Bashir suggested a belief in predestination. Acceptance, in this context, may involve surrendering to the belief that the divine has already determined the course of one's life. The exploration of the concepts of predestination and free will constitutes a significant pivotal point in this study. In-depth insights into these themes were garnered through interviews and participant observations. The nuanced examination of predestination and free will persists as a recurrent theme throughout the ongoing analysis and will be examined further in the subsequent chapter.

Taking responsibility

The practices of Islamic therapy appear to revolve around the essential components: acceptance, taking responsibility, seeking knowledge, and seeking change. The therapists put an emphasis on the experience of activeness. The ethical role of the client is one of active involvement in the mental health issue. They must accept, acknowledge, seek, and change. However, the therapists' expectations of the clients would often be the source of disappointments. Hiba explained:

> "I really find it difficult, and it is like it tests me when my clients do not take responsibility. We can get so far, and then there is a relapse in a way, and they cannot see at all that it was their own fault. If we were going to work on their problems, they have to take responsibility, you understand? They must answer to Allah at some point, and He will hold us to account; as they say, hold yourself to account before Allah holds you to account, or maybe it was the prophet who said that. But this also applies to my clients. How else are they going to get better?"

In her statement, Hiba connected the notion of responsibility to the client's relationship with the divine. She asserted that clients must answer to Allah, implying a belief in divine accountability. This religious perspective underlines the importance of self-reflection and personal accountability in terms of divine judgement. She referred to a saying, attributing it to either the prophet or general

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Islamic teachings, which emphasises the need to hold oneself accountable before facing divine judgement. She attributed authority to her position of difficulty when clients fail to assume responsibility. This discrepancy between clients' behaviour and her experiences of ethical obligations creates dissonance (Llewelyn, 1988). To reconcile this dissonance, Hiba employed the notion of divine authority, assigning significance and validation to her position. By attributing divine authority, she sought to harmonise expectations and belief systems with clients' behaviour.

Seeking knowledge

Khadija emphasised the importance of knowledge and adherence to her productions of Islamic principles in the process of seeking help and achieving optimal mental well-being. Following Khadija's line of arguments, "You have to know Islam to heal," she explained the position and significance of knowledge in the following statement:

> "You have to know Islam to heal. When someone seeks help, the first duty and the first step is to seek knowledge. Knowledge is what makes the difference between health and illness, Islam and jāhil, the prophetic path or kāfirūn. And we know from Allah that Islam is peace of mind; the unbelievers will always be unhappy, and they do not know why. It does not even have to be one of the great jāhil; it could be that a client just follows his parents' culture more than Islam, and then through knowledge, the person can be guided to a better path. Many of my clients find that they feel much better when they stop practising their culture and learn more about Islam instead of just being a Muslim by name."

Khadija's perspective on seeking help is structured around the significance of knowledge, establishing a hierarchical framework for the therapy process. Knowledge, particularly in relation to Islam, holds a crucial position in her approach.

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Khadija categorised knowledge into distinct categories, distinguishing between "health," "Islam," and "the prophetic path" on one side, and "illness," "jāhil" (ignorance), and "kāfirūn" /kaː.firun/ (unbelievers) on the other. This classification demonstrates Khadija's underlying belief that faith plays a pivotal role in mental well-being.

Khadija's interpretation of Islam as a narrative of "peace" aligns with her assertion that "Islam is peace of mind." This perspective reiterates the central role of Islam in healing and mental well-being. Simply identifying as a "Muslim by name" is deemed insufficient; it is the intentional adoption of behavioural and attitudinal duties associated with being a "true" Muslim, coupled with knowledge and the implementation of Islamic values and practices, that enables clients to attain the desired state of mental health. A notion supported by the interviewees of this study, including Bilal, who stated,

> "Seeking knowledge is a duty for all people. According to sharia, all Muslims must seek knowledge from cradle to grave. It is one of the things that makes Muslims unique because we are always students. We are always open to learning new things, and therapy is also a form of learning. Your clients are a kind of student who is looking for answers, and when they seek knowledge both through me and also elsewhere, they find healing. It is the path that leads to closeness to God. This applies to everything, but when clients open their eyes to new knowledge, it broadens their horizons and gives them a greater understanding of why they are ill, what they can do, and how minimal a problem it is on a larger scale. God has created all this, so one's problems are quite small in comparison. New knowledge always gives them some kind of a-ha moments, so they can use this both in the therapy session and after. It is like a study to get better, to know your soul and then you also find out that God heals you through knowledge of him."

In this study, Bilal, along with other interviewees, refers to the concept of "duty" as a divine obligation. Bilal argued that seeking knowledge is a duty bestowed upon all human beings by a higher power. Unlike Khadija, who categorised humans into

Muslims and unbelievers, Bilal addressed humanity as a whole. However, he did specify that the duty of seeking knowledge, as outlined in his productions of sharia, specifically applies to Muslims.

According to Bilal, therapy can be seen as a distinct form of learning that is uniquely embraced by Muslims. He also identified the duty to seek knowledge as a fundamental component of Islamic teachings. He asserted that this pursuit of knowledge is an ongoing journey that encompasses all aspects of life, including therapy. By actively participating in this pursuit, individuals can undergo healing, broaden their understanding, gain perspective, and enhance their connection with God. Overall, Bilal connects the spiritual aspects of his worldview to his therapeutic experiences and expectations of the clients.

Seeking change

Continuing the exploration of the ethical responsibilities of clients, the focus now turns to the concept of seeking change. This duty aligns with treatment processes that involve acknowledging and accepting one's condition, actively seeking knowledge, and taking individual responsibility. Mariam emphasised the importance of clients assuming responsibility, actively seeking change, and pursuing knowledge to improve their circumstances in her statement: "Then they must take responsibility, seek change and search for knowledge to change their condition." Knowledge, in this context, serves as both the catalyst for beginning the path of help and the means by which individuals can transform their situations.

The interviewees expressed a fascination with the theological discussion surrounding predestination and seeking change (Mohamed, 2000). They posited that a salient feature demarcating Islamic therapy and psychology from their experiences of Western counterparts lies in the assimilation of the concept of free will. As articulated by the interviewees, Western psychology is distinguished by a foundational adherence to predestination, albeit not to be misconstrued as an inherently predetermined divine fate.

Rather, it mirrors the persistent nature-versus-nurture discourse intrinsic to the scientific domain of psychology. Predicated upon this premise, the participants inferred that Islamic therapy gains a distinct advantage by championing the autonomy of clients through the emphasis on "free will." This standpoint intimates that an Islamic narrative furnishes a more propitious framework for the process of healing.

However, it is worth noting that these interpretations likely stem from the therapists' contextualisations. As they encountered the nature-nurture debate during their psychology studies at university, they interpreted it in a manner consistent with their own sense-making processes. It is intriguing to observe that these therapists independently arrived at similar interpretations despite being unfamiliar with one another. This suggests the possibility of a common but unidentified source that has subconsciously influenced their perspectives.

Mastering the Nafs

As an integral component of the ethical framework known as the "triangle of ethical duties," I have addressed specific obligations that were explicated by the interviewees. Now, I will address the concept of "mastering," which pertains to the idea of achieving control or command over one's *nafs* /ˈnafs/ (self).

As expounded in the preceding chapter, the nafs is deemed neither inherently good nor bad, a notion strongly emphasised by the participants. The term nafs denotes the conscious reflection of an individual's self. While some interviewees translated nafs as "self" or "ego," others adhered to the original Arabic terminology. However, all interviewees concurred that neither "self" nor "ego" adequately captures the essence of nafs as perceived in their understanding. For instance, Wajiha chose to employ the term "ego" in her explanation:

> "One of the most important obligations for my clients is to master their ego, i.e. nafs. An important concept is to be diplomatic with your temper because we all have different egos.

It is only through knowledge that one can master, and it is only in this way that one can achieve meaning, i.e. peace of mind - sakīnah."

Wajiha's statement provides valuable insight into her understanding of Nafs, which she conceptualises as the potential for possessing "different egos." An ego, in this context, represents an entity that an individual possesses and is intricately connected to their temperament. She posited that acquiring knowledge leads to a mastery of the ego, ultimately enabling one to attain a sense of significance or purpose. Furthermore, she defined sakīnah /sæˈkiːnə/ (serenity) as a state of "peace of mind" and attributed to it the concept of "meaning." Within Islamic therapy, a significant aspect involves the provision of "meaning," which pertains to the process of attributing a higher sense of significance to one's lived experiences. In line with Wajiha's statement, Rabia explained the different aspects of nafs by stating:

"If clients do not know their nafs, then it is difficult to work on. There are different layers, just like Freud's idea of the ego, but the ego just has such a negative connotation. There is *nafs ammāra* [evil-commanding self], which commands with the lower self; *nafs lawwāma* [self-critical self], which criticises itself; and *nafs mutma'innah* [calm self], which has serenity. It is important that my clients know the difference so that we can also talk about which self we need to tackle and which nafs teases them and gives them challenges."

Rabia's statement incorporated several Arabic terms previously introduced in the introductory chapter. In this context, she provided an explanation of how she interprets and applies these concepts in her role as a therapist. She began by asserting the importance of clients having knowledge and understanding of their nafs. This suggests that nafs is not merely a passive attribute but rather something that necessitates familiarity and self-awareness. According to Rabia, a lack of familiarity with one's nafs can lead to challenges during the therapeutic process.

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Rabia then established her interpretative framework by drawing upon her reproduction of Freud's concept of the ego. Subsequently, she described her own experience of nafs both in contrast to and in reference to (her reproduction of) Freud's understanding of the ego.

Moreover, Rabia transitioned from using "ego" as the translation of nafs to using the term "self." She also used the phrase: "which self", and by doing so, she introduced the concept of a multifaceted and potentially conflicting inner self. The nafs becomes intertwined with this notion of "self," representing both an integral component of one's selfhood, a location *within*, and an independent entity capable of causing disruption and chaos within the individual.

Throughout the interviews, the participants consistently emphasised both the relations between and the contrasting positions of "Western" and "Islamic" therapy, potentially influenced by their communication with me as a representative of Western culture and education. They perceived Islamic therapy both in opposition to and in relation to Western psychology or therapy. It is plausible that this perspective emerged during their study of psychology at university, where they were exposed to new knowledge that prompted them to reflect upon and recontextualise their previous understandings, including their experiences within the framework of "Islam." Consequently, the acquisition of new knowledge shaped their reproductions of their experiences of "Islam," impacting both their previous understandings and their subsequent encounters with therapy. The participants in this study described Islamic therapy mainly through negations and contrasts with other therapeutic approaches, and one unique aspect they highlighted is the emphasis on obedience as a fundamental component of therapy.

Obedience

A significant part of the ethical duty of the clients is their willingness to be obedient. This includes being obedient towards a divine will but also towards the therapists who identify their job as being part of a divine master plan. Dawud stated,

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"It is up to the client whether they actually want help or not. One of the biggest differences between our therapy and Western therapy is that we expect clients to improve. They come to get answers, so they must also be ready to listen and take the guidance you give to them. Disobedient clients have far greater apostasy and a far longer path to peace and serenity. Disobedience is not only a sin because Allah says so; it is the character trait of shayṭān, and it is one of the reasons why so many do not get better."

Dawud's statement highlights his expectation of clients' agency, the expectation of improvement, the position of obedience, and the consequences of disobedience within the context of his experiences of Islamic therapy. Dawud associated disobedience with negative consequences, in terms of both spiritual apostasy and a hindered therapeutic progress, linking it to satanic character traits. This way, a lack of progress or healing is due to the clients' disobedience, which Dawud defined as their character trait.

Dawud's statement shows how Islamic therapy is understood in relation to spiritual phenomena that reference both Godly and satanic traits, as the archetypes of good and evil. The clients are ascribed a significant role in balancing those traits and thereby finding healing. The therapists of this study anticipated that their interventions and treatments would be successful after a single session, attributing any other outcome to the clients' disobedience. This underlying sentiment among the therapists suggests that divine treatments are expected to yield immediate or rapid results. The emphasis on obedience by the interviewees may arise from a dissonance between their expectations of divine interventions and their lived experiences while interacting with clients.

Quran recitation

When the therapy sessions did not run as expected, the therapists looked for reasons. Rabia exemplified this when she stated:

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"When I ask them if they perform their ṣalāh, they say yes, and when I ask them to recite Quran verses, I find the reason. All along, some of these clients just had not recited Arabic correctly. There are so many people, Muslims, who learn the Quran wrong, and it is crazy when you consider that it is the greatest tool to overcome mental challenges. It is as if they treat it like Danes treat the Bible - as if it is just a text, but Allah said that he has sent it as a cure…so that is often where we find the solution or the cause."

Rabia employed the term "Danes" as a rhetorical tool to convey her disappointment with the lack of awareness exhibited by Muslims. Rabia presented Quranic recitation as both a solution and a possible cause for addressing the mental health issues experienced by her clients, demonstrating her belief in the importance of religious rituals as part of effective therapeutic treatments. She expressed surprise at the "significant number" of Muslims who, according to her, possess inadequate Quranic recitation skills. Rabia's surprise indicates that she ascribed language to her religious practice and lived experiences of a "God-given language" (Chejne, 1965). This pertains specifically to clients' ability to accurately pronounce and recite the Quran. Moreover, in line with her emphasis on Quranic recitation, she exemplifies the therapists' focus on acquiring and accurately pronouncing Arabic.

Knowing Arabic

5.25
Eighth of nine
ethical duties
Clients' knowledge
of Arabic

Healing
Arabic, aesthetic
experience

In line with previous perspectives, Rabia asserted that clients' lack of knowledge may contribute to their mental health issues. She stated, "A lot of clients do not know… [that] correct Arabic pronunciation is so important to their healing." Through her statement, she emphasised the importance of correct Arabic pronunciation in the healing process, stating that many clients are unaware of its significance. Once again, the interviewees place great emphasis on the role of knowledge in healing and managing mental health. They view knowledge as not only a means to find treatment but also a means to be treated effectively. Consequently, it becomes the responsibility of the clients to actively seek knowledge and enhance their existing knowledge.

It is important to note that not all clients of the interviewees are proficient in Arabic. Nonetheless, the therapists expect them to strive for comprehensive awareness of Arabic and its "correct" pronunciation in order to access spiritual healing through the language. Arabic holds symbolic significance as a divine language due to its prominence in the Quran. According to the interviewees, it is the language of paradise and possesses healing properties beyond those of other languages. Thus, Arabic serves as both a language that humans can acquire knowledge from and a spiritual medium that transcends human interaction. Acquiring knowledge of Arabic entails developing a profound familiarity with it, which is considered one of the Islamic obligations for both clients and therapists.

Islamic obligations

The interviewees' overall experience of Islamic therapy is that the clients are responsible for their own healing journey and the influence of spirituality, particularly in relation to fulfilling religious obligations and seeking divine assistance. The interviewees suggested that *true* commitment and sincerity, alongside divine testing, play significant roles in the process of improvement and recovery. Diya exemplified this position by stating:

> "In therapy, there is a lot of emphasis on the role of the client. We are here to help and guide, but we can only do so much. I think that goes for all therapy - if the client continues to do the actions that cause their illness, then they will not get better. Someone who does not cleanse themselves, spirituality, or continue to do ḥarām…it is like…well, they will continue to feel ill. You cannot heal your soul if you continue to harm it. I have clients who have sincere wishes to do better and to feel better and God tests if they are true and honest in their sincerity…I mean, if they really want it. One of my clients struggles with OCD, *waswas,* and she knows that she should keep away from ḥarām and perform her shar'an duties, but…it takes over, or…God tests her intentions, and she just falls through."

Diya's statement demonstrates her expectation of the role of the client in the therapeutic process and the limitations therapists face. She does so by emphasising that therapists can provide guidance and assistance, but ultimately, it is up to the client to take action and make changes. The concept of personal responsibility is highlighted, particularly regarding actions that contribute to the client's illness. Here, she mentioned *ḥarām* (forbidden) actions that may contribute to a continuous struggle.

Diya's statement also introduces the idea of divine involvement in the healing process. The statement implies that God tests the sincerity and honesty of clients' desires to improve and feel better. The example of a client struggling with OCD and *waswas* (intrusive thoughts orchestrated by Satan) is provided to illustrate this concept. This perspective enriches the discourse on mental health within a framework of sharia, highlighting the impact of both benevolent and malevolent spiritual forces on clients' mental well-being.

This chapter has introduced the triangle of ethical duties, including the detailed duties ascribed to the roles in Islamic therapy. Clients bear the responsibility of meeting obligations, including pursuing knowledge, fostering acceptance, and understanding divine intentions. Concurrently, therapists must navigate the intricate terrain of mental health challenges, whether arising as divine tests or trials influenced by satanic forces. More specifically, the clients are expected to take on the role of a mentee, and the therapists view themselves as possessing the position of a mentor. This situates Islamic therapy within lived experiences of a world informed and constructed by sharia productions.

ETHICISED SHARIA & THE UNSEEN

"A PATH TO THE WATERING PLACE"

Introduction to the chapter

In the subsequent chapter, I will explain the diverse spiritual dimensions within which the interviewees experienced Islamic therapy. The subsequent section will also expound on the meaning-making of Islamic therapy through a spiritual framework, transcending mere visual observation. At the heart of this exploration lies the engagement with "the unseen" (Suhr, 2019, p. 122) and "the experience of certitude in phenomena and dimensions of existence that cannot be perceptually grasped." (*ibid.*). These phenomena complexly connect with the paradigm of sharia productions, particularly the ethically informed sharia. When sharia is ethicised, it signifies the interviewees' endeavours to attribute ethical significance to sharia and its correlation with the phenomena of Islamic therapy. Ethicising, in this context, entails incorporating ethical considerations into the discourse and assessment of these subjects.

The subsequent segments will introduce both the phenomena of the unseen world and the conceptualisation of ethicised sharia. The unseen world, akin to the perceptible world (dunyā), constitutes the genesis of meaning-making and the contextual productions of sharia. In turn, the productions of sharia shape the experience of navigating an unseen world.

The Unseen world

The concept of the unseen world (al-ghayb) plays a crucial role in comprehending the experiences of Islamic therapy. The interviewees of the study navigate not only the physical realm but also the spiritual realm. It is important to note that these realms are not completely separate; rather, they interact with and influence each other. A realm that encompasses both physical and spiritual elements shapes all the lived experiences of the interviewees, their meaning-making, and their selfhood as therapists. Al-ghayb /al.ʀeɪp/ "refers to the hidden, the unseen, the invisible." (Bubandt *et al.*, 2019, p. 1) The unseen "includes those parts of reality that cannot

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be seen simply because they are covered by other visible objects," and "phenomena that by their nature cannot be perceived." (Bubandt *et al.*, 2019, p. 1). To the interviewees, having faith in invisibility extends beyond the tangible of life and provides a discretionary space for potential meaning-making. Invisibility encompasses belief in the existence of the divine, spiritual entities, and realities that transcend the material realm. The belief in the existence of the unseen constitutes a fundamental facet of faith and is linked with trust in divine wisdom. Moreover, faith offers the interviewees the capability to perceive (see) and comprehend (know) the invisible and imperceptible. This occurs through emotional experiences that serve as a lens for both seeing and knowing the invisible. In the following section, I will explore the most frequently mentioned aspects of the unseen world by the interviewees, which exist both within and outside the physical world.

The Creator

6.3
The unseen
Creator
God, Allah
One of four
subcategories

The creator in this research context is referred to as "God" and "Allah". The interviewees used the terms interchangeably. Some individuals employed both terms within the same statements, while others tend to favour one over the other. The choice to use "Allah" instead of "God" carries discursive implications and highlights a significant difference from the associations typically associated with the Danish term "gud" (God). In essence, the use of "Allah" acquires discursive distinctiveness from the inherent connotations linked to the Protestant bias embedded in the Danish word "gud." Conversely, when the interviewees employed the term "God," they demonstrated their contextual utilisation of the word or their recognition of engaging in conversation with me in Danish. By seamlessly switching between the two terms, the interviewees exhibited their everyday contextual familiarity with understanding the words as synonymous.

God is seen as the creator who is responsible for both the manifestation of illnesses, particularly mental health challenges, and the provision of healing. Hiba stated, "God created all of the healing we need in the nature around us.

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All of it is in the Quran; I would not go against the Quran and God's ḥikma." Another interviewee, Dawud, expressed the notion that God does not create a disease without also providing a cure. In this perspective, disease is not viewed as inherently evil but rather as a divine test.

Furthermore, God is perceived as the planner who underlies every mental health challenge and the source of every possibility for healing. The interviewees emphasised the importance of "making duʿāʾ" - supplicating through prayer as a means of seeking divine intervention. Adel stated, "They [i.e. the clients] should remember to make duʿāʾ because everything is in Allah's hands, and only God can help us in the end." This perspective highlights the significance of relying on a higher power as a fundamental aspect of Islamic therapy. Khadija argued, "God himself has said that man must take responsibility before he changes their condition," which supports the underlying sentiment of the interviewees, namely that while God has complete control, humans have a limited degree of control and are encouraged to take responsibility for their actions and seek assistance when needed.

The interviewees, particularly therapists like Inaya and Kemal, considered their roles and positions as a blessing from God, emphasising their trust in God's plan. Inaya exemplified this position further by stating: "I do not seek it; I just do the work of God whenever it happens, whenever I am needed." In this statement, Inaya refers to her position as a therapist and the role she holds in her faith community. Kemal presented his experience of being guided by a divine voice, affirming his position as a therapist and instructing him to remain in that role. He explained: "It is a blessing from God that I have been put here. I really feel like I have been taken and put here…this is you…'stay here'."

These perspectives indicate that the therapists' understanding of God extends beyond healing and encompasses their experiences of world-making. In their experiences, God occupies a central position in the cosmic order and the chaos of the world. God is perceived as the planner and provider, influencing crucial

decision-making processes and contributing to the construction of their perceived reality.

Another dominant narrative regarding God is the role of a provider. Adel stated, "If I do good in this world, then God will do the same for me and my family." His statement suggests a transactional relationship with God based on personal actions and outcomes, where God keeps track of good deeds in the world and repays them accordingly. Adel's statement implies a sense of reciprocity between individuals and God.

Furthermore, Dawud highlighted God's role as the provider of shifāʾ (healing). He argued, "Many commit rīyāʾ because they believe that medicine is equal to Allah; in the end it is up to Him, and when someone believes that they can be cured by medicine, then it is rīyāʾ - only God grants shifā'." Dawud's statement demonstrates his belief that relying solely on medicine for healing can be deemed as an act of mistrusting the ultimate power of God. In this context, Dawud considered such reliance on medicine as rīyāʾ, not in terms of seeking praise or showing off, but rather as a manner of doubting or underestimating divine powers. Khadija added to this point when she explained, "Shuyūkh, they use dangerous methods. It is idolatry to rely on these traditional methods."

Khadija advocated for complete trust and reliance on God alone, rejecting any reliance on other means or intermediaries when she stated, "There are a lot of people who empower themselves with magic and with human-invented things instead of Allah's." Where Dawud criticised the trust in the healing powers of medicine, Khadija aimed her criticism at "traditional methods," reinforcing the narrative that God is the sole provider.

A similar pattern emerges in Fadi's statement: "I have heard of some who use energy healing, and it is a form of Allah's essence." Fadi referred to the practice of energy healing mentioned earlier in the chapter on the practices of Islamic therapy, highlighting his awareness of others who engage in this practice and linking it to

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his own contextual understanding, specifically connecting it to "an essence" of Allah.

Fadi's statement introduces the notion of God having an essence that influences the physical world and the undefined "energies." It also introduces the narrative of individuals' relationship with God. Ehab characterised this relationship as one of satisfaction and forgiveness, stating, "One must be forgiving, one must have riḍā with God." When asked about the term "riḍā," Ehab explained it as "satisfaction or contentment."

In this statement, the "one" refers to the self or the individual who can *be* "with" God. The interviewees presented a narrative of God as both always near and simultaneously distant. God is seen as a perfect goal to strive towards and a constant, ever-present source of support. It reflects the religious paradox of pursuing an entity that is omnipresent. Fadi further explored this narrative by expressing, "If the meaning of life is to achieve closeness to Allah and then you deny God, then it will be difficult to treat, that is, there is a degree of stubbornness and unwillingness to the truth that God has brought."

Fadi's statement demonstrates God as the symbolic reaching hand, the source of truth, and the foundation upon which everything relies. The statements provided by the interviewees offer diverse perspectives on the conceptualisations of God or Allah within the context of Islamic therapy. These perspectives encompass a range of beliefs and ideas related to divine blessings, reliance on God's assistance, adherence to reproduced teachings of the Quran, the intricate relationship between faith and mental health, and the significance attributed to divine healing. Some interviewees emphasised the inherent connection between God and the healing properties present in nature, while others asserted that ultimate healing and recovery can only be attained through God's intervention. However, in both relation and in contrast to the creator are the creations.

Creations

Everything in the experienced world - metaphysical included, is understood as created by God. Everything is created with a purpose and as part of the larger, common determination. Everything has its role and position in the unseen realm. The creations include everything experienced, but in this context, it is limited to humans, including prophets and saints, jinns, and angels, including shayṭān.

The fundamental concept of human beings as intentionally created entities existing within a broader framework of an unseen realm holds significant importance for all the interviewees. The exploration of human experiences serves to elucidate the interviewees' practices in client engagement, self-perception, interpersonal interactions, and the consequential impact of these personal encounters on their experiences within Islamic therapy.

Ehab argued, "Humans have a holistic soul." This refers to a belief in the interconnectedness of the entities of a system, such that his experiences of humans can only be understood by considering the entirety of his belief system. Ehab's statement demonstrates the interviewees' belief in a human soul. The soul is different to the self (nafs) and lives on after the nafs ceases to exist as the physical body dies. Khadija explained,

> "From Allah subḥānahu wata'ālā [glorious and exalted is He], we know that we consist of four sides: body - a universe in itself, psyche - the inner world, spirit. They can say there is no God, there is no soul, but they cannot get it to disappear, and social because Allah has created us as social. We have this link between the four from Allah who has always been there."

Khadija conceptualised the constitution of human beings into four distinct dimensions: (1) the physical body, (2) the psyche, (3) the spirit or soul, and (4) the social dimension. In her view, Allah is an eternal, uncreated entity possessing the power and authority to create. On the other hand, humans are a part of the created order, defined by their limitations and temporal existence.

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The interconnectedness of the four aspects of human existence with the eternal divine holds significant importance for Khadija. She emphasised that her understanding of human beings is independent of specific beliefs, as she referred to "they can say" when considering non-Muslim viewpoints as counter-arguments. Instead, Khadija anchored her experience of human existence in what she perceived as "the truth," which, to her, takes precedence over other thought systems.

Humans are highly dependent on divine interventions and stand in constant need of Godly guidance. Bilal argued, "Allah taught us that you need to follow a set of morals or ethics. The important part is both believing in them and then following them; if you do not, you will find unhappiness your entire life." Bilal's statement demonstrates a belief that humans can obtain happiness as well as unhappiness depending on their beliefs and practice of divinely appointed morals. Dawud supported this sentiment when he stated, "Humans need guides and need to follow someone, otherwise, they become like this…stubborn and like little children." The two statements demonstrate that humans are experienced as dependent and potentially stubborn. Dawud used the metaphor of "little children" to describe humans as impatient, demanding, and single-minded. Bilal further argued, "Allah placed everything in the right order, and us humans sometimes create this chaos."

Inaya exemplified the same experience of humans when he stated, "Most humans are lazy and just want a quick fix," referring to humans engaging in therapy. Hiba added, "Humans have an urge to…in other words, their natural side has an urge for evil or seeking towards the uncontrollable, so therefore we train the human mind." Hiba's statement shows that the nafs, which Hiba in this instance referred to as the "natural side," is experienced as seeking chaos and urging for evil. Here, she argued that one of the purposes of Islamic therapy is to "train the human mind." The underlying expectations of humans are, therefore, key to understanding how the interviewees approach their therapeutic methods and meet their clients. However, though the overall experience of humans is described with negative attributes, the interviewees also described humans with a sense of wonder. Ehab stated, "There is so much the human cannot explain," pointing to a power dynamic between the

wonders of the unseen realm and the beings of humans. Fauzia added to this idea of a power dynamic by stating: "God gifted humans so much shifā' [healing]."

The interviewees' view of humans introduces us to their view of the divine, which humans are described in contrast to or in relation to. Humans are intertwined with their nafs, which is partly in contact with the divine and partly in contact with the chaotic, earthly urges that wish for evil. Through Islamic therapy, however, humans have the potential to prioritise their divine relations.

6.13
The Unseen,
Prophets

All interviewees articulated variations of the experience of a "prophetic way." This refers to Prophet Muhammad as he is known by the interviewees. They either referred to the experience as "the prophet" or "the prophet Muhammad" or most often, added a sentence of praise following his name. The sound of the praise varied from person to person, related to language and cultural background.

Muhammad

Muhammad as a
phenomenon

Muhammad is said to have lived from year 570 to year 632 in modern-day Saudi Arabia and represents the central divine figure in Muslims' productions of the beginning of Islam (Grabar, 2003; Rogerson & Spinrad, 2010; Skovgaard-Petersen, 2020). Entire fields of study, both within academia and religious studies, have been dedicated to the life of Muhammad, both historically and metaphysically. However, what I have found in my studies of Muslim practitioners is that the historical aspects of Muhammad play an insignificant to no role in their experiences of him as a messenger of God. "Muhammad", like the Quran and God, can be produced and transformed into suitable entities that provide meaning within the contextualisations of the interviewees. This phenomenon gives "Muhammad" an ever-changing, dynamic, and multifaceted role, and it is through that perspective we must dive into the interviews. I will introduce who or what Muhammad is to the interviewees and how they experience Muhammad's role in Islamic therapy.

6.14
Prophetic way
Ethical goal

"The way of the prophet" was a phrase first used by interviewee Hiba. She addressed it in the same manner that sharia is articulated, as a "way" or a "path", which indicates a method, a manner of doing something, or the metaphorical concept of travelling towards or from something. To the interviewees, "the

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prophet" symbolises both a spiritual or ethical goal to journey towards and a prime example of virtue and correct conduct. Much like the relation between the divine - God or Allah, and humans, the way of the prophet is both a destination and a manner of travelling, hence moving forward. Hiba exemplified the way of the prophet by stating:

> "I think that is why a lot of people struggle because, in the modern world, we are separated by the natural way and the way of the prophet ṣallā llāhu ʿalayhī wa-ʾālihī wa-sallama. He was so much in touch with nature, and the way that we just take pills kind of distances us from the natural way."

Hiba's definition of a "modern world" stands in contrast to both the natural and prophetic ways, which seem to be identified as the same as she argued: "He was so much in touch with nature." At the end of her statement, she specified the particular part of the "modern world" she found to be problematic, namely the use of modern medicine. This speaks to a narrative where concepts such as "Western" and "modernity" are used as counter-arguments and as representatives of a greater evil.

Hiba used the praise: "ṣallā llāhu ʿalayhī wa-ʾālihī wa-sallama" /sˤal.la‿ɬ.ɬaː.hu ʕa.laj.hi wa.ʔaː.li.hiː wa.sal.la.ma/, which translates to "blessings of God be upon him and his progeny and grant him peace." This praise comes in different variations, as mentioned previously, but all symbolise the uniqueness of the humanness of Muhammad. He holds a divine position and, therefore, invokes special praise when mentioned. When I asked for clarification regarding the concept, Hiba told me, "It is a sin not to mention the praise," and Adel explained, "If I speak to a Dane…you know, someone who does not understand Arabic, I just say it in my head or whisper it." To which he added, "You cannot say it in Danish anyway." Similar notions were presented by Inaya, Khadija, and Dawud, who all argued that the praise to the prophet or God could not be said in Danish as it loses its validity. Khadija stated, "It is like ṣalāh [ritual prayer]…even if it means the same, it does not leave the earth and enters heaven." Khadija's statement demonstrated the interviewees' evaluation of Arabic as a means to transcend their prayers and praises, the link between them and the divine. In summary, the praise

is not unlocked due to their intentions and the meaning they ascribe to the words, but only in the specific Arabic form.

One prominent quality attributed to the prophet was a willingness to help others. This quality aligns with their productions of the teachings of Islam, which emphasise the importance of kindness, compassion, and support for fellow human beings. The interviewees utilised the concept of the "character of the prophet" as a means to convey their personal lived experiences. This concept represents the individual productions of the most elevated ethical standards and moral conduct. In essence, when specific therapeutic elements hold significance for the interviewees during the interview process, they are also emphasised in the narratives surrounding Muhammad. Consequently, he serves as a mirror, reflecting both their aspirations and their lived experiences.

Hiba concluded, "I am just fulfilling the sunnah." Here, Hiba used the word "just" as a synonym for the adverb "merely," emphasising the practice of performing what she identified as "the sunnah" with ease or without complications. Sunnah is a word used to describe or point to a certain set of norms or behaviours seen as divinely approved by Muhammad. It is used in a definite form either as "the sunnah" or in relation to Muhammad, as "his sunnah." However, it is always used to refer to a definite substance of actions. The interviewees did not express a plurality or dynamic nature of this Sunnah; on the contrary, it is used to refer to a very specific production experienced by the interviewees. Khadija exemplified this when she stated:

> "I follow the custom of the prophet, his Sunnah, and it is he who tells us what to do in certain situations. I use it a lot when I have clients and tell them what to do, and then they get some perspective and see that…if Allah's best person did such and such, then we must also do something for Allah's satisfaction. He was a gentle and good teacher; he always spoke the truth, and these are some of the qualities I take with me into the therapy room."

Khadija's statement demonstrates that, to her, the prophet is present and interacting. She used the present tense of "tell", which indicates that the prophet is experienced as current and continuously telling humans what to do. In this way, Sunnah becomes ever-relevant, which adds to the narrative of Islam being universal and abiding. Khadija's statement includes a strong use of "I" in "I follow," "I use," and "I take." This indicates that we are introduced to Khadija's reflection on how she reflects on her experience of the prophet.

Once more, the prophet symbolises the double mirror that highlights the qualities Khadija ascribes to her therapy practice and the qualities she strives for. Fadi further described the prophet as a teacher, much like Khadija, as he argued: "The prophet has taught us that we must help others - he was the first psychologist." Dawud contributed to this narrative when he explained:

> "It [i.e. psychology] is a method that we learned from the prophet. It has been passed down from Allah to the prophet, then to his ṣaḥāba and then to scholars and down to us. Modern psychology is based on this foundation and the methods that the prophet instructed."

Dawud's statement exemplifies a common notion expressed by the interviewees, namely that experiencing the teachings of Muhammad is a "we"-being. They expressed a sense of community that, in some instances, includes Muslims and, in others, the entity of humans. It is an ongoing experience that transcends time and place, which is why contemporary Muslims in Denmark can experience Muhammad's teachings about a modern phenomenon like psychology. Rabia referred to the same "us"-experience when she reflected upon the methods of Islamic therapy: "It is important that it is the correct method, i.e. the prophetic one because it is the divine one, and that is what God has taught us. So many non-Muslims also use these methods without knowing that they are prophetic, but in that way they are also universal."

Rabia's statement reflects a commonly held belief among the interviewees, namely, that therapeutic approaches used in Western contexts are considered sacred. This

observation contributes to the prevailing notion that a therapist does not necessarily have to be religious or possess knowledge of the divine origins to implement these divine therapeutic methods. Bashir supported the experience of the prophet as the author or director of psychotherapy. He explained this when commenting on the prophet's role in Islamic therapy:

"The Prophet has taught his psychotherapeutic method through his example and his life. He was subjected to all the trials that are in the dunyā, and he also expressed similar emotions to us, so therefore, he is the perfect example. If someone loses a child, if someone feels misunderstood, if someone feels excluded, all human examples can be cured with the examples of the prophet."

Bashir's statement exemplifies his experience of the stories surrounding the life of Muhammad as a psychotherapeutic model for individuals to follow. The statement demonstrates Bashir's production of the prophet's role as a source of guidance and inspiration for psychological well-being. Bashir referred to an underlying idea that mental well-being (partly or fully) comes from the notion that individuals can find solace and resolution in connecting with the difficulties that are common (or uncommon) to the human condition.

The interviewees perceived Muhammad as the pioneer of psychological understanding and the originator of psychotherapeutic methods. They attached great significance to the divine nature of Muhammad in their therapeutic experiences and their understanding of the world, which provided the interviewees

with a sense of authority and legitimisation of their productions and experiences. The stories about the prophet are shaped by the individual's own contextualisations but are experienced as rigid, divine truths. Since these narratives become integrated into their personal contextualisations, they also contribute to their internal self-reflection and form of common sense. Consequently, it can be deduced that the interviewees held the belief that contemporary therapeutic methods, including psychology, trace their origins to the prophetic way, indicating that they relied on

their metaphysical experiences of the world to shape the foundations of Islamic therapy.

During the course of the interviews, the functions of prophets and saints were articulated as the transmission of profound wisdom from these figures to their disciples, subsequently cascading down to the broader Muslim populace. Dawud stated:

> "Allah gave some wisdom to the prophets, and then they passed it onto their discipline, or ṣaḥāba, and then they passed it on. Sometimes, there does not have to be a physical link to the prophet, but then a saint can have a dream or…not a revelation…but you know what I mean? Then, the prophet comes to them in a dream, and then they gain some kind of wisdom or insight. It is something that they pass on, and then we build a spiritual link between the prophets, through saints and us."

Dawud's statement illustrates that spiritual transmission does not necessitate a direct physical link to the prophet, which legitimises his experience of both prophets and saints being current and ever-present. According to the interviewees, dreams function as gateways or conduits through which messages and connections to the unseen realm can be attained. Although humans ultimately seek proximity to God, they can communicate through these temporary intermediaries. Attaining proximity to God is further facilitated by being in the vicinity of a saint, who, in turn, maintains contact with a prophet, thus achieving the desired spiritual station in relation to God. Ehab further advanced the notion that sainthood can be attained through one's actions, regardless of lacking innate exceptional attributes, attributing such attainment to belief in angels.

Angels constitute an integral aspect of the unseen realm wherein the interviewees in Islamic therapy engage. Ehab invoked the reference to angels in his discourse on self-improvement, positing that by mastering their darker inclinations, individuals can transcend the angelic realm in their moral development, thus assuming a position akin to that of angels. He stated, "We can become better than angels if we

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master our shadow sides." This hierarchical perspective on creation portrays angels as superior to humans, yet humans possess the potential to ascend to the station of angels. Within the purview of the interviewees, angels are perceived as mythical entities inherently devoted to goodness and predestined to abide by the divine order and will (Suhr, 2019). Acting as an extension of God's will (Suhr, 2019), angels exemplify an ideal to which humans aspire through the conduit of Islamic therapy, symbolising the pinnacle of proximity to the divine and a state of blissful contentment for humans. According to the interviewees, a significant unseen entity is Shayṭān, also identified as Iblīs. The erstwhile celestial being, ʿAzāzīl, either an angel or jinn, is recounted as having transgressed God's command to prostrate before Adam, resulting in his expulsion from Paradise (Awn, 1983). Currently residing in Hell and addressed as Shayṭān, he cunningly entices and deceives humans (Anwari, 2020), diverting them from the path of sharia.

Shayṭān assumes a central role in the lived experiences of the interviewees, imbuing their meaning-making with a range of potentials. In this context, Shayṭān emerges as the epitome of malevolence, serving as the root cause of challenges and impediments within the realm of Islamic therapy practices. Likewise, it is a tool of explanation and meaning when engaging with the phenomena of Islamic therapy. Similar to the significant role of shayṭān, the metaphysical beings known as jinns are introduced as means to navigate meaning-making. Jinns are articulated as distinct from angels but akin to humans in possessing free will. Similar to humans, jinns possess the capacity to exhibit virtuous or immoral behaviour, thereby emphasising their distinct moral agency.

Jinn /d͡ʒɪn/ is a part of Muslim demonology and represents a metaphysical being, only visible to some humans. They may interact with humans or animals and, therefore, manifest into a visible form where they can communicate with the physical world (El-Zein, 2009).

The interviewees' conceptual framework encompassed an unseen realm, including entities known as jinns, through which they interpreted and attributed significance to their experiences as therapists. Ehab introduced a narrative wherein he

distinguished between good and bad jinns (Khalifa & Hardie, 2005). These spiritual creatures, according to interviewees, inhabited an unseen dimension, occasionally crossing over into the physical realm, potentially leading to discomfort or what society termed as mental illnesses (Islam & Campbell, 2014). Ehab introduced the following narrative:

> "There are good and bad jinns, just as there are good and bad people. They also just live their lives in a dimension we cannot see, but sometimes they cross over, and then it can cause discomfort, or in some cases, lead to some of the conditions we in society call mental illnesses."

Ehab's description revealed a worldview that perceived the world as divided into visible and invisible dimensions, with jinns belonging to the latter. The notion of "crossing over" implied a boundary or barrier separating these dimensions. Furthermore, Ehab's remark about jinns merely living their lives suggested an attribution of human-like qualities to these beings (Khalifa & Hardie, 2005). Ehab concluded by asserting that the intertwining of jinns and humans could give rise to mental health challenges, indicating a belief in a natural order or cosmic organisation of realms, where any disruption resulted in disturbances. Hiba supported this narrative and stated, "Sometimes jinns assert themselves just like humans, and it may be that they have been summoned through magic or through someone's evil wishes."

Dawud firmly contended that spiritual disorders underlay most mental health challenges, mentioning both magic and jinns. Similar to Hiba, he highlighted how humans could cause disruptions with malevolent intentions, with jinns often serving as instruments or aides for those seeking harm upon the client. Dawud explained, "It is clearly a spiritual disease or, in most cases, magic or jinns." His use of the word "clearly" points to his expectations of the lived world. Dawud expressed a firm belief that unseen disorders are the cause of mental health challenges.

In most cases, introduced by the interviewees, the jinn itself is not ill-intended but is used as a tool or a helper for a human who wishes ill upon the client (Suhr, 2019). Inaya explained her experiences:

> "I have had some examples where a woman finds it difficult to get married, but then it is because there is a jinn who has fallen in love with her or has been sent her way on the basis of jealousy, so it just scares away partners. It may be that someone thinks it is a personality disorder, but in reality, it is just a jinn that she needs to be cleansed of. I have not experienced that jinns interact much with men, but maybe they do. There are also men who cannot get married."

Inaya suggested that jinn possessions were frequently misinterpreted as personality disorders or mental illnesses. In her perspective, jinns represented a tangible reality and played a pivotal role in shaping treatment possibilities. Moreover, the clients' struggles in finding marital partners were linked to their interactions with jinns, as per Inaya's experiences. This adds to the overall experiences of the interviewees, which reflects their inclination to integrate jinns into their therapeutic paradigms as

significant explanatory elements for various psychological and social challenges, much like supernatural forces like magic.

Tools of the unseen – magic and the evil eye

The phenomenon of "magic" (Knight, 2016) assumes significant importance in our endeavour to comprehend Islamic therapy as a sharia production. Magic is construed as a supernatural means to challenge or disrupt cosmic orders, often manifesting in the form of spells or the malevolent use of herbs or religious artefacts. The interviewees frequently linked magic to jinns or other metaphysical ill-intended entities, perceiving its efficacy to be enhanced when assisted by spiritual beings like jinns. While magic, like jinns, is not inherently malevolent, the interviewees expressed two specific concerns in relation to magic. Firstly, they

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voiced apprehension regarding the malicious intentions behind its utilisation, and secondly, they argued that magic users displayed a propensity to test or mistrust divine plans (Suhr, 2019). These perspectives point to an experiential understanding of the phenomenon as metaphysical, where magic spells or rituals can induce mental health disorders. Although the interviewees acknowledged the categorisation of magic as either "good" or "bad," there was no mention or utilisation of "good" magic in their discourse. Ehab suggested that his clients should "cleanse their home of evil eyes or bad magic," further emphasising the presence of "bad magic."

Regarding mental health challenges, the interviewees did not view them as outcomes of their clients' personal use of magic but rather as consequences of ill-intended individuals employing magic with the intention to harm the client. Ehab's statement not only introduced the concept of "bad magic" but also referenced the notion of "evil eyes," a topic that all the interviewees expressed concern about and a pivotal concept for comprehending their experiences in navigating the meaning-making of Islamic therapy.

Evil eyes, or singular "evil eye," sometimes also in definite form "the evil eye," is a metaphysical concept used by the interviewees to describe the causes of mental health issues (Qamar, 2013). The concept of the "evil eye" originates from a shared experience and cultural reference that attributes potent influences to the emotion of jealousy (Rassool, 2018). Unlike magic, the evil eye is believed to befall individuals without the involvement of ritualistic spells, actions, or even intentional wishes. It is perceived as less of an intentional act and more as an explanatory framework for understanding the challenges encountered by individuals. Rabia expounded upon the notion of the evil eye with the following statement:

> "God has mentioned the evil eye in the Quran, and if I have to describe it, it is a bit like bad energy. You can kind of feel like you wake up on the wrong side of the bed, or you walk into a room, and then your state of mind changes. I do a lot to cleanse my energy, but I also help clients get rid of evil eyes placed on them."

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In Rabia's statement, we are introduced to the evil eye as an emotional reaction, a "bad energy," and a "state of mind." In the context of the evil eye phenomenon, its immediate or apparent consequences are primarily observed through changes in the mental state of the affected individual. Within the framework of Islamic therapy, there exists a belief in the potential for "cleansing" or removing the effects of the evil eye. Rabia, in her description, referred to the evil eye as being "placed on" someone, wherein the term "eyes" symbolically alludes to the ill-intended or jealous aspect of a person. These intentions, whether known or unknown, are transformed into an entity capable of influencing others adversely.

The symbolic reference of "eyes" pertains to the visual representation of jealousy or the act of seeing, which subsequently engenders feelings of envy. Frequently, the interviewees experienced that clients are unaware that the evil eye may underlie their problems, and they turn to therapists for identification and diagnosis of the root cause. Because of the "invisible" state of the evil eye, the therapists spent a significant amount of attention testifying to the "realness" of the concept. Fadi explained:

> "Evil eyes are a real thing. So many of my clients come with problems, and they often seem inexplicable, but then they come and talk about this problem. It could be that they have suddenly developed anxiety or show anxiety about something they used to like and maybe used to be good at, then suddenly they get anxious, and it could be that someone else became envious of them for their qualities."

Fadi's statement demonstrates his inclination to ascribe a tangible existence to the concept of evil eyes, and subsequently, he expounded upon his diagnostic approach. I observed that clients did not typically approach the therapists seeking aid specifically for issues related to the evil eye; instead, the therapists themselves employed this concept as a means to elucidate seemingly inexplicable challenges faced by their clients. Moreover, the interviewees also conveyed that clients, on occasion, ascribed the phenomenon of "giving themselves evil eyes," thus

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implicating self-inflicted negative influences in certain instances. Hiba stated, "It is not always that people intend evil eyes; it can also be that they forget to say *Mā shā`a l-lah*, and then the person is not protected against the energy that the evil eye sends out."

Mā shā`a l-lah, also spelt *māshāallāh* /ˈmɑːʃælə/, refers to a phrase of "God willingly" or "as God wills it," coming from the root *shin-ya-hamza* which means "to will." The interviewees, here exemplified by Hiba, used the term as a submission to the will of the divine and as a means to prevent and protect against the negative consequences of jealousy. Spiritual protection, which includes ritual purification, was a significant concept in the interviewees' experiences of Islamic therapy.

Purification represents an important spiritual state to prevent unwanted spiritual interactions, such as jinns, magic, and evil eyes. The physical rituals of purification form a barrier between the human and unwanted contact from the spiritual world. However, it is also a significant tool to reach the spiritual elements of Islamic therapy. Hiba stated, "If, for example, the client has not cleansed themselves, that is, for example, has not performed ḡusl when it has been necessary for them, then this may well harm the treatment." Hiba's statement demonstrates that she finds the spiritual dimensions of therapy equally as crucial as the actual methods. She referred to the ritual ḡusl, also spelt ghusl, /ˈɣʊsl̪/, which is a ritual shower to purify the performer of the ritual (Powers, 2004). Islamic therapy is only fulfilled if intertwined with rituals, making this therapy method unique to Muslims. The same tendency is found in other purification rituals like wuḍū' /wʊˈdˤuːʔ/ (Powers, 2004).

The physical acts of purification, such as ḡusl and wuḍū', not only serve to create a safeguard between individuals and negative spiritual influences but also hold considerable significance in facilitating access to the spiritual dimensions of therapy. Hiba's insistence on the necessity of proper cleansing and ḡusl underscores the pivotal role of spiritual purity in the efficacy of Islamic therapy. These rituals extend beyond mere external practices and intertwine deeply with the unseen aspects of ethicised sharia.

Making sense of the Unseen

A significant aspect of the unseen realm wherein Islamic therapy is experienced revolves around a higher or divine purpose. Fadi emphasised that a higher purpose of being exists, which he linked to attaining closeness to God. He explained:

> "There is a higher purpose of being here; it would be absurd if Allah had created us without a purpose, and everything in the world is like helping to complete that purpose. He says in the Quran that he must test who is the best, so everything we do and must do on earth is about finding our way to him, you know, closeness to him, which we can achieve here on earth, but most importantly, it leads to Paradise, which I think is perhaps just closeness to God."

The interviewees often described this notion of closeness to the divine as an attainable yet aspirational state. It encompasses both the ultimate afterlife destination, Paradise, as well as a present reality on Earth. This sense of nearness (Lyngsøe & Stjernholm, 2022) to the divine is associated with feelings of self-contentment and bliss, where the experienced world is imbued with a sense of purpose, and individuals feel the presence of a caring divine entity. Fadi's statement reflects his perception of the world as replete with tools and guidance to lead individuals toward finding their way to God.

Ehab shared a similar perspective and added that the purpose of human existence is to help others and oneself concurrently, drawing an analogy to the instructions given on aeroplanes to secure one's own mask before assisting others. Within the context of dunyā, the interviewees unanimously agreed on the significance of helping others, with Ehab specifically highlighting the importance of helping oneself. In this context, "help" is exemplified through adherence to sharia, seen as a framework through which humans can navigate and conduct themselves in the world. A significant aspect to consider in the exploration of the interviewees' experiences of navigating is the dogmatic discourse surrounding free will, a concept that was highly deliberated upon by the interviewees.

Free will, often juxtaposed with predeterminism, represents the doctrinal concept asserting that humans possess the capacity to act, intend, and think freely (De Cillis, 2013). The origins of the dogmatic discussions on free will and determinism trace back to early Muslim literature (Watt, 1944), with the debate continuing in contemporary literature and dogmatic dialogues among various Muslim groups.

Adel asserted that free will distinguishes Muslims from non-Muslims, and the belief in free will affirms the potential for clients to utilise it for their improvement. Conversely, non-Muslims who adhere to determinism may struggle to achieve healing in their therapeutic endeavours. He stated:

> "Free will is what sets us apart from non-Muslims. We believe in free will, and therefore, we know that clients can use their free will to get better. Non-Muslims believe in determinism, so how will their clients ever achieve healing?"

Adel's statement demonstrates the shared notion among the interviewees that free will not only constitutes a fundamental element of their belief system but also shapes their experiences of Islamic therapy. Abira added, "From a Shar'an perspective, the nafs, the self, free will and spirituality are important components of therapy." Here, Abira defined therapy as composed of "the nafs," "free will," and "spirituality." This viewpoint aligns with the perspectives of other interviewees, collectively recognising free will as a defining aspect of Islamic therapy.

In their exploration of psychological discourse concerning the intricate relationship between nature and nurture, the interviewees mirrored this debate within their contextual framework. Consequently, a prevailing consensus emerged, suggesting that traditional psychotherapy and psychology often endorse a deterministic perspective of the human psyche. Bilal stated:

> "They [i.e. non-Muslim scholars and practitioners] never give humans a real and fair chance because they say; "your parents conditioned you to x, y, z,"

or "you cannot escape your biology, if you are mentally ill that is just it," whereas we know that God gave us a free will to free ourselves from our mental health challenges."

Bilal's statement demonstrates that within the experiences of an unseen realm, the interviewees conceived Islamic therapy as a product of their contextual understanding. In this context, dogmatic references, including the notion of "free will," align with other metaphysical references and speak to an overarching experience of the world shaped by divine plans.

One of the key aspects of the divine plan involves the existence of mental health issues, which are perceived as divinely ordained illnesses and their corresponding remedies. Dawud asserted, "Allah has not created a disease without also creating a cure." According to this perspective, divine powers serve as the ultimate designer responsible for everything on Earth, including struggles related to mental health. The cure divinely ordained for mental health illnesses is found within the framework of Islamic therapy. Consequently, therapists positioned themselves at the core of the Godly-designed remedy, assuming a significant role within the divine plans. Bilal further emphasised that "the answers are all in sharia. Allah did not create illnesses without remedies, and we should find them by following his path and live a life according to sharia."

Bilal placed sharia as the guidelines for a divinely approved life and the purpose of Islamic therapy. The "remedies" are already present in God's path (sharia), which adds to the overall narrative that Islamic therapy plays a part in a timeframe that transcends humans. Consequently, the therapeutic process is viewed as a means to unlock access to this knowledge through adherence to sharia - knowledge that is meant to guide and redirect the clients between the cosmic positions of eternal bliss or eternal suffering. Kemal argued that mental health influences an individual's religious standing:

"There may be someone who does not think about the importance of mental health, but if you are mentally ill, you can end up doing things that lead to

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you being rejected from Paradise. Not in the long run because you believe, but let's say that a person has such a severe mental challenge that it affects their faith - then they will go to hell for something that they could have gotten help for in their lives. Maybe one of the most important parts of therapy - or causes, you know, now that I think about it."

Kemal experienced Islamic therapy as crucial in a larger scheme of a spiritual realm, where conditions and actions on earth result directly in the positioning of the individual's afterlife. Sadef supported this perspective while focusing on the practical implications of mental health challenges within Islamic obligations. She used an example of a client with an eating disorder linked to obsessive-compulsive disorder (OCD) and intrusive thoughts reproduced as *waswas*. Sadef highlighted the complexity of her experiences of the situation.

Waswas /was·was/ refers to satanic whispers that push and pull within humans to perform evil (Razak & Latif, 2014). Sadef reproduced waswas as OCD and argued that the client's condition worsens during Ramadan due to the conflict between religious obligations and her mental health. The client's obsessive-compulsive disorder ultimately creates a fear of hell that manifests into hallucinations and vivid experiences of "hell"-like punishment, leaving her in between fear of hell and becoming malnourished during Ramadan, the holy month of fasting. However, Sadef also added, "But Shayṭān is meant to be locked up in Ramadan, so I do not know." This exemplifies Sadef's attempts to explain her experiences with her client as she grappled with a dissonance between her belief system and the various options of exploration available to her.

The unseen phenomena form a shared language where both therapists and clients can experience invisibility. Understanding these experiences is imperative in obtaining a comprehensive grasp of the phenomena of Islamic therapy, as perceived by the interviewees.

Ethicised sharia

Ethicised sharia (Otterbeck, 2021), in this case, encompasses the process of assessing the ethical implications of decision-making processes, with the aim of producing sharia as ethical. To the interviewees, this entails evaluating the ethical dimensions of therapeutic practices and their alignment with ethical principles inherent in sharia - in conclusion, arguing that sharia is essentially ethical. The interviewees' exploration of ethicised sharia highlights their efforts to imbue Islamic therapy with ethical meaning and to promote ethical conduct within therapeutic contexts. Abira exemplified this by stating:

> "From a shar'an perspective, therapy encompasses important components such as the nafs (the self), free will, and spirituality. Addressing these aspects of human existence is crucial for clients to attain inner peace. Islam, being the comprehensive way of life that it is, is included in counselling and therapy. The Quran and the teachings of the Prophet give us guidance for therapeutic interventions. Achieving successful therapy and counselling outcomes is deeply rooted in the principles of sharia, and the Quran is the source for exploring therapy."

In line with Abira's statement, the interviewees unanimously emphasised sharia as a comprehensive and divinely ordained guide for ethical and moral conduct. They portrayed sharia as a set of principles that Muslims are encouraged to adhere to in order to lead a righteous life and attain a desired closeness to the divine. Ethical considerations within sharia encompass various facets of human behaviour, spanning personal conduct, social interactions, and therapeutic obligations. Bilal explained Islamic therapy as rooted in the following:

> "Islam is a holistic perspective of the world, and we have the answers to the afterlife; therefore, we also have the answers to this life. The answers are all in sharia. Allah did not create illness without remedies, and if we follow His path and live a life according to sharia, being good people, treating others well and recognising Allah's Ḥaqq, then we are on the right path. If

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you are mentally ill or struggle mentally, you will not be able to fulfil these duties. That is where I come in, and everyone doing similar jobs; we help people heal so they can continue on their path of sharia."

Bilal demonstrated a view of Islam and sharia as providing guidance and answers for both the afterlife and the present life. He asserted that by following sharia and living according to shar'an principles, individuals could be on the right path. According to Bilal, being on the right path meant embodying ethical principles that aligned with the values of kindness and compassion. This exemplifies how an idea of sharia is utilised to legitimise his practices. He stressed that mental health issues could have an impact on an individual's ability to fulfil their religious duties, thereby highlighting the need for assistance in healing and overcoming mental struggles, enabling individuals to continue their journey in following sharia. Similarly, Rabia argued that sharia was a code of practice that one ought to follow. She stated:

"Islamic therapy is different from other offers because we follow sharia. Allah has already given us all the answers in the sharia, even the answers that the West came up with much later in their beginnings of psychology. After all, it is based on Islamic principles."

Both Rabia and Bilal's statements pointed to the importance of "following" sharia in the context of Islamic therapy. By doing so, they suggested that Islamic therapy stood apart from other therapeutic approaches because it adhered to the principles of "following." The term "to follow" implies the act of adhering to, embracing, and implementing the teachings and principles of sharia in the context of healing. In their statements, "to follow" signified a commitment to incorporating what they identified as Islamic principles into the healing processes. Nonetheless, sharia takes shape through attempts to rationalise or legitimise individuals' beliefs and practices retroactively. The statements made by the interviewees illustrate that sharia arises from their reflections and efforts to legitimise their experiences rather than their practices being derived from an entity referred to as sharia.

Rabia demonstrated how sharia was used in the sense of following or something that any individual or collective group could follow. This could be viewed as an engagement with sharia, but it also suggested that sharia could serve as a guide or a set of norms to be followed. She used the plural pronoun "we" to identify herself and an unspecified group of people. To her, sharia was a collection of answers

bestowed by the monotheistic figure, Allah. Here, she argued, "Allah has already", which indicated that the bestowment had been given in the past and before the same answers emerged in the West. To emphasise the narrative of "we," she also introduced "their," creating a distance between herself and the group she identified with and the group she used as a counter-argument. Sharia was the foundation on which psychology must be built. Not only did psychology need to be based on

sharia, but also it already was, regardless of how it was experienced. To the interviewees, Allah was the transcendent author, and their will was entirely incorporated into the ethical principles of sharia. Hiba stated:

> "Allah has taught us sharia so I can judge what is right and what is wrong. That is, in my head. Do you understand what I mean? It can become too legalistic and complicated so that you cannot reach Allah…so you become so mechanical, someone can become masochistic. You constantly beat

> yourself up, and shayṭān comes in and takes control, so it is not the sharia Allah has taught us. I perform all my treatments according to His rules, so sometimes that means telling people not to perform ṣalāh as I think about what is destined for them. [...] I follow sharia myself, so I do not have male clients, for example. Only women come because of shar'an limits. I would not treat a man myself. Erm…and my husband will not allow it at all. What happens in such a relationship does not need to be more physical, but it is wildly intense."

Hiba's explanation demonstrates the interviewees' complex relationship with sharia. She argued that she "followed" sharia, which practically meant that she did not have male clients as a woman herself. She described this as "shar'an limits." Furthermore, she introduced the notion that sharia could become mechanical and masochistic. Hiba highlighted a significant aspect of sharia practices, emphasising

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that while Allah was attributed as the creator of sharia, the judgement of what sharia entailed was influenced by personal assessments. She referred to her judgments of right and wrong as occurring "in her head," indicating that they originated from her conscious mind. Her reasoning was grounded in her personal will ("I would not") and the authority of her husband; however, sharia played a significant role in legitimising this practice. This provided a representative image of contextual factors that contributed to the meanings attributed to sharia, including the reproduction or recollection of previous knowledge, individual will or emotions associated with the concept, and social influences.

Similarly, Ehab articulated an experience of sharia being rooted in teachings or the divine's will. He explained:

> "Allah has already given all the answers in His sharia. He has not created anything without creating its opposite. So, he has not created sickness or challenges without creating an answer in sharia. All the modern methods are something found in sharia; for example, the term narcissist comes from the Arabic word Narjis, and Muslim scholars already found the criteria for OCD over 1000 years ago because Allah has already given the answers. So it is necessary to know about sharia in order to know about all the possibilities for healing, and when you study sharia or study psychology, you recognise so much…it is absolutely enormous how many similarities there are."

Ehab emphasised sharia as being divinely owned or created by Allah. He referred to it as "His sharia," attributing a divine nature to the concept. The central focus of Ehab's statement revolved around the divine origin of sharia and its relevance in contemporary contexts. He shared his lived experience of the comprehensive nature of sharia, its significance in the healing process, and its potential to provide insights into various phenomena. Ehab stated, "you recognise," which indicates a post-rationalisation – an attempt to ascribe his experiences to divine forces. His narrative centred on the belief that Allah is the creator of everything, including modern medical and psychological knowledge. He argued, "Allah has already given the

answers," placing "modern methods" in a hierarchical relationship with the divine. This echoes the overall theme raised by the interviewees, namely, that psychology and therapy are rooted in divinely established shar'an principles. Dawud explained:

> "When I do an intervention, that is what we do when we have clients. Sometimes, family members refer to them, and then we first have to get them to realise that they actually feel bad or are doing something wrong. We do this through intervention, which is a way in which I can teach them what Islam says. Our intervention is in accordance with shar'an principles, and therefore, they always work when the client has received information. After all, everyone has an inclination towards Allah, so when you open up their aql, i.e. cognitions, then you can use Allah's methods."

Dawud's statement demonstrates a belief in the transformative power of integrating shar'an teachings into therapeutic practices. Dawud introduced the practice of intervention, which he argued is a method both "he" and "we" use. Dawud balanced between the use of "I" and "we" in describing the processes of intervention. He positioned himself as an authoritative figure within the therapeutic method while also normalising the approach by highlighting its social or group-oriented nature. He viewed intervention as a means to assist clients in recognising and addressing their negative emotions and behaviours. Notably, the initiation of intervention often occurs when clients are referred by family members. This suggests that Dawud's role as a therapist involves not only working directly with clients but underscores the interconnectedness of familial relationships in the therapeutic process, which suggests that Islamic therapy is, to some extent, generated and implemented within socio-centric cultural contexts.

In conclusion, the interviewees outlined the concepts of shar'an obligation and duties, highlighting the experience of sharia as a code of conduct. They concluded that sharia was a divinely ordained and comprehensive guide for ethical and moral behaviour. Likewise, they perceived sharia as a set of principles that Muslims are encouraged to follow to lead a righteous life and attain closeness to the divine. Therefore, sharia serves as the foundation upon which their understanding of ethical

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duties is built. The interviewees stressed the significance of adhering to shar'an principles or duties within the context of Islamic therapy, considering it a distinguishing feature that sets Islamic therapy apart from other therapeutic approaches. Sharia was essentially experienced as a rigid entity, which informed the interviewees' experiences with the unseen, articulated as emotional judgment, individual will, and contextual factors, that shaped their understanding of ethicised sharia.

THE CONTEXT OF PERSPECTIVE
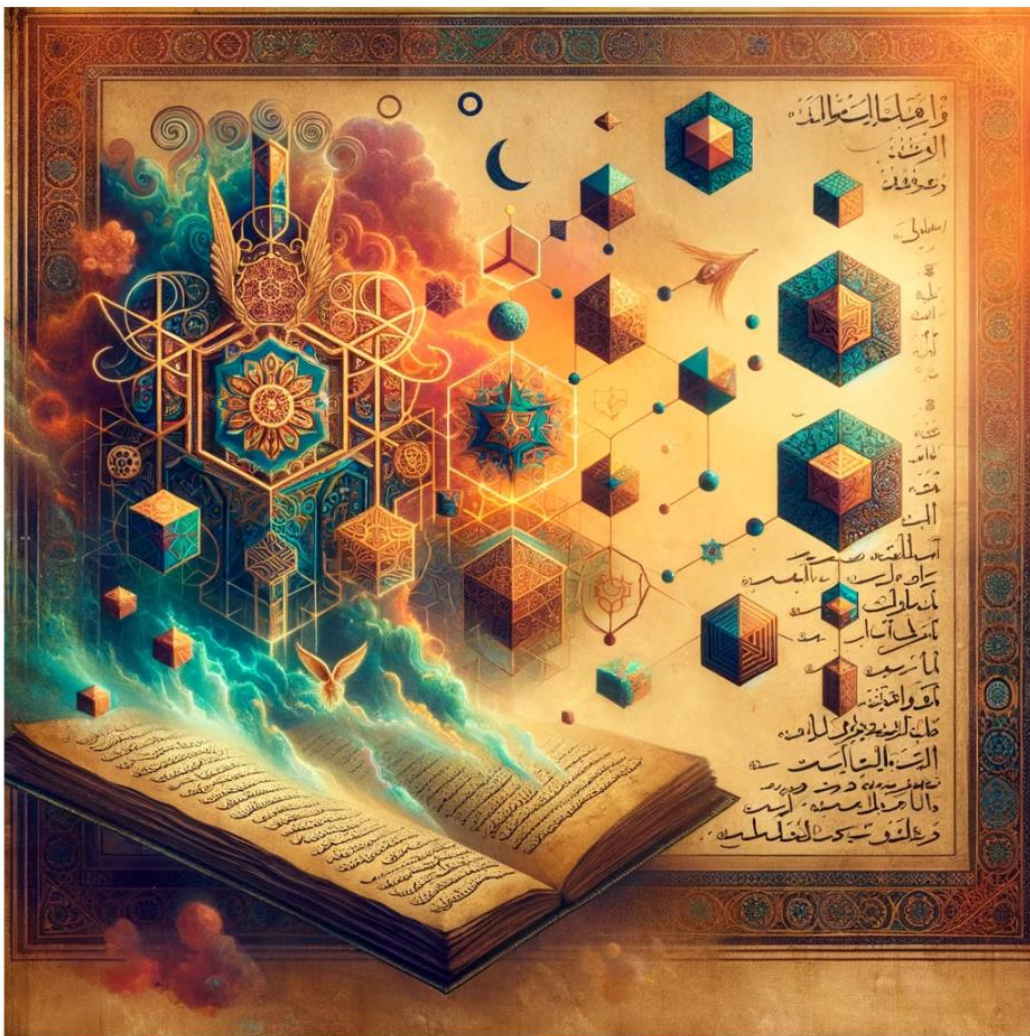
"THE MEANING OF MEANING-MAKING,
A CONTEXT WITHOUT A TEXT"

Introduction to the chapter

In the course of examining the presented materials, I have consistently pointed to the significance of context or contextual manifestations, which play a pivotal and discernible role in explaining the causative mechanisms underlying the productions of sharia. The contextual perspective pertains to the circumstances or surroundings that exert influence on how the particular meaning-making is constructed. This perspective entails a comprehensive consideration of the broader environment, background, and conditions that contribute to shaping understanding or outlook on a given subject. In essence, this chapter aims to study the context in which perspectives are situated to enhance comprehension of the factors influencing productions of sharia.

In this pursuit, I will delve into a discussion on the potential nuances embedded in the definition of 'context' and how these contextual influences are manifested in this study through various conscious and subconscious lenses, including cultural contexts, the context of otherness, historical contexts, geopolitical, political, and legal contexts, as well as social, economic, and educational contexts. Furthermore, I will explore the intersections of educational contexts, interfaith and interdisciplinary contexts, and the overarching influence of globalisation.

Moreover, I will introduce the unique and singular experiences within specific contexts, paving the way for a comprehensive examination. Finally, I will conclude by addressing the role of context in the production of religion.

My sustained focus on the dynamic interplay between contextual factors and their instrumental contribution warrants a more exhaustive exploration. Thus, within the ensuing subchapter, I shall present a conceptual essence of context, its nuanced instantiation in specific instances from the research findings, and engage in a reflective inquiry into the broader purview of its significance within the realm of religious studies. The overarching aim of this endeavour is to present an analytic tool to the science of religion and the study of the making of religious practices,

ideas or values. I hope that by describing 'context' as a potential analytic tool, researchers of religion, in particular, scholars of Muslim or Islamic studies, will have additional means to describe their findings. Likewise, I hope that this reflective chapter will contribute to the conversation about how and why new Islamic practices and ideas arise in new contexts and how Islamicness can occur separately or in contrast to traditional ideas or textual sources in Islamic studies.

Context has been adeptly employed in a number of disciplines over the last forty years (Burke, 2022, p. 152). Researchers have embarked upon inquiries into the socio-cultural contexts that envelop the performance of rituals, meticulously scrutinising their roles in engendering community cohesion, shaping identity, and mediating power dynamics (Burke, 2022; Evans-Pritchard, 1937; Lewin, 1952). The explication of cultural and symbolic implications associated with specific rituals and symbols has led to an enhanced comprehension of the religious worldview and the spiritual encounters they facilitate. Additionally, the contextual analysis has allowed scholars to delve into the adaptive and transformative trajectories undertaken by rituals and practices over time as they encounter fresh contextual influences, interpretations, and contexts – an aspect particularly relevant to this study (Kapferer, 1979; Hobson *et al.*, 2018).

In an increasingly interconnected world, interviewees concurrently navigate diverse contextual realms, continually engaging in a cognitive process that interconnects various experiences, thus engendering new expectations and avenues of meaning-making (Magolda & King, 2012). This all points to the importance of discussing the role of 'context' or contextualisations in the making of religion. The following chapter will demonstrate how different contextual influences have played a significant role in the making of Islamic therapy. This includes religious texts as simulacra, the ethical turn, divine intentions, dreams, spiritual awakenings, new age traditions, western theoreticians and most importantly, selfhood represented in an authoritative I. These aspects will demonstrate how Islamic therapy gained its Islamicness and how individuals' reflections upon their contextual experiences and circumstances shape normative ideas of religion.

What is 'a context'?

> "Islam is true, and what is true is Islamic,"

Kemal argued, and his statement demonstrates the importance of studying the context of the making of Islamicness. Kemal's argument shows that the conception of Islam or Islamicness, as articulated by Kemal, serves as a 'stamp of approval' or an emblem of truth, wherein the attribution of truth is intricately interwoven with the interplay of contextualisations and their ongoing, dynamic process of meaning ascription.

The concept of "context" has held a pivotal role within the domain of religious studies, facilitating scholars in comprehending and interpreting religious traditions and practices within their contexts (Burke, 2022). Burke concluded, "It was in the fourth century a.d. that another noun, contextio, came into use to describe the text surrounding a given passage that one wishes to interpret." (Burke, 2022, p. 153). He added, "In the sixteenth and seventeenth centuries, in vernacular languages such as Italian, French, English, or German, the words con testo, contexture, context, and Kontext began to be used, usually in discussions of the interpretation of texts, especially the Bible and Aristotle's." (Burke, 2022, p. 154). The first found sources of the use of the word context were related to the position of a text, but what if the text poses as an idea, practice, phenomenon, or belief, even a simulacrum? In Plato's "Sophist," he introduced two types of image-making – the copy and the simulacrum. The first type is based on an attempt to copy the original in terms that are as true as possible. The second type is centred on the intentional attempt to distort the image, so much so that the copy appears correct (Plato, 1967).

In contemplating Plato's concept of simulacra, one might examine religious practices, divine beings, and religious texts as instances of simulacra. In scenarios where there is no tangible original, such as with religious practices, beliefs, or divine characters, or in cases where an original exists but remains unused, as with certain religious texts, one must inquire into the construction process of the entity or idea in question. It is pertinent to acknowledge that religious individuals' act of

Context
First sources

Simulacrum

7.5
Religion as
simulacra

discerning an author's context is inevitably filtered through their own contextual perceptions, even in cases where the authorial attribution is elusive, as is often encountered within religious texts. Here, religious agents, in their adaptation of these texts to novel contexts, ascribe their authorship to divine intentions, thereby attributing concepts or practices labelled as "Islamic" with a transcendental source despite their contextual origins. This dynamic generates an intricate interplay between personal contextual cognitions and emergent divine intentions, where the latter often supersedes the former during discursive engagement. If the concept of context can give meaning to a specific phenomenon, as argued by Rousseau and Fried (Rousseau & Fried, 2001), then context may explain the meaning-making processes surrounding simulacra of religious belief and practices.

Context, in essence, may be defined as the encompassing circumstances that both shape and influence the interpretive frameworks and conceivable contextual paradigms. This encapsulates an array of distinct components contributing to the process of meaning-making. Flyvbjerg cited Aristotle, who argued, "Conduct has its sphere in particular circumstances" (Flyvbjerg, 2011, p. 301) and continued to conclude that context is related to environment (Flyvbjerg, 2011). By adding an environmental factor, we gain a nuanced understanding of how contexts influence the outcomes (Vinding, 2013, p. 48).

Based on Rousseau and Fried, Meier and Dopson argued, "Etymologically, the term context means weaving or knitting together, to make a connection between a phenomenon and what is relevant for understanding the said phenomenon." (Meier & Dopson, 2021, p. 94; Rousseau & Fried, 2001, p. 1). Meier and Dopson further added that context and phenomenon mutually constitute each other (Meier & Dopson, 2021, p. 94). They said, "In research, the term 'context' specifies against which background a given phenomenon must be understood or has been researched and is an important aspect of the boundary conditions of research." (Meier & Dopson, 2021, p. 94; Suddaby, 2010). Burke argued, "Marxists and non-Marxists

alike were increasingly concerned with Zusammenhang, a term that came into use in the late eighteenth century to refer to the way in which different beliefs, customs, and so on "hang together." (Burke, 2022, p. 158). The German word,

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Zusammenhang, may stand instead of context (Burke, 2022, p. 159), giving the word a sense of coming-togetherness. In this light, Islamic therapy gains its Islamicness through a coming-togetherness emerging from interactions with circumstances of shared and individual lifespaces. Burke stated, "A general "field theory" of psychology was put forward by Kurt Lewin, using the term field as a synonym for the "lifespace" or environment of an individual or group. Without studying the field, he argued, the behaviour of individuals and groups could not be understood." (Burke, 2022, p. 161).

Burke furthered emphasised Evans-Pritchard's early 1900s study on witchcraft, where he concluded, "[In] this web of belief every strand depends upon every other strand." (Evans-Pritchard, 1937, p. 475; Burke, 2022, p. 163). The metaphor of a web is undeniably apt for illustrating the construction of belief, wherein each strand is intricately linked and reliant on every other strand, serving to substantiate and disseminate beliefs.

Different social fields provide specific frameworks and structures that influence how individuals attribute meaning to their experiences (Bourdieu, 1994). For example, the meaning of Islamicness in the demonstrated field may differ from other fields due to distinct norms and, therefore, influences the meaning-making. An Islamicness of Chakra is contingent upon the contextual dynamics within the social fields in which the practice is experienced. The habitus, shaped by an individual's experiences within specific social contexts, influences how they interpret and make meaning of their surroundings (Bourdieu, 2013, p. 78).

Shahab Ahmed argued that a comprehensive understanding of Islam requires attention to the intricate contextual factors that shape its expressions (Ahmad, 2015, p. 544). The idea of pre-text, text and con-text underscores the idea that Islam cannot be reduced to a single, monolithic essence; rather, it is a dynamic and evolving tradition with a rich tapestry of meanings and practices. Ahmad defined con-text as "vocabulary of meanings of Revelation that have been produced in the course of the human and historical hermeneutical engagement with Revelation, which are thus already present as Islam." (Ahmad, 2015, p. 356). This includes

"meaning-making in terms of Islam that Muslims acting as Muslims have produced." (Ahmad, 2015, p. 357). Ahmad further argued that "Con-Text is itself a source of Revelation along with Pre-Text and Text" (Ahmad, 2015, p. 359) and continued to conclude that his use of Con-Text could be understood as a semiotic space or semiosphere (Lotman, 1990).

Ahmad's assertions predominantly revolve around a text-centric perspective. Nonetheless, I have yet to come across a contention by Ahmad asserting that the underlying essence of meaning-making hinges on the expectations associated with a given text. Did Ahmad posit the belief that individuals, including both Muslims and non-Muslims, can partake in the process of deriving meaning from Islam, as elucidated in his work through engagement with textual sources? (Ahmad, 2015, p. 544).

In light of these complexities, I propose the utilisation of the term "contextualisations," which engenders a comprehensive reassessment of cognitive frameworks, anticipations of the surrounding milieu, causal relationships, and the essence of context, as envisioned within Gadamer's notion of prejudice (Gadamer, 2004). Remarkably, my interviewees continually re-evaluated the concept through revised contextualisations, albeit often in an unconscious manner. This is discernible through their statements, wherein they consistently displayed a natural disposition toward the concept, even as they engaged in an ongoing process of meaning reconstruction, influenced by novel contextual elements.

Context should be viewed as an overarching concept encompassing a diverse array of potential, exploratory meanings. I will list potential contexts and how they are intertwined with the findings of this study. They are as follows: cultural contexts, the context of otherness; historical contexts, geopolitical, political and legal contexts; social, economic and educational contexts; interfaith and interdisciplinary contexts; and globalisation. Furthermore, I will introduce the singular experiences of context.

Cultural Contexts

Culture can be defined as social behaviours, norms and ideas that are learned through institutions or from generation to generation (Spencer-Oatey, 2012). Furthermore, culture can be defined as "a pattern of shared basic assumptions." (Schein, 2012, p. 313). This could include "dimensions of social action – art, religion, ideology, science, law, mortality, common sense" (Geertz, 1973, p. 323).

In understanding the cultural contexts of Islamic therapy, more specifically, the cultural contexts of the interviewees who engage with the ideas and practices, one must consider how cultural factors such as languages, traditions, and customs shape the different ways in which individuals may experience the world. Is there a shared Islamic or Muslim culture between the interviewees? If culture is a pattern of shared basic assumptions, one could argue – yes. However, if culture is viewed as a mosaic landscape of different dimensions of social actions, then no, or at least only partly.

The interviewees share fundamental assumptions regarding their position within a realm constructed in relation to sharia. These assumptions revolve around the belief that a divine force intricately crafted the tangible world. Despite their varied cultural origins, they converge in their experiences of being consistently identified and categorised as members of a minority culture. This classification is frequently encountered and expressed in relation to a prevailing majority culture (Van Dijk, 1986; Canger, 2010).

The Danish interviewees share experiences of being part of the cultural contexts of the Danish educational system. These cultural contexts may contribute to a shared sense of ideas, approach to science, lived experiences, common sense, or influences of Protestant bias (Weber, 1930).

The narratives of individuals with whom they identify can significantly shape their encounter with a cultural context. This phenomenon is elucidated through the notion of "message crime," signifying that beyond the direct victim, various individuals undergo a spectrum of emotional responses, including but not limited

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7.9
Cultural Context

Muslim cultures

Identification

Danish cultural context

7.10
Interconnectedness
Cultural contexts

to anger, fear, feelings of inferiority, and heightened vulnerability (Perry & Alvi, 2012, p. 57). This underscores the interconnected nature of experiences within a cultural context, wherein the experiences of others play a pivotal role in influencing and amplifying the impact of phenomena. The contextual experience can, therefore, encompass the expectation of an event, exerting a profound influence on the experienced phenomenon to the extent that it is perceived as embodied despite its non-occurrence. This demonstrates the notion that the very expectation of an experience holds the power to produce a phenomenon. Wells concluded:

> "We form our identities by participating in the practices and discourses of many institutions and communities, appropriating their norms and values and, at the same time, transforming them in the light of those that we have appropriated from other communities." (Wells, 2007, p. 100).

This process reflects the complexity of producing in context, where individuals navigate and negotiate diverse cultural elements to construct their sense of self, which, in turn, construct their lived experiences of sharia. A significant factor that played a crucial role in the experiences of Islamic therapy and selfhood among all interviewees was the expectation of 'the other.'

The context of Otherness

The context of the other refers to the broader circumstances, surroundings, or influences that shape the perspectives, behaviours, and experiences of individuals in relation to others, particularly within a social or cultural context. The other has been addressed as the "presence that teaches us something." (Lévinas, 1989, p. 148). Lévinas argued:

> "Instead he is situated in relation to the Other (Autre). This privilege of the Other (Autre) ceases to be incomprehensible once we admit that the first fact of existence is neither being in-itself (en soi) nor

being for-itself (pour soi) but being for the other (pour 'autre)."
(Lévinas, 1989, p. 149).

The otherness and the interviewees' situatedness in relation to the otherness played a significant role in experiencing sharia as ethicised. Identifying the otherness is a way in which individuals can identify the selves. The selves and the otherness are essentially different entities yet essentially interconnected. In the French word, *autre,* lies a distinction or difference from the self. In the Oxford Learners Dictionary, *other* is described as "additional or different" (Oxford, 2023). The awareness of selfhood seems to depend on the acknowledgement of additional and different contextual factors. This prompts questions about whether Islamic therapy can truly embody its Islamicness in the absence of an otherness. Furthermore, the inquiry arises as to whether sharia can become ethicised without an ethicised otherness.

Othernesses construct the contexts within which the interviewees produce phenomena and ascribe meaning-making to their lived experiences. At the core of the interviewees' otherness lies a pivotal element: the presence of an expected or anticipated other—the non-Muslim therapist. This anticipated presence not only shapes the contours of the therapeutic interaction but also contributes significantly to the nuanced articulation of Islamic therapeutic processes and constructions of selfhood.

The non-Muslim therapist, other times in plural, covers a range of articulated terms, such as "Danish psychologists," "non-Muslim psychologists," "conventional psychologists," "other psychologists," "common psychologists," "Danish therapists," or "other therapists." The interviewees did not use terms referring to majority-minority positions, nor did they use the words "religious" or "irreligious" about the classifications. This may be because the interviewees perceived Islamic therapy as a manifestation of transcendent will and timeless knowledge rather than a reflection of minority situatedness.

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The other played a significant role in the production of Islamic therapy, serving as a counter-argument to the prevailing narratives. This phenomenon was not solely tied to specific individuals but rather emerged from narrations shared by clients or from unidentified sources. Ehab stated:

> "My clients say that when they have gone to a non-Muslim therapist for, say, anxiety, they have been told to just live out homosexual tendencies. [Tessie: Is that something you have experienced, or has one of your clients experienced that specific example?] No, um…I just know."

Ehab's statement exemplified the idea that "knowing" in Islamic therapy does not necessarily require an identified or specific source. None of the interviewees relied on examples from their clients or personal encounters; instead, they all derived this form of knowledge from their own contextualisations, inner narratives, and experiences. The interviewees emphasised the significance of non-Muslim therapists as a counter-entity in shaping the experiences of Islamic therapy. This phenomenon involved the production of experiences in relation to a simulacrum— an entity created solely to fulfil that particular role. The interviewees frequently invoked this entity to explain or position themselves as Islamic therapists, as illustrated by Mariam:

> "Islam teaches us not to suppress our emotions. You have to show them where the West has taught Muslims that you have to keep them inside. We are slowly rediscovering what real and true psychology is by delving into Islamic psychology and the Islamic sources. Islamic traditions have never tabooed mental health as the West has. It is a Christian tradition that has been imposed on Muslims after colonisation and practised by non-Muslim psychologists."

Mariam's statement demonstrates that the other - Non-Muslim therapists, within the scope of this discourse - is emblematic of colonialism and Western endeavours aimed at influencing the mental well-being of Muslims. Otherness, here, serves a

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dual purpose for Mariam: firstly, it aids her in delineating her own positioning, and secondly, it contributes to the production of phenomena within the domain of Islamic therapy. Furthermore, the notion of the other in this context conveys a symbolic representation of an adversarial force.

In contrast to Lévinas' philosophical perspective, wherein the face of the other instigates ethical responsibilities, the imagined other, in this instance, elicits considerations of positioning and ethical evaluations. The act of stigmatising mental health is denoted as an adverse action, consequently situating Mariam's formulations of Islamic therapy within a hierarchical relationship with the Christian tradition. Consequently, Islamic traditions assume the role of being morally superior.

This points to the complexity of the interviewees' experiences of otherness as a reference point for positioning and ethical reflections but also as a symbolic representation of perceived moral hierarchies. Hiba explained:

> "A Danish psychologist would say that this is the problem; one must practise one's natural needs according to a Danish psychologist. It is very different from what Islam says. The whole foundation is completely different. With a Danish psychologist, they do not have a soul either, she does not relate to there being a soul. That is, someone I know, I have started something with her, but I cannot send her to a non-Muslim. Especially her, it will not be able to help her because psychology will say that it is Islam that is the problem, and that is precisely what she feels, so it is her problem."

Here, Hiba demonstrated a central theme, namely, the interviewees' attempt to defend Islam through the productions of Islamic therapy. Hiba feared that the image of her faith would be damaged through her exemplification of her client, who, according to Hiba, suffered from religion-centred OCD (Greenberg & Huppert, 2010). The client, according to Hiba, exhibited Obsessive-Compulsive Disorder based on her fears of hell. Over time, it has developed into anxiety rooted in the

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same experience of divine punishment and the fear of hell (Cranney *et al*., 2018). The otherness supports Hiba's experience of Islamic therapy as the only treatment solution and aids Hiba in protecting her worldview. Similar to Mariam, this positions Islamic therapy within a context where Islamic therapy gains uniqueness and importance. Hiba explained:

> "Psychology is very different. It does not recognise that you have a soul and does not recognise that in Islam, there is shame and things you must not do. An example could be that you have some shameful tendencies, then a Danish psychologist would say that you should not suppress that. You should let go and express your natural needs. But Islam says you should oppress it and control it or not speak about it."

Here, the "Danish psychologist" represents the opposite of her production of Islam. The statement demonstrates that Hiba experiences Islam as morals of suppression and control. She aligned "natural needs" with the possibility of "shameful tendencies." In her perspective, "shame" emerges as a pivotal criterion that serves to differentiate and establish a hierarchical positioning of Islamic therapy in comparison to other therapeutic modalities. Similarly, Hiba employed the term "soul" to highlight a fundamental absence or deficiency in the otherness. In the preceding statement, she explicitly asserted, "they do not have a soul." However, a more nuanced understanding of this assertion becomes apparent during a follow-up question. In response to a subsequent inquiry, Hiba clarified that conventional therapeutic frameworks and methodologies lack the acknowledgement of the significance of addressing and engaging in psychological interventions directed towards the soul. In contrast to Mariam and Hiba, Kemal addressed the other as follows:

> "You see many white Danish psychologists who are not Muslims, who may not even believe in God, just that they have a humble and not a prejudiced, and biased attitude towards the client, or towards the patient, who also wants the patient to feel understood, and met with respect…and be…erm…improved."

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Kemal's statement demonstrates a sense of common experience in his choice of words, "you see." He also used the word "many" to identify his experience of non-Muslim therapists. Here, he described the "Danish psychologists" with "white" to identify the otherness through appearance. Furthermore, he described the other as humble, indicating a positive experience with non-Muslim therapists, who, to his surprise, can practise and hold positive qualities without believing in God. Kemal was not the only interviewee who expressed surprise when non-Muslims possess positive qualities; Sadef argued, "And they do not even believe in a punishment, yet still they do good." As exemplified by Sadef, the interviewees expressed a shame and fear orientation (Cozens, 2018) when discussion-making, and ethical questions were informed by the fear of divine punishment, which could indicate that the contexts of Islamic therapy are complexly interwoven between multiple cultures.

The otherness was often referred to as "Danish." Interviewees may have used the concept to describe a therapeutic match based on culture and familiarity. Adel stated:

> "I started because, as a psychologist, it was clear that I could appeal to a target group that an ethnic Danish non-Muslim cannot. I really feel what I bring; my skills and my own background really offer the possibility of a good match."

To Adel, cultural familiarity is about the possibility of a good match between the therapist and the client. He speaks about how an experience of being recognised and met with familiarity will lead to a more positive outcome in the therapy sessions (Ibaraki & Hall, 2014). He identified these familiarities as being based on his "background." Being aware of the clients' cultural background is experienced as an important part of a successful therapy process. Khadija stated:

> "Clients feel misunderstood by non-Muslim psychologists. Clients will experience that an ordinary Danish psychologist will give them the wrong advice because they do not know your culture. I do not

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want to change anything, in my opinion, in my religion. If you know about the culture and you know about Islam, you can talk to them [i.e. clients]."

Khadija's statement shows that she experienced non-Muslim therapists, articulated as "non-Muslim psychologists" and "ordinary Danish psychologist," as providing "wrong advice." To Khadija, therapy is a practice of advice-giving, and in order to give correct advice, one must possess knowledge of culture and religion. In the second half of the statement, Khadija takes on the role of the client and speaks directly to this expected otherness, only to shift back and refer to the clients as "them." Khadija's statement demonstrates an underlying aversion to non-Muslim therapists as an entity or attempt to antagonise her religious beliefs.

The interviewees in the study expressed a profound concern for safeguarding their clients from a perceived detrimental otherness. This other is conceptualised phenomenologically, devoid of a specific individual or entity, and functions as a counterpart, motivator, rationale, or integral component of the interviewees' lived experiences and expectations of the world. Despite lacking tangible manifestation, these abstract "others" hold a central role in shaping the experiences of Islamic therapy, embodying diverse dimensions such as societal acceptance, recognition of Islamic therapy methods, and the quest for a therapeutic approach aligned with clients' cultural identities.

In summary, the concept of otherness in the realm of Islamic therapy encapsulates a wide array of meanings, encompassing societal dynamics, methodological considerations, cultural identity, and ethical motivations, which all inform the productions of sharia and Islamic therapy. The expectations of encounters with otherness collectively contribute to the contextual fabric of experiences within Islamic therapy.

Historical Contexts

The historical contexts of Islamic therapy include a consideration of the impact of historical and pseudo-historical events, developments, and movements on the interpretation of Islam. Similarly, the development of the scientific traditions related to psychology and the historical development of the relation between religion and science in Western societies. Likewise, the historical development of the medical and public view of mental health.

Experienced historical contexts play a significant role in the interviewees' understanding of Islamic therapy. I opt for the concept of 'experienced historical context', which indicates that the reflections on their experiences can both relate to historical and also pseudo-historical events. This includes events like the split of the moon (Mubarakpuri, 2002), the night journey (isrāʾ /isˈraːʔ/) (Colby, 2008), the war and kidnap of Roman Princess Narjis, in the mid 800s (Maghrebi, 2020).

The Quran and aḥadīth collections play a central role in articulating the authority of Islamicness of therapy. Aḥadīth /ahaˈdiːθ/ is the plural form of the Arabic word ḥadīth, which is used to refer to narrations from or of the life of Prophet Muhammad. The interviewees showed little interest in the actual texts but rather used the simulacrum version of the texts to ascribe authority to their contextual productions of the Islamicness of therapy.

Abira suggested that the Quran and Prophet Muhammed can be a source of distinct instructions for therapy, highlighting the potential variations in guidance, when she stated: "The Quran and the prophet provide different instructions for therapy." However, actual instructions would be a matter of interpretation and reproductions of the actual texts.

Fadi expressed the same sentiment when he argued, "They practise superstition and cultural beliefs which go against the Quranic message and the will of Allah." Fadi's statement demonstrates concern about the presence of superstitious and culturally influenced practices that contradict his expectations of a Quranic message,

emphasising the need for adherence to Quranic principles. Fadi used the "Quranic message" to point out the authority of his experiences. Other practices are derived from what he identified as superstition and cultural beliefs, leaving his practice authentic and true.

Like Fadi, Hiba asserted that all necessary guidance for therapy can be found within the Quran, indicating a belief in the Quran's comprehensive authority in this domain. She stated, "All of it is in the Quran. I would not go against the Quran and God's ḥikma." Hiba's statement demonstrates a common experience among the interviewees, namely that their actions are according to "the Quran." The authority of the text supports their emotional attention to their practices, adding positive attributes to their selfhood, such as righteousness and correctness. This is what Slone called "religious representation in our minds" (Slone, 2004, p. 8), a part of the interviewees' performative self-image, or as Zahavi named it, *what-is-it-like-for-me-ness* (Zahavi, 2014).

Referring to the Quran as an authority may serve as an emphasis on the correctness of their practices in communicating with me; however, there is a point to be made about the interviewees' need to refer to sources they identify as historical authority. As a researcher and as the interviewer, I viewed the practitioners in Islamic therapy as authoritative of their own practices, and I did not direct the questions towards the topic of authority. Yet, the interviewees highlighted the Quran as a historical source for their practices. Therefore, this could be a result of inner dialogue formed from contextualisations - a fear of criticism based on previous experiences, the narrative of others' experiences, or the joining of different experiences that all add to the need for text-based authority.

Ehab argued that there is a historical influence of Quran-based manuscripts on Western medicine, suggesting the Quran's role in shaping therapeutic practices and asserting its authority in that context. He stated:

> "That is where the idea of psychiatry comes from - the mix between medicine and therapy. These old manuscripts are 1000 years old and

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based on the Quran and the teachings of the prophet, and they are the
ones that Western medicine is built on."

Ehab's statement demonstrates that it was important to the interviewees that not
only was the Islamicness of their practices authorised by the Quran but that Western
traditions of psychology also have their roots in the Quran. This places Islamic
therapy within an important historical context.

Kemal was one of the few interviewees who referred to an actual verse in the Quran
- a verse that Kemal associated with existential psychology (Yalom, 1999),
implying the Quran's authority in addressing psychology. He said, "Quran verse
2:215 clearly shows that this is a form of existential psychology." Kemal cited the
following verse, as translated by Yusuf Ali:

> "They ask thee what they should spend (in charity). Say: Whatever ye spend
> that is good, is for parents and kindred and orphans and those in want and
> for wayfarers. And whatever ye do that is good, - Allah knoweth it well."
> (2:215).

The example of Kemal may indicate that psychology, as studied at university, is
experienced by the interviewees' within their contextualisations. This tells us that
the relation between contextualisations and experiences is a dynamic relation. Their
productions of religion form how they experience psychology, and psychology
studies shape how they, in turn, experience religion – an ongoing hermeneutic circle
(Gadamer, 2004, p. 260).

In the course of engaging in the process of self-relating during the production of
Islamic therapy, the interviewees employed historical events or historical texts as a
point of reference and source. Instead of anchoring the authority of selfhood, they
directed their focus towards an external factor. This intentional shift led them to
bestow a universal quality upon their therapeutic practices, enabling them to
transcend their individual identities and affiliations. Consequently, they found
themselves integrated into historical contexts, wherein they drew upon a shared

tradition, thus facilitating successful experiences in the production of Islamic therapy.

Geopolitical, Legal and Political Contexts

The practices of Islam are intricately intertwined with the geopolitical and national, legal and political landscapes within which Muslims reside. These contexts encompass a spectrum of elements, ranging from significant political events, conflicts, and international relations, to the formulation of national laws and governmental policies. The amalgamation of these factors significantly moulds the ethical conduct, practices, identities, and beliefs of Muslims across various regions.

The emergence of specific beliefs or practices is profoundly influenced by the intricate interplay of these contextual factors. A compelling body of research spanning diverse topics such as family law practices (Liversage & Petersen, 2020), religious institutions (Kühle & Larsen, 2019; Kühle, 2016; Jensen, 2019; Vinding, 2013), religious authority or leadership models (Vinding, 2018; Larsen, 2017; Galal & Liebmann, 2020; Petersen, 2019), and considerations of gender, love, and sexuality (Mørck, 2019; Bøe, 2012; Jorgensen, 2023), illustrates how the surrounding environment holds a significant power in shaping the expression of Islamic beliefs and practices.

The interviewees used terms like "the society," "the non-Muslim therapist," "the West," or "others" to create counter-arguments or express their own or community members' experiences of being viewed as a minority. The interviewees' experiences of 'being' were closely intertwined with the positioning of being viewed. This leaves them as 'the Other' (Said, 2002), but also with an agency to point towards 'the Other' (Lévinas, 1984), as discussed in the former section.

In light of the study's findings, one could posit that anticipated encounters possess an inherent asymmetry akin to experienced ones. However, it does not consistently

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disrupt the self-image or self-interest. The interviewees exhibited a notable inclination to advocate for the authority of their practices, exemplifying how they perceived an ethical obligation to be reflective, knowledgeable, and defensively articulate. I hypothesise that this behavioural pattern can be rooted in both experienced and anticipated encounters, encompassing interactions within Muslim communities and with 'the Otherness'—whether represented by the West, Danish authorities, educational systems, or conventional therapists.

In Orientalism, Said argued that Western scholars, writers, and artists have historically constructed a stereotypical and often demeaning image of the East as fundamentally different from the West (Said, 2002). This process of 'othering' involves defining the East in opposition to the West. Said emphasised that these representations are not neutral but are deeply embedded in power structures and colonial history, and the West's construction of the East as 'the Other' has real-world consequences, influencing policies, perceptions, and the relationships between the two regions. In summary, Said underscored the process by which the West has historically defined the East as different and inferior, contributing to a distorted understanding that has implications for cultural, political, and social relations.

The process of 'othering' has influenced the interviewees' lived world experiences, including education, professions, and ethnic or cultural identities. The way in which the interviewees structure the others provides them with a space and position in the world. This is exemplified in the experience of *rediscovering* psychology. Khadija explained:

> "We are in the process of rediscovering Islamic psychology, or should I say psychology, because it has been colonised by Western powers. Much of the knowledge that Muslim scholars have found 1000 years ago was deliberately hidden during the colonisation, but we are in the process of rediscovering it now. Many Danes may be ignorant about it, some do not quite believe it, but then there are also those who are open when you just convince them."

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Khadija's statement exemplifies a narrative that Western powers have colonised psychology, leading to the deliberate hiding of knowledge discovered by Muslim scholars. This implies a historical power structure where Western influences suppressed or marginalised non-Western knowledge systems. The argument of colonisation exemplifies that the interviewees experience their practices in a geopolitical context. This is further exemplified by Rabia's statement:

 "Many of my clients come here because of problems that society has created. We have racist politicians who constantly use Muslims or Islam in political campaigns; there is no one who investigates the truth, and when you say something, you are told that you are speaking with two tongues. So, it is a battle we cannot win. Many Muslims have generational traumas, and the families have war traumas and traumas from the poor, and now they also have to struggle with verbal or physical assaults. Hijabis, in particular, have a hard time, so they seek help because they are in the most difficult situations - between family, the environment and society."

Rabia's statement raises a point regarding "hijabis," which she used to showcase how they might struggle with mental health due to the "difficult situation" that arises between family ties, Muslim communities they are a part of and Danish society. To Rabia, these factors put pressure on Muslim women, causing them to struggle with anxiety and depression. A hijabi /hɪˈd͡ʒɑːbi/ is an individual, most commonly a woman, who wears or identifies with wearing a hijab (cover). The interviewees often used English plural forms while using specific words with Arabic origin. This may be because of international influences, such as English-speaking pop culture, music, or films about Muslims.

Rabia highlighted that "society" shows a sense of mistrust in her when she speaks her truth. Describing it as a "battle we cannot win." In this instance, she used the word "we" to emphasise that this is a collective matter, pointing to Muslim minorities losing "a battle" against the non-Muslim majority in Denmark. Rabia's example demonstrates how the interviewees experienced Islamic therapy in relation to a political context. Islamic therapy gains its validity because it serves as a

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significant tool against the power of the other. This point is further discussed in the statement of Inaya:

> "I often meet clients at my day job that could benefit from a spiritual and an Islamic approach. They can be diagnosed with something from a non-Muslim perspective, which I respect, but the Western way just does not see the whole picture. If the client expresses a willingness to be cured and not just medicated for his or her symptoms, I will suggest that we talk outside of the office."

Inaya's statement demonstrates that she separates her daily profession and her practice in Islamic therapy. She argued that whilst she respected the diagnosed, she also viewed them as deficient in comparison to the means of Islamic therapy. This exemplifies the interviewees' experience of an underlying problem in Danish society, namely legal and political attitudes towards divine methods of healing.

Another issue raised by the interviewees centres on the unwillingness or lack of communication between the therapists in Islamic therapy and relevant representatives from Danish society. This leads to a lack of awareness and prejudices against their practices. Faid argued:

> "I do not publicly display that I do Islamic psychology because I feel that many people would discriminate or say that I cannot also work within conventional psychology. That part of my work is a little more word of mouth because the environment is small, and then because it says nowhere, no one can fire me or refuse to hire me because society has a bias against anything Islamic."

Fadi is not alone in hiding his practice of Islamic therapy. Unlike the English therapists, all of the Danish interviewees expressed concerns about practising openly in Danish society. They argued that a bias against Muslims could affect their daily jobs or cause issues for them when applying for new positions. Kemal stated, "If you advertise with Islamic therapy, that is all you are known for. Then you have

to make your entire living from that, and I do not think that is possible at the moment. That is why I am waiting." Kemal also argued:

"Another thing is that I can make a bigger impact for Muslims and immigrants too if I do not present myself as an immigrant psychologist because I think that what we want, we just want…we just want to be normal citizens on equal terms with everyone else. No matter what your name is, that you are met with the same respect. I think the only way…or not the only way, but one of the ways you can do it is by normalising yourself in society, and I do that, among other things, by being a psychologist that also happens to be Muslim. This does not mean that the fact that I am Muslim and my name is […] means that I cannot work in this field. We have so many good and smart people, but we only get interviewed if it is something to do with crime or ghetto areas."

Kemal's statement demonstrates that he is concerned about how to make the best impact for Muslims and immigrants. He sees himself as a representative of those groups and can, through his position, better others' positions. He argued that by challenging the main narrative of Muslims in Denmark, he could achieve the position of being a "normal citizen." Kemal's statement demonstrates that his experience of the Islamicness of therapy has been influenced by his experiences and expectations of the political contexts. Similarly, articulated by Inaya:

"It is not like I advertise my practices at my work because there are so many prejudices against Muslims. Even those sweet, innocent prejudices like – oh, you are brown, you can talk to this brown client, and maybe they come from a completely different country or speak a completely different language, but then they expect you to be able to connect just because you are both slightly browner than the average Dane."

Inaya's statement demonstrates how the experiences of prejudices play a significant role in how they navigate practising Islamic therapy in society. All of the interviewees expressed experiences of prejudice and a fear of being stigmatised if

they publicly advertised their practices. Ehab maintained the same notion as he stated:

> "I think many in society are naïve, and they have good intentions; you know, the Danes have good intentions, but they do not understand, or they do not know about Islam because the media only tells them one story. They expect a lot from young people who come from families with so much trauma, are illiterate, and have economic and social problems, but when Paludan hurts them, they must show forbearance and calmness. So, should Muslims have a different psychological strength than others? There is a lot of work we could do, and I believe that preventive work and informative events could benefit both Danish society and Muslim society."

Here, Ehab pointed to his experience of non-Muslim Danes as being well-intended, however naive and influenced by a malevolent agenda from public media. He used the example of Rasmus Paludan, a Danish-Swedish right-wing anti-Islam provocateur (Bangstad, 2020), to raise a point of unrealistic expectations of fellow humans' mental capacity. Here, Islamic therapy is experienced as a benefit to Danish society and Muslim society, highlighting a split between the two. Mariam raised a similar point:

> "We need a lot of knowledge in society, and there should be a wider acceptance and perhaps even further training in Islamic psychology so that general workers can relate or simply know that there are other offers for Muslim citizens. It is also a bit like saying you are not accepted if you [in Danish "man"] as a society do not accept such a big part of your life. Just because faith does not mean that much to most people in Danish society…well, it also took a long time before we got hospital imams on equal terms with priests, so maybe it will come."

Mariam's statement points to the overall notion that knowledge may bridge the gap between groups in society. Here, she compared hospital imams to practitioners in Islamic therapy, stating that she hopes they will eventually achieve the same

recognition and position. The interviewees all see Islamic therapy as a beneficial addition to other offers in society, and where their intentions are articulated as positive, Danish society becomes the impediment that stops the development of Muslim citizens. Bashir added:

"The whole of Denmark could benefit from there being more structure and knowledge throughout society where other levels and municipal employees could benefit from organised information [about Islamic therapy]. If the state helped the small offers, we could help the clients, but they do not, and that is a reason why people turn to imams."

Bashir, like the other interviewees, expresses experiences of having means of knowledge or expertise that could help better the situations raised in public debates (Jacobsen *et al.*, 2012; Sheikh & Crone, 2012). However, they do not feel acknowledged and worry that society will mistrust their good intentions or ascribe ill consequences to the practices they perform, causing them to lose their livelihood. Adel argued, "I would just like to be involved in society so that we can spread the message and the method and help more people."

The interviewees depicted the geopolitical, national, legal and political landscape as a formidable barrier impeding the realisation of the complete potential of Islamic therapy. Their encounters with these contextual elements compelled them to carry out their therapeutic practices discreetly and in private settings. Therefore, it is reasonable to conclude that Islamic therapy and its practices are directly influenced by the experiences of the contexts. The overarching narrative emerged as one where Islamic therapy, despite being considered a valuable tool, is met with a lack of welcome when it comes to addressing broader geopolitical and national issues. This perspective directly mirrors the challenges faced within the specific contexts of the interviewees, which co-produced their experiences of sharia.

The experiences of developing and implementing Islamic therapy would inherently differ if situated in alternative contexts. This underscores the notion that Islamic therapy takes on a distinct form and character, shaped in relation to or as a direct

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result of the unique contextual backdrop in which it is practised. In essence, the effectiveness and reception of Islamic therapy are intimately intertwined with the socio-political circumstances, emphasising the dynamic interplay between therapeutic practices and the contexts in which they unfold.

Social and Educational Contexts

The question of interest warrants a more comprehensive exploration, delving into the intricate interplay of social, economic, and educational contexts that shape the development of Islamic therapy. However, I will briefly delve into one facet of these contexts to demonstrate its significance in this study. In future studies, one should meticulously examine various factors, including family structures, gender roles, economic conditions, and social interactions, to gain a more nuanced understanding of the social context.

Additionally, an exploration of economic conditions is imperative to grasp their impact on access to education, healthcare, and resources, ultimately influencing how individuals practice their faith. Finally, a scrutiny of educational institutions, scholars, and religious leaders is necessary to understand their roles in the transmission and interpretation of Islamic teachings.

To illustrate how these contexts shape Islamicness, I will exemplify the interviewees' use of Western theoreticians. This demonstrates how external influences, in this case, Western theoretical frameworks, intermingle with Islamic therapy practices, further highlighting the relations between broader contexts and the development of Islamic therapeutic approaches.

The interviewees referred to four Western scholars. This included Carl Jung (d. 1961), Swiss psychoanalytic and scholar in psychology, Sigmund Freud (d. 1939), Austrian scholar in psychology and founder of psychoanalysis, Friedrich Nietzsche (d. 1900), German philosopher, and Søren Kierkegaard (d. 1855), Danish

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philosopher. As far as research demonstrates, none of the four scholars has commented on Islamic therapy. Nevertheless, their works or expectations of their works (simulacra) represent a source of authority in producing the Islamicness of Islamic therapy. Ehab exemplified this by stating: "Carl Jung's theories are Islamic because his idea of archetypes is taken from the names of Allah."

Ehab's statement demonstrates that the interviewees value something as Islamic or true if it resonates with their contextualisations. In this particular case, Ehab was introduced to a reproduction of Jung's archetypes and ascribed them an Islamicness, which Bilal illustrated by arguing, "Carl Jung confirmed what Allah taught us that you need to follow a set of morals or ethics."

Bilal selected Jung as the authority through which he articulated his perspective on the authenticity of divine teachings. In Carl G. Jung's work *The Archetypes and the Collective Unconscious*, we are introduced to the concept of the collective unconscious. This concept also emerges in Jung's 1916 paper titled *The Structure of the Unconscious*. Converging upon a comparable notion, all the interviewees of this study frequently invoked the concept of fiṭrah. Fiṭrah, pronounced as /ˈfɪtˤɾa/, encapsulates the idea of a collective, original disposition. Notably, the references to the unconscious and collective unconscious were not directly attributed to Jung; instead, the interviewees assimilated their engagement with Jungian theories through the prism of archetypal reproductions.

Illustratively, the interviewees aligned the archetypes of Allah (ʾasmāʾu llāhi l-ḥusnā) with interpretations of Jung's archetypes (Pearson, 2015). The interviewees experienced the archetypal manifestations of Allah as navigational tools, aiding them in their therapeutic practices and assisting their clients in embodying divine attributes. Through a process of contextual assimilation, the interviewees transmuted Jungian theories into pre-existing cognitive constructs, specifically, the names of God. By interweaving Jungian ideas with the contours of their pre-established contextualisations, the interviewees integrated Jung's archetypes into the narrative of their Islamic sense-making endeavours, thereby emphasising the Islamicness of the therapeutic process.

It is noteworthy that the interviewees referenced and relied on Western scholars. This tendency may be attributed to the dominance of Western literature in the field of psychology, where concepts and ideas are often communicated using terminology rooted in Western traditions, despite efforts to address concerns of colonisation and its impact on knowledge dissemination.

Rabia stated, "Freud is a good example of how psychology comes from Islamic principles," which demonstrates the belief that Western scholars subconsciously or consciously reproduced Islamic therapy as psychology, and in this case, psychoanalysis. The interviewees articulated a version of nafs as intertwined with their reproductions of Freud's psyche.

Among the interviewees, Freud's seminal work from 1923, *Das Ich und das Es*, resonated as an analogous reflection of Arabic philosopher Ibn Arabi's (d. 1240) model of the self. This convergence is notably exemplified within the theoretical chapter dedicated to the concept of selfhood. While Freud's primary objective was to expound upon psychological phenomena (Olsen & Køppe, 1986), contemporary psychologists, armed with a comprehension of Freudian theories, could potentially recontextualise Ibn Arabi's model as an analogous attempt to clarify psychological conditions.

The interviewees undertook to superimpose Freud's theoretical construct of the human psyche onto distinct elements of Ibn Arabi's model. Despite disparities, they positioned Freud's work as a significant exemplar showcasing the interplay between psychology and teachings derived from Muslim scholars. This instance highlights the power of contextual factors, as it necessitates an individual possessing a comprehensive understanding of both interpretive frameworks to discern connections bridging these distinct spheres. Prior contextualisations facilitated by the interviewees equip them with the capacity to assimilate novel knowledge within the overarching framework of their pre-existing comprehension.

In light of these considerations, Freud's theoretical paradigm concerning the human psyche acquires an Islamic resonance, thereby contributing to the methodological

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repertoire of approaches underpinning Islamic therapy. This further reinforced the underlying narrative that every aspect of creation and human experience is interconnected and intricately woven within a larger cosmic design, overseen and directed by divine forces. Kemal's statement serves as an illustration of this perspective: "Parallel to Islamic teaching, Nietzsche explains that one must exercise God's right over one."

The aforementioned Western scholars are perceived as mirroring or reiterating Islamic values or teachings, thereby conferring legitimacy upon the experiences of the interview participants in their pursuit of Islamic therapy. This perspective is further reinforced by Bashir's contribution to the narrative when he expressed: "We have theorists like Carl Jung who shed light on the spiritual." Bashir's statement demonstrates how the scholars are viewed as messengers of perspectives significant to the divine.

The scholars are one of the reasons why the Muslim therapists can "rediscover" Islamic therapy in Western tradition after colonisation, and they are also a way for the interviewees to make meaning of their experiences. Hiba stated, "Life is full of suffering, and you have to find a meaning like what Kierkegaard says." Here, Hiba's statement shows that she resonates with her reproduction of Kierkegaard's work. She used the present tense to rearticulate Kierkegaard's philosophy, which may indicate that this is a current or present thought to her. Similar to Hiba, Kemal stated:

> "Kierkegaard, like Islamic teachings, says that one must live up to God's right over one, society, one's body, parents, friends and soul's right over one. If I am to be a good Muslim, then I must do this – the good Muslim must fulfil certain rights, and when you live up to these responsibilities, your life becomes meaningful. Those responsibilities are in Islam."

Kemal's statement demonstrates his perception of finding resemblances between his interpretations of Kierkegaard's works and his formulation of "Islamic teachings." According to his experience, Søren Kierkegaard's ideas significantly

emphasise the ethical responsibilities entailed in being a "good Muslim." Notably, Kemal, much like the other interviewees, employed present-tense verbs to describe the agency of scholars. This linguistic choice seems to attribute a sense of contemporary significance or ongoing relevance to the scholars' contributions in shaping their experiences.

The interviewees explained that they had been introduced to Western theoreticians through educational institutions such as universities and the Danish equivalent to A-levels, *gymnasium*. The educational context of the interviewees is intricately linked to both the social and economic contexts. Likewise, the interviewees articulated a previous religious education that formed the foundation for their broader understanding. The various components of these contexts need to align harmoniously, providing a cohesive framework for the interviewees to integrate new knowledge into their contextual notions of Islamic authority. This symbiosis is crucial for the interviewees to effectively assimilate and apply newfound insights within the framework of their established understanding. A parallel example is evident in the interfaith context of Islamic therapy.

Interfaith contexts

Religious practices and ideas do not emerge in vacuums; rather, they are intricately woven into the fabric of socio-cultural, historical, and psychological contexts (Leopold & Jensen, 2005; Post, 2015). Recognising this interdependence is crucial for fostering a nuanced understanding of religious phenomena and their role in shaping the human experience. I have demonstrated how the interviewees reflected upon and referred to social, cultural, educational and political contexts. In the broader context of religiously informed practices, Islamic therapy exemplifies the non-vacuous origins of religious practices. It highlights the dynamic interplay between religious principles and the multifaceted contexts in which individuals seek healing. Yet another contextual influence is the syncretic experiences of the interviewees.

The echo of New Age movements upon the Western cultural sphere constitutes conspicuous cultural and spiritual phenomena, profoundly inscribing their mark upon various facets of societal constructs, spiritual paradigms, well-being modalities, and individuated self-identities (Jain, 2020; Campion, 2012; Hanegraaff, 1998). Emergent predominantly in the latter decades of the 20th century, these movements have elicited a complex and multifaceted impact that extends its purview across domains of philosophical worldviews, religio-spiritual perspectives, unconventional therapeutic methods, and introspective autodidactic strategies (Heelas, 2008; Lind, 1991).

New Age movements have influenced practices and pivotal concepts such as meditative praxis, energetic convalescence, astral configurations, and chakra equilibration (Mastnak, 1993). These concepts have fused into mainstream discourses encompassing both well-being and spiritual perspicacity. Furthermore, the New Age currents have been instrumental in reframing dialogues centred upon holistic well-being. This is conspicuously manifest in the embracement of alternative therapeutic modalities—such as yoga, mindfulness, aromatherapy, and herbal therapeutics—by a broad spectrum of adherents' intent upon ameliorating their corporeal, psychical, and affective equipoise within a unified and integrated ambit (Grepmair *et al.*, 2007).

An example of the interfaith contexts is chakra healing. Chakra healing constitutes a paradigm primarily affiliated with specific spiritual and metaphysical paradigms, notably within the domains of Hinduism, Buddhism, and the realm of New Age spirituality (Bruyere, 1994; Lansdowne, 1996; Levin & Mead, 2008). It is imperative to acknowledge the inherent variability characterising the conceptualisation of chakras and their application for remedial intents, a variability manifesting within divergent interpretations and praxes intrinsic to these traditions.

The interviewees experienced chakra healing as possessing an Islamicness; however, they denied any direct influence of other religions or new age movements. The practices are present in contemporary culture, alternative treatments, and other aspects that contribute to a common contemporary consciousness. It is possible that

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Eastern holistic traditions have exerted influence on the interfaith contexts of the interviewees, much like how these practices have impacted conventional psychotherapy (Sultanoff, 1997; West, 2016).

Another key example of the interfaith contexts of the interviewees and their production of Islamic therapy is the use of stones. Central to the incorporation of gemstones in alternative therapies is the belief in their capacity to interact with human energy fields, chakras, and subtle bodies. There is a rich tradition of gemstones in some Muslim traditions (Shalem, 1997), but not in relation to chakra or human energy fields. Similarly, the interviewees perceived the prophet Muhammad as a figure of healing akin to the narrative of Jesus. Earlier, I discussed the impact of the Protestant bias and how it may have influenced the contexts of the interviewees. The instance of Muhammad being regarded as a healer could be seen as another demonstration of the Protestant bias or, at the very least, an indicator of the interfaith dynamics in Denmark and England. Apart from being a healer, the interviewees also experienced Muhammad as a feminist (Haque, 2018), an environmentalist (Khalid, 2017), and an ethicist (Hashi, 2011)– a part of a global context (Suwandi, 2017).

A Global Context

Technological advancements, media proliferation, and enhanced modes of communication have significantly shaped the dissemination of religious knowledge, the construction of Muslim identities, and the assimilation of Islamic practices within a globalised context (Kesvani, 2019; Nurdin, 2022). This has also led to an ethical paradigm shift in productions of sharia (Abou el Fadl, 2005; Abou el Fadl, 2014; Auda, 2008; An-Naʿim, 2008).

The term "ethical turn" within the domain of Islamic studies denotes a reorientation toward ethical constructions or retelling of religion, both as espoused by researchers and practising and believing Muslims, as discussed in the chapter on ethicised sharia. This paradigm shift represents a departure from conventional modes of

analysis that centre on doctrinal interpretations and legal intricacies. Instead, it accentuates moral and ethical dimensions in productions of sharia. Of particular significance to the individuals interviewed were their contemplations on the objectives of sharia, known as *maqāṣid al-sharīʿa*. Jonas Otterbeck, a Swedish professor in Islamic Studies, described maqāṣid as "a smart translation and projection surface for an ethical turn in Islamic thinking, a reaction to the global theological flow insisting on the centrality of ethics." (Otterbeck, 2021, p. 160).

The ethical turn in a global context reflects a growing emphasis on ethical considerations as integral to addressing the complex challenges facing humanity. It involves a commitment to values such as justice, sustainability, human rights, and responsible governance, with the aim of fostering a more ethical and equitable global society (Rancière, 2006; Lévinas, 1984; Taylor, 2018). This shift reflects a broader acknowledgement of the interconnectedness of the world and the need for ethical frameworks to address complex challenges and promote sustainable and just practices. Like other aspects of the global context, the ethical turn has engendered a more nuanced inquiry into sharia, encompassing not solely its legal stipulations and jurisprudential deliberations but also contemplating their ethical productions. Ethicised sharia pertains to the conceptualisation of sharia as a repository of moral or ethical norms. The interviewees of this study eschewed a dichotomous separation between legal formulations and ethical considerations. To them, an ethical dimension permeates legal norms, and conversely, ethical considerations hold a legal sanctity.

The authoritative I: A complex, individual Context

I have presented the various contexts that have shaped the landscape of Islamic therapy as perceived by the interviewees in this study. In the subsequent section, I will delve into the notion of an individual context intricately shaped by the surrounding and interwoven contextual factors. The individual context, as studied herein, manifests as a dynamic and intricate construct, characterised by continually

evolving reflections stemming from engagements with the contexts. I conceptualise this phenomenon as contextualisations, which can alternatively be explored through the lens of intersubjectivity (Honneth, 2003) and the *what-is-it-like-for-me-ness* (Zahavi, 2014).

The study's findings prompted an exploration into the intricacies of selfhood and the nuanced dynamics surrounding the authoritative I within the contextual framework of individuals. Departing from the plural conceptualisation of context illustrated earlier, I experienced that the interviewees perceived their spectrum of reflections as constituting a singular context. Within this singular context, they grappled with the essence of their existence within a cohesive and unified world.

This shift in perspective points to a re-evaluation of the very nature of context, suggesting a personalised and individualised interpretation. Rather than merely a combination of external factors, the interviewees' conceptualisation of context becomes an internalised and singularised entity, intricately interwoven with their subjective experiences and reflections. This singular context, in essence, serves as the locus for their self-perception, fostering a complete understanding of their being in the world.

The authoritative I holds a crucial position in shaping the Islamicness of Islamic therapy, as well as in influencing the broader experiences within this therapeutic context. The selfhood of the interviewees assumes a significant role in statements like "I think," "I know," or "I feel." This tendency aligns with common discourse practices where speakers position themselves at the centre of their arguments, providing insights into their personal experiences or perspectives on a given topic.

Nevertheless, the use of "I" transcends mere personal experience, as it is intertwined with the perception of divine knowledge – the invisible, intelligent power (Hume, 1793, p. 1). The interviewees invoke the authority of God or God's intentions when utilising the first-person perspective, offering a glimpse into their encounter with the divine and their subjective position in relation to the divine entity they are connected to. At times, the use of "I" may also be replaced by terms

like "you" or "man" in Danish ("one" in English), employing rhetorical devices to symbolise a collective truth, thus concealing individual agency behind a broader communal context.

Hiba argued, "You can feel that there is khayr in it, and one should never do anything that does not have k̲ayr in it." Her statement demonstrates that the "feeling of khayr (good)" is determining her experience of Islamic therapy. She argued, "One should never," which indicates a moral or ethical stance. The Danish "man" (here translated as "one") is used to refer to an indefinite individual as a representative of a group or a collective experience or attitude. By replacing the "I" with a "man," Hiba then abandoned her authority in producing the narratives of Islamic therapy. Yet, it is her feelings that decide how Islamic therapy should be practised.

According to Hiba, Khayr, also K̲ayr /xiːr/, which translates to good or goodness, is an experience that comes from an emotional reaction. Something can possess goodness; it is something one can feel and something one can have. The feeling of goodness then stands in the centre of the experience of authority, as articulated by Hiba.

Dawud exemplified this when he stated, "I think a lot about the colours I use because I think it is ḥarām to wear red and orange colours." A similar notion was made by Mariam to add to the sentiment: "I assess whether something is permitted [religiously], that is, I assess it." Both statements demonstrate an authoritative "I" in producing Islamic therapy. A significant aspect of establishing the Islamic character of therapeutic practices lies in the process of making judgments based on individual contextualisations, but these judgments are articulated as divine truths. An example of this phenomenon can be seen in Dawud's utilisation of the term "ḥarām," signifying sinful or forbidden actions. He employed this divine judgement while discussing his use of colours in therapeutic settings, both in the environment and in his and his clients' clothing choices. Dawud concluded that wearing red and orange is forbidden. It is noteworthy that the term "think" is translated from the Danish word "synes," which implies more of a personal liking or opinion rather

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than a belief. However, when Dawud used "synes," he positioned himself as the authoritative voice on divine judgments concerning what is deemed forbidden.

Mariam's stance also reflects the interviewees' tendency to leverage their positions in evaluating their practices of Islamic therapy and the actions of their clients. For Mariam, Islamic therapy serves as a sacred space where her discernment of religiously permissible and forbidden actions assumes central importance. Similar to Dawud's case, Mariam referred to concepts perceived as divine truths, but she also highlights the significant role of personal assessment in understanding the intentions of God within her therapeutic practices.

Another illustrative instance where the self-referential pronoun "I" assumes a central role in the realm of Islamic therapy is in the case of Ehab. He articulated his perspective as follows:

> "My clients say that when they have gone to a non-Muslim therapist for, say, anxiety, they have been told to just live out their homosexual tendencies [Tessie: Is that something you have experienced, or has one of your clients experienced that specific example?] No, um…I just know."

Ehab's statement demonstrates an important "I just know," which is a common response among the participants of the study. Knowing is a sense of inner emotion, a familiarity deeply intertwined with one's being and rooted in the subconscious places of the individual. Ehab started his argument by stating, "My clients say," but when asked about the experiences, he argued that "I just know." Whether the specific example happened or not has little importance to Ehab because the potential is a very real experience which positions and defines his experiences of Islamic therapy.

Dreams hold a special position for the interviewees and their experiences in Islamic therapy. Dreams also play an important role in their contextualisations, which include experiences of prophets and saints and engaging with the spiritual world. Ehab exemplified this when he stated:

"Dreams are Allah's way of communicating with us, and I was inspired to pursue this path because I dreamed something specific, and that is how they guide me. I find it difficult to separate because I dream about my life, and my life is also this work, so yes, in that way, I dream about my work. Not so much about my clients, but I get guidelines from Allah through my dreams. An example is that after I started thinking about going down this path, a divine figure came to me with some kind of gift, which I saw as a sign that this was a gift - that is, my gift that I could give to the world."

Ehab's statement demonstrated how dreams help the interviewees to position themselves and their practices; in Ehab's case, his practices of Islamic therapy were experienced as a "gift" in his dreams, which to him meant that he could give "a gift" to the world. Like the unseen is an equal part of the physical world in my interviewees' world-making, so are their dreams. Dreams help them navigate, make sense, and redirect them. Sadef explained:

"I take a lot of my dreams into my work, and I use them a lot when I talk to my clients. It can be gut feelings that manifest themselves in dreams, but it can also be specific people. Sometimes, I dream about certain episodes, and then soon after, I meet people who need that particular kind of help."

Sadef, like the other interviewees, views her dreams as a tool for tapping into her intuition. This indicates a belief in the power of subconscious thoughts and their ability to influence decision-making and problem-solving. The mention of specific people in her dreams suggests that she experiences precognitive dreams or experiences dreams that provide insight into future encounters. This notion implies a belief in the existence of synchronicity or meaningful coincidences, where dream experiences align with real-life situations. Hiba supported this sentiment when she stated:

"So I get, like, warnings…when I dream. I listen to them a lot because I think they show me something I have not seen unconsciously. They can sort

of tell me if it is good for me to continue with a client. Maybe there is something my subconscious has discovered that I have not."

Hiba's emphasis on listening to her dreams demonstrates how the interviewees viewed their dreams as a means of accessing hidden knowledge or perceptions that have not yet surfaced in their conscious awareness. The interviewees believed that their dreams could alert them of potential risks or negative aspects related to their work with a client. By paying attention to these warnings, they aim to make informed decisions about whether it is beneficial for them to continue their professional relationship.

Alongside dreams, spiritual awakenings were important experiences for the interviewees in shaping the authority to produce Islamic therapy. Divine authority finds its representation in the sources utilised to formulate their interpretations of Islamic therapeutic principles. These spiritual awakenings often manifest as transformative "a-ha moments," characterised by emotional clarity A 2022 study by Pearce *et al*. demonstrated that moments of insights have been studied as subjectivity (Pearce *et al.*, 2022, p. 2; Klein, 2013, p. 30), suddenness (Pearce *et al.,* 2022, p. 2; Wieth & Burns, 2000), certainty (Pearce *et al.,* 2022, p. 2; Danek *et al.*, 2014, p. 4), and emotions (Klein, 2013, p. 9; Pearce *et al*., 2022, p. 2). The studies have notably concluded that individuals, even when exposed to identical information, may not necessarily arrive at the same insights. Furthermore, these insights have the capacity to reveal a distinct sense of self for each person. Individuals who experience such insights display unwavering confidence in the accuracy of their solutions, often without the need for external verification. Moreover, those who encounter these insights commonly report feelings of positivity, characterised by a thrilling surge of excitement.

Similar to the findings of the 2014 study "It's a kind of magic—what self-reports can reveal about the phenomenology of insight problem solving," my interviewees demonstrated a sense of confidence when experiencing an insight articulated as a spiritual awakening (Danek *et al.*, 2014, p. 3). The production of Islamic therapy shares similarities with other forms of problem-solving, as it requires a dynamic

ability to re-evaluate the challenges inherent in its practice, including client responses, community reception, and the therapists' engagement with the world.

Hiba stated, "It was a bit like an a-ha moment where I just knew that this was what I had to do. Always when you look for help, and you do not get it, I thought - this must be my calling."

Hiba's example demonstrates how she experienced an "a-ha moment" when facing challenges in seeking help for mental health issues. This insight led her to believe that becoming a practitioner herself was her calling, as she sought to address the dearth of mental health support specific to Danish Muslims. The authority behind her decision to practise Islamic therapy stems from the insights she gained during these defining moments. These insights, whether perceived as spiritual awakenings or direct communication with divine forces, serve as powerful tools for meaning-making in the lives of the interviewees.

Similarly, both Kemal and Fadi experienced divine interventions that guided them toward their roles in Islamic therapy. Kemal perceived his calling as a blessing from God, feeling that he was placed in his position and instructed to remain there. Kemal stated, "It is a blessing from God that I have been put here. I really feel like I have been taken and put here…this is you…'stay here'," as examined in an earlier chapter on the experience of God. Fadi explained:

> "I had problems myself, and I believe that you have to help yourself before you can help others, and maybe you can help others precisely because you have helped yourself. In any case, I opened my eyes to the fact that there was a lack, so it seemed to me a little…like that…I had not thought that it was my path, but then I could see why and how I could find meaning in my trials."

Fadi's statement demonstrates his experience of a journey of self-discovery, the reciprocal relationship between self-help and helping others, the recognition of personal struggles, and the quest for meaning-making throughout lived

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experiences. Fadi's metaphorical use of "I opened my eyes" aligns with the associated notion of moments of insight.

Inaya also employed the metaphor of sight to describe her realisation that she could help others within the community, which led her to the path of Islamic therapy. She explained, "I looked out into the community, and I saw that there were so many who needed help, so it suddenly dawned on me that this was where I should be. It was the right place for me." These spiritual awakenings, or insights, provide the interviewees with a sense of belonging, meaning, and purpose in the world, ultimately shaping their understanding of themselves, which informs the contexts within which they produce Islamic therapy.

Reflective remarks on context and productions of religion

Throughout this chapter, I have presented context in its singular form as a cluster of contexts, including cultural, historical, political, legal, social, educational, and global contexts. Similarly, the cluster of contexts also includes expectations of otherness and selfhood. The contexts inform the experienced context, pointing to the notion that experiences and expectations of the world are constructed through various means but experienced as one-dimensional.

The main hypothesis of this study relies on the empirical data, which demonstrates the contextualised nature of meaning construction, wherein research participants establish intricate linkages between their experiential contexts, anticipations, cognitive faculties, and both verbal and non-verbal symbols. These multifaceted contextualisations extend beyond mere preconceived notions, encompassing a spectrum of contextual dimensions. It encompasses individuals' cognitive framework, worldviews, contemporary trends, and the interpretive lens through which meaning-making is engaged. While insights into an individual's context can be inferred, such inferences are inevitably filtered through our individual contextual interpretations.

Context
Producing religion

This study has unveiled that the force driving religious productions is not confined solely to the immediate context. Notably, instances arise wherein religious texts lack explicit authorship, thereby ascribing their origins to divine intentions or will when transposed into novel contexts by religious agents. Furthermore, this study demonstrates that textual materiality does not invariably occupy a central role in the process of producing religion. Conversely, the abstract notion of a text, akin to a simulacrum, can assume heightened significance in the process of imbuing meaning for the individual adherent.

Islamic

Concepts or practices labelled as Islamic are assigned divine intentions despite their contextual origins. Although contextually constructed, religious agents attribute the concept's authorship to the divine, which, in turn, gives it legitimacy. Individual contextual cognitions that generate divine intentions often overshadow the present self when engaging with the concept discursively.

Contextualisations

Based on the points listed above, I prefer to use the term "contextualisations," which encompasses plural reassessments of cognitions, expectations of the surrounding world, cause and effect relationships, and the nature of context, as conceived in Gadamer's notion of prejudice (Gadamer, 2004, p. 264). The interviewees continually reassessed the concept through revised contextualisations, albeit subconsciously. They displayed a natural attitude toward the concept in their statements despite an ongoing process of re-evaluating its meaning based on new elements of contextualisations. In conclusion, contextual influences extend beyond merely shaping the process of meaning-making and religious productions; in certain instances, they emerge as the exclusive architects, engendering the productions of religion.

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THE END OF THE PATH?

"CENTRED IN ALL OF OUR PURPOSE"

Conclusion summary

Sharia emerges as a phenomenon of individual contextualisations – experiences and expectations of the lived world. This study exemplifies that sharia assumes the form of ethicised sharia, experienced as Islamic therapy. Producing sharia involves bringing it into existence, representing various forms that materialise through individuals' connections, contemplations, articulations, and expectations related to the practice, emotions, or attitudes deemed consistent with their productions of sharia. Sharia thus serves as an underlying expectation of sharia in the realm of lived experiences.

The contextualisations of the interviewees played a significant role in shaping a sense of coherence that underpins the productions of sharia. These productions are ascribed to divine authority but are articulated through first-person experiences and emotions. A correlation exists between the intentions and knowledge of the interviewees and those of the divine, resulting in meaning-making, a sense of logic or a natural attitude towards the concept.

This study has demonstrated that therapy can be perceived as shar'an, meaning it is considered correct or in accordance with sharia, when conducted in ways that by the interviewees can be decoded and experienced as rightful. The Islamicness of therapy underscores the individuals' anticipation of shar'an emotions, practices, and sensory ambience. Therapy is deemed Islamic when it is conducted (1) in an aesthetic environment perceived as shar'an and (2) per an ethical code of conduct experienced as rooted in shar'an principles.

Islamic therapy encompasses a wide range of practices, including conversational therapy, exorcism, energy healing, and prayer or Qur'an recitations. Muslim therapists assume the role of mentors, guiding clients in their journey as mentees. Ethical responsibilities are assigned to both parties: the mentor (therapist) is responsible for preaching, guiding, and assisting clients in navigating the realm of shar'an duties, while the mentee must adopt a position of submission, attentiveness, and proactive pursuit of personal transformation.

In contrast to England, Danish therapists do not practice Islamic therapy in clinics and rely on relationships with mosque authorities or private residences to conduct their

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sessions. This dynamic adds complexity to understanding Islamic therapy's place in the world. Interviewees in this study perceived Islamic therapy within the context of psychology and in contrast to Western contexts' cultural and political landscape. This suggests that sharia is experienced as related to the field of psychology, thereby redefining psychology as a concept that has always been divinely ordained. While sharia remains continually and contextually produced, it is articulated as a static entity that has always existed. The sharia productions are not rooted in textual practices. They are informed by collective experiences, psychological studies, cultural upbringing, and the interpretation of the lived world, all of which construct parts of the interviewees' contexts. These clusters of contextual factors also inform the aesthetic experiences in Islamic therapy.

Ethicised sharia as Islamic therapy is demonstrated through the interplay of ethical responsibilities assigned to the therapist and the client and the aesthetic experiences that are both informed by expectations to sharia productions and simultaneously produce sharia. The relationship between sharia, ethical codes of conduct, and aesthetic experiences in Islamic therapy is complex and interrelated. Sharia, as a dynamic and contextually produced entity, is experienced as informing the ethical responsibilities of therapists and serves as both a means and an ultimate goal in the practice of Islamic therapy. Sharia comprises ethical obligations formulated within a triangular relationship among the divine, the self, and the surrounding world. One of the most pivotal obligations is the duty to heal. Interviewees elucidate that mental well-being affects an individual's ability to fulfil religious duties, risking an afterlife marked by a yearning for divine closeness.

The relationship between healing and sharia constitutes a circular interrelation, wherein sharia provides tools for healing and healing processes are integral to the fulfilment of sharia. Sharia is also perceived as a tool informing aesthetic configurations of spaces with healing potential. In Islamic therapy, practices such as conversational therapy, hijāma, exorcism, recitation, herbal and crystal therapy, as well as energy therapy are combined with aesthetic choices such as colour and scent therapy.

Islamic therapy has been theorised, albeit only in contrast to its context. Despite attempts in studies to standardise the practices of American Muslim psychologists as

Islamic therapy, the oversight lies in neglecting the influence of the American context within which these psychologists have been educated and reside (Rothman & Coyle, 2020). Similarly, texts have been retroactively rationalised to provide a framework for explaining the interviewees' experiences.

<table>
<tr><td>8.6
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Religious experience

The relationship between healing as a religious experience, the production of sharia, and the aesthetic experiences form a circular and interrelated dynamic. Contextual interpretations of sharia influence the aesthetic experiences in Islamic therapy, which, in turn, contribute to religious experiences of healing. These healing experiences, decoded as sharia, fulfil sharia and enable its continued production. This circular relationship emphasises sharia's integral role in shaping Islamic therapy's ethical, aesthetic, and religious dimensions.

8.7
Contexts

Contexts play the most significant role in elucidating the case of Islamic therapy as an example of ethicised sharia. The significance of contextual experiences in shaping the production of sharia by the interviewees illustrates how sharia emerges as ethical guidelines for psychology and therapy practices. Islamic therapy serves as a study that demonstrates the contextual embodiment of Muslims experiencing psychology within a sharia-orientated landscape. As a result, Islamic therapy becomes the outcome of Muslims engaging contextually with psychology and therapy, thereby providing a tangible embodiment of their expectations of ethicised sharia.

8.8
Sharia as Islamic therapy

My interest in comprehending the Islamicness of Islamic therapy directed me towards exploring the ethical dimensions of sharia. Subsequently, I encountered a prevalent inclination to interpret lived experiences through the lens of sharia, marking the inception of this research. To the interviewees, Islam, as a religion, constitutes the foundation, while sharia serves as the overarching system that governs the world. Coexisting religions exist in the realm shaped by sharia; however, they are not

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accorded equal value to Islam. Consequently, there exists no alternative worldview outside the purview of sharia.

The study of sharia within the context of Islamic therapy illuminates the varied productions that sharia assumes, contingent upon the individuals engaging with its constructs. Moreover, Islamic therapy emerges as a relevant contextual case, shedding light on the influences and authority wielded by the context in shaping sharia productions. As evidenced in the interview guide, my initial inquiries did not explicitly broach the subject of sharia; nevertheless, it emerged as a recurrent and central theme in the discourses of the interviewees. Refrain from discarding this key shift in focus towards sharia, which would amount to academic oversight.

Similarly, considerations of ethics and aesthetics took precedence, dictated not by predetermined interview questions but by the emphases articulated by the interviewees. Once it became evident that sharia served as the overarching lens through which the interviewees perceived the world, an examination ensued, revealing sharia as an ethical code of conduct, inherently good, beautiful, and righteous. Simultaneously, sharia manifested as an aesthetically pleasing and integral feature of divine perfection.

I have demonstrated that comprehending sharia extends beyond legal aspects and encompasses embodied experiences, delving into realms of aesthetics and ethical reflections.

Methods

The study has been based on a phenomenological approach, which has informed the theoretical position, data collection, and analysis strategies and is accompanied by influences from Existentialism and hermeneutic inspirations. Phenomenology is a highly fitting theoretical framework for studying Islamic therapy as ethicised sharia. This philosophical approach, rooted in exploring subjective experiences and the meanings attributed to them, proves instrumental in uncovering the intricacies of individuals' lived experiences that shape their expectations and engagement with sharia in Islamic therapy.

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8.11 Phenomenology	The emphasis on subjectivity allows for a nuanced examination of how participants perceive and derive meaning from their therapeutic encounters. Moreover, the study acknowledges the central role of post-rationalisations and expectations in the lived world in shaping these experiences. Phenomenology facilitates a thorough exploration of how sharia is subjectively produced, shedding light on its multifaceted phenomena rooted in ethics and aesthetics.

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Experiences

The contextualisation of experiences within the broader contexts aligns with phenomenology's emphasis on in-depth inquiry. The study's recognition of Islamic therapy as contextually influenced emphasises the framework's capacity to illuminate how the broader context, shaped by expectations of sharia productions, impacts therapeutic experiences.

Phenomenological flexibility

The study's adaptive approach to emerging themes highlights phenomenology's flexibility, particularly the shift towards sharia as ethics, and aesthetics. This adaptability ensures a responsive and comprehensive exploration of Islamic therapy, capturing the dynamic interplay of subjective experiences and contextual influences. In essence, phenomenology serves as a methodologically insight for unravelling the dynamic phenomena of Islamic therapy experiences of the interviewees. While alternative theories bring valuable perspectives, phenomenology is chosen for its ability to delve deeply into Islamic therapy's subjective dimensions and contextual complexities, making it a more suitable theoretical approach for the specific research focus.

8.12 Horizons

During the study, it became evident that contexts played a significant role in shaping the experiences and expectations that informed the post-rationalisations that shaped the sharia productions. To explain the role of context, I have drawn upon Gadamer's idea of the horizon. Gadamer's reflections on Husserl's ideas (Gadamer, 2004, p. 234) offer a compelling theoretical framework for understanding the influences of contexts on a studied phenomenon, particularly within the shared realm of phenomenology and hermeneutics. The notion of horizon encapsulates the totality of experiences, beliefs, and cultural frameworks that shape an individual's understanding of the world, which proves particularly apt for elucidating the influences of contexts.

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The horizon should be envisioned as dynamic and continually evolving, reflecting the ongoing interplay of an individual's past experiences, present circumstances, and future expectations. This dynamism aligns with the dynamic entity of contexts. Additionally, the interconnectedness of individual horizons, where different individuals bring their unique perspectives to interpret a phenomenon. This interconnectedness results in shared meanings within a context, highlighting the emerging collective understanding. The concept also recognises the role of pre-understanding, as individuals approach understanding with pre-existing beliefs and biases, which explains the phenomena of ethicised sharia.

Furthermore, Gadamer's horizon concept encourages researchers to recognise and engage with their pre-understandings and biases. This self-awareness becomes crucial when studying social phenomena, as it helps mitigate potential distortions in the interpretation of data. The dialogical nature of understanding, another critical aspect of Gadamer's philosophy, emphasises that the fusion of horizons occurs through dialogue and conversation. In the study of a phenomenon within a social context, this reflects the interaction of diverse perspectives and experiences. The concept of horizon does not explain the power of contexts alone; it is supported by phenomenological concepts like intentionality, bracketing, lifeworld, and influences from existential phenomenology.

Phenomenological methods were systematically applied in examining twelve interviews with Danish practitioners and six interviews with English practitioners in the context of Islamic therapy. These interviews were complemented by shadowing, participant observations, and six additional interviews conducted with Danish Muslim psychologists who do not engage in Islamic therapy. The primary dataset, derived from the inputs of the twelve Danish and six English practitioners, constitutes the foundation of the entire work, serving as the foundation for understanding the studied phenomena.

However, of equal significance were the pre-entry interviews with six Muslim psychologists, as they underscore the inadequacy of solely attributing individual experiences in psychology and therapy to the contextual factor of being Muslim. This preliminary engagement with Muslim psychologists elucidates that factors beyond

religious identity contribute to shaping psychological experiences within a sharia-oriented framework.

The triangulation of shadowing, participant observations, and pre-entry interviews was fundamental in contextualising my research approach. This, in turn, exerted a substantial influence on the structure of the interview guide and informed my initial approach to the field. The comprehensive integration of these methodological components was essential, as the collective findings from these methods shaped the study's outcomes. Without this methodological approach, the findings would have assumed a necessarily different complexion, emphasising the indispensability of a multifaceted methodological strategy in uncovering the nuanced dimensions of the subject matter.

Findings

The overarching themes of the study emerged from the three research questions: (1) how is sharia demonstrated in the case of Islamic therapy and what is the relation between sharia, ethical codes of conduct, and aesthetic experiences in Islamic therapy. (2) What is the Islamicness of therapy, and how is the Islamicness experienced through means of aesthetics? (3) How does the context of the making of the concept influence the production of ethicised sharia? The following conclusions of the findings will cover the questions chronologically, starting with sharia, then Islamicness and lastly, the question of context.

Sharia productions consist of two crucial components: individual post-rationalisations of those who interact with and articulate the concept and, subsequently, the context within which they perform these actions. How individuals perceive the world constitutes how they decode their experiences. This implies that what individuals experience as sharia they must produce as sharia. There is no alternative interpretation or explanation available to the individuals. In this example, Islamic therapy is informed by sharia, yet this sharia production could be extended to other subjects as long as the individual perceives the world in this manner. These post-rationalisations explain why individuals perceive the world in the way that they do. The

rationalisations may be influenced by their context, shaped by different contexts within which individuals store their experiences and expectations of the lived world. This can be understood as a horizon, constituting the lens through which they interpret the world. The power of the context is, therefore, significant in how sharia is produced, and sharia can consequently be comprehended or studied as an expression of individual contexts and their associated experiences, which form the post-rationalisations through which individuals explain the world.

The phenomenon of sharia has frequently been examined as law and legal practices. However, this study posits that sharia extends beyond a mere legal framework, encompassing individual ethical assessments that are contextually retroactively rationalised as sharia productions. Sharia constitutes the scope within which the actions of individuals are perceived as conforming to sharia principles. Consequently, the contexts propel the manifestations of sharia, implying that sharia would manifest differently if the individuals under scrutiny engaged with alternative inquiries, such as therapeutic considerations.

The comprehension of sharia is contingent upon the vantage point from which it is experienced. Similarly, sharia can be apprehended as the significance interviewees attribute to their perceptions of the world. In their construction of selfhood and, consequently, their experienced universe, their actions inevitably assume the form of sharia. Islam, often perceived synonymously with sharia, is a part of sharia, which circumscribes their entire construed framework of meaning. Consequently, this overarching framework precedes any individual experience. However, the context within which they perceive the world envelops their cognitive state of selfhood, thus shaping their understanding of sharia.

Islamic therapy acquires its Islamicness because it embodies the necessary meaning attributed to the world by the individuals interviewed. As this study is facilitated through phenomenological key concepts, Islamic therapy is a conceptual framework comprised of various phenomena, each constituting individual experiences that reciprocally form the essence of the idea. One could question whether this production of Islamic therapy is different from a case of therapy or psychology being Islamicised (Roy, 2004). Though it is arguably a reasonable interpretation, the interviewees of the study argued that rather than Islamic therapy being Islamicised therapy, it is Western

interpretations and applications of psychology that are a case of Westification of the original psychology, namely, the sharia-orientated entity that serves the divine purposes for humankind.

The Islamicness of Islamic therapy is experienced as both ethics and aesthetics. Ethics allocate roles and power in therapy spaces, and the understanding of aesthetics is particularly deemed Islamic when characterised by Nordic minimalism, geometry, and depictions of nature, like reproductions of New Age aesthetics. Ethical positions situate the interviewees' self-perception as part of the created order and divine intentions. Psychology becomes a tool understood as divine, practised, and articulated by Prophet Muhammad as if it has always been. Psychology is placed in a relationship that transcends time and place, belonging to a divine order. This demonstrates how religious individuals retroactively rationalise contextual experiences as religious meaning and further illustrates that religious post-rationalisations are produced in relation to one or more contexts, encompassing cultural, historical, social, inter-religious, and global contexts. Future studies can reasonably examine sharia productions focusing on political, legal, economic and educational contexts.

Without contextual influences, ethical sharia, as exemplified in Islamic therapy, would assume a fundamentally different manifestation. By the interviewees' experiences of the world, particularly in the realms of psychology and therapy, these experiences must be construed as sharia. Consequently, sharia becomes a world interpretation rather than an inherent part of the perceived world. The relationship between sharia, ethics, and aesthetics affirms the interviewees' belief that their interpretation of the perceived world is virtuous and beautiful. If only some true, good, and beautiful things were encoded as Islamic, the interviewees would experience cognitive dissonance. In other words, they would lose the experience of self in their selfhood. Therefore, their experiences of psychology are illustrated as integral to a divine order. Examining the pertinent contexts constituting these explanatory productions is imperative to comprehend sharia. This understanding can be attained through in-depth interviews where individuals reflect upon their experiences of the specific phenomena that constitute their sharia productions.

The key insights from these findings can be encapsulated through the following points:

(1) Fundamental to the recognition of self in the realm of selfhood is the necessity for the experiential world to align with predetermined expectations. This highlights the fundamental role that the congruence between lived experiences and anticipated outcomes plays in self-awareness.

(2) Examining expectations about the lived world holds equal significance as delving into lived experiences. The complex interplay between expectations and experiences serves as a critical determinant, shaping how individuals perceive themselves and influencing the overarching approach they adopt in navigating their existence. It is established that the construction of meaning is entwined with the dynamic interplay between one's expectations and lived experiences. When dissonance arises due to misalignment between experiences and expectations, individuals may grapple with discord. In such instances, an individual's endeavour to derive meaning from the lived experience prompts a reconstruction and re-evaluation of the meanings attributed to the world.

(3) The elaborate process of attributing Islamicness to entities - beings, actions, concepts, and phenomena, brings along the cosmic order that sharia provides the interviewed individuals. Notably, this finding extends beyond the confines of Islamic therapy, suggesting a broader implication.

> "Carl Jung's theories are Islamic because his idea of archetypes is taken from the names of Allah […] the archetypes in Islam are the names of Allah, and they are the ones that man must spend his life getting to, just as we have sharia to help us, psychology is also a way in which we can reach our goal."

In concluding my dissertation, I shall point to the insight articulated by the Islamic therapy practitioner, Ehab, who argued that divine communication to humanity transpires through the divine essence and its manifestation in the worldly realm. The comprehension and recognition of the divine, according to the interviewees, are

facilitated by adherence to sharia—an instrumental conduit enabling individuals to attain their ultimate existential objective, namely, nearness to divine felicity. Sharia, in this context, emerges as both aesthetic and ethical phenomena, outlining a framework characterised by principles of justice, beauty, and virtue.

The aptitude of sharia productions, then, lies in their capacity to interpret any entity, being or doing, as inherently just, beautiful, and virtuous. If sharia can be construed as interpretations of all that is commendable and aesthetically pleasing, it is plausible to suggest that future scholarly inquiries might examine the productions of sharia in diverse domains such as family therapy, social services, education, and caregiving. Should sharia encapsulate every expectation and experience construed or anticipated as beautiful, good, and just, a suggestion emerges to investigate aspects of the lived human experience within a realm perceived as beautiful, good, and just.

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Images

The Waves of Producing

Tessie Bundgaard Jørgensen and Danny McGuire

December 2023

DALL-E generated via prompt: Please create a surrealist image using geometric patterns in blue and white colours.

Sharia: Navigating the path to Paradise

Tessie Bundgaard Jørgensen and Danny McGuire

December 2023

DALL-E generated via prompt: Please create a surrealist image depicting an interpretation of an Islamic Paradise.

What-is-it-like-for-me-ness

Tessie Bundgaard Jørgensen and Danny McGuire

December 2023

DALL-E generated via prompt: Please create a surrealist image inspired by phenomenology.

Teachings of unknown Worlds

Tessie Bundgaard Jørgensen and Danny McGuire

December 2023

DALL-E generated via prompt: Please create a surrealist image inspired by anthropology.

A new breath of the Divine

Tessie Bundgaard Jørgensen and Danny McGuire

December 2023

DALL-E generated via prompt: Please create a surrealist image inspired by the Islamic geometrical pattern the breath of the divine.

Facing the Other

Tessie Bundgaard Jørgensen and Danny McGuire

December 2023

DALL-E generated via prompt: Please create a surrealist image inspired by ethical considerations in therapy settings.

A path to the Watering Place

Tessie Bundgaard Jørgensen and Danny McGuire

December 2023

DALL-E generated via prompt: Please create a surrealist image depicting an Islamic paradise

The meaning of meaning-making, a context without a text

Tessie Bundgaard Jørgensen and Danny McGuire

December 2023

DALL-E generated via prompt: Please create a surrealist image using geometric patterns inspired by the word context and the words of Ibn Sina.

Centred in all of our purpose

Tessie Bundgaard Jørgensen and Danny McGuire

December 2023

DALL-E generated via prompt: Please create a surrealist image inspired by narratives of an Islamic paradise.

Index of Arabic terms

ALA-LC (Arabic)	IPA transcription	English translation
al-ākhirah (الآخرة)	/ˈæxriə/	the eternity or the ultimate
akhlāq (أخلاق)	/æxˈlɑːk/	ethics
ʿaql (عقل)	/ɑːql/	intellect, used as cognition
ʿaqlānī (العقلاني)	/ɑːqlænɪ/	rationally
ʿaqāʾid (عقائد)	/ʕɑˈqiːdæ/	pl. for ʿaqīdah (creed)
bidʿah (بدعة)	/bid.ʕa/	innovation, ungodly creation
dhikr (ذِكُر)	/ðɪkr/	remembrance, mention,
duʿāʾ (دعاء)	/duˈʕæːʔ/	prayer
dunyā (دُنْيَا)	/ˈduːnjə/	lower world (this world)
fajr (فجر)	/fadʒɜː/	dawn, used as "dawn prayer"
farḍ al-ʿayn (فرض العين)	/fardˤ‿ɪl.ʕajn/	individual duty
fiṭrah (فِطْرَة)	/ˈfɪtˤra/	original disposition
ghayb (الغيب)	/ʁeɪp/	unseen, concealed
ghusl (غسل)	/ˈʏʊsl̩/	ritual bath, full body ablution
ḥadīth (حديث)	/hə-ˈdēth/	narration
ḥalāl (حَلَال)	/həˈlæl/	permissible, lawful
ḥaram (حَرَم)	/həˈɹem/	sacred
ḥarām (حَرَام)	/həˈɹɑːm/	forbidden
ḥaqq (حقّ)	/hɑχ/	truth, rights, pl. ḥuqūq
ḥijāb (حجاب)	/ħɪˈdʒaːb/	modesty codex, headscarf
ḥikma (حكمة)	/hikmah/	wisdom
ʿilm (علم)	/ðˤɪˈlm/	knowledge, study, science
īmān (إيمَان)	/ʔiˈmāŋ/	faith
ʿihsāsī (إحساسي)	/ehsɒːsi/	emotionally
iʿtidāl (اعْتِدَال)	/iːtiˈdal/	balancing
isrāʾ (إسراء)	/isˈraːʔ/	night journey
jāhil (جَاهِل)	/ʒaː.hil/	ignorance
jinn (جِنّ)	/d͡ʒɪn/	spirit
kāfirūn (الكافرون)	/kaː.firun/	unbelievers, those who cover
khayr (خَيْر)	/xajr/	good, goodness

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mā shā allāh (مَا شَاءَ ٱللّٰهُ)	/ˈmɑːʃˈæÉ™/	god willingly
nafs (نَفْس)	/naˈːfs/	self, selfhood
niyyah (نِيَّةٌ)	/niˈjːæt/	intention
qalb (قَلب)	/ʔalp/	heart, spiritual and physical
qibla (قِبْلَة)	/ˈqɪblÉ™/	lit. direction (towards Ka'ba)
riḍa (رِدّة)	/raˈða/	satisfaction, contentment
rūḥ (رُوح)	/ruh/	spirit, mind, soul
rīyāʾ (الرياء)	/rijɑːʼ/	showing off acts of worship
ruqyah (رقية)	/rʌqjeÉ™/	incarnation
ṣaḥābah (اَلصَّحَابَةُ)	/sˤaːħ⟨ā⟩ba/	the companions of the prophet
sakīnah (سكينة)	/sæˈkiːnÉ™/	serenity
ṣalāh (صَلَاة)	/sˤaˈlaː(h)/	ritual prayer
shar'an (شَرْعاً)	/ʃa.r.ʕan/	rightful, rightfully
sharīʿah (شريعة)	/ʃaˈriːʕa/	lit. path, used as sharia
shaykh (شيخ)	/ʃeːx/	cleric, pl. shuyūkh /ʃujuːx/
shayṭān (شَيْطَان)	/ʃeɪˈtɑːn/	Satan, evil spirit, demon
shifāʾ (شفاء)	/ˈʃiː.fɑː/	healing, cure
shirk (شرك)	/ʃɪrk/	idolatry
shukr (شكر)	/ʃukÉ™r/	gratitude, thankfulness
sunnah (سنة)	/ˈsunah/	traditions of the prophet
tawḥīd (تَوْحِيد)	/taʊˈhiːd/	belief in the oneness of god
ummah (أمة)	/ˈʊmÉ™/	community
uṣūl al-fiqh (أصول الفقه)	/usˤuˈl ‿ɪl.fɪqh/	lit. roots of jurisprudence
wuḍūʾ (الوضوء)	/wʊˈdˤuːʔ/	ritual ablution

Glossary

Aesthetics or Islamic aesthetics – The visual, auditory (sound) or scent-based characteristics of an environment / experience, most commonly utilised within Islamic therapy to evoke a feeling of Islamicness.

Context or cultural context - The circumstances that form the settings of an experience or expectation.

Contextualisation The (subconscious) process of considering *something* in relation to one's existing context.

Ethicised Sharia (Shar'an (adj.) duties) The process of making and experiencing Sharia as ethical.

Expectation The assumption or supposition that something *is* or *is going to be* a certain way.

Experience The process of relating to (new) knowledge through sensing and feeling.

Islamic An object, experience, idea, or emotion ascribed to an entity referred to as "Islam" (as a simulacrum).

Islamicness An object, experience, idea, or emotion experienced (by the interviewees) that has Islamic qualities.

Phenomenon What appears to *a subject*. A concept, practice, or idea that is observed to exist (by the subject).

Production A process through which religion is constructed or maintained. An analytic emphasis on the notion that religion is not an inherent or fixed entity.

Psychology Like therapy, experienced and articulated by the interview partners.

Selfhood	A quality that gives the individual discursive means to position themselves and understand themselves in their meaning-making.
Simulacrum	Semblance or representation of an object, being, or idea, with few or no similarities to the original.

Appendix

Content

Image 1: Nafs model inspired by Ibn Arabi

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Image 2: Lecture organised by Student Assocication

Image 3: Lecture at CDIR

I anledning af Fademeya inviterer Alsadiq Centeret dansktalende søstre til endnu et program bestående af 2 oplæg og små refleksionsøvelser af søster Fatima al-Jawahiri. Denne gang er temaet det psykologiske begreb "tilknytning". Første oplæg besvarer: hvad er tryg og utryg tilknytning, hvordan er sammenhængen ml. tilknytning og børns udvikling og trivsel, og hvilken indflydelse har vores egne tilknytningserfaringer på vores måde at være i relation med andre på? Andet oplæg giver bud på, hvad vi kan lære fra Profetens datter Alzahra (as) om menneskets tilknytningsbehov fra et åndeligt og spirituelt perspektiv.

Dato: 10/12-22 kl. 17-20
Sted: Hejrevej 38, 1, tv, 2400 Kbh NV
Målgruppe: dansktalende søstre
Medbring: papir og blyant

Fatima er autoriseret psykolog, og har flere års erfaring med udredning og behandling af forskellige psykologiske problemstillinger hos børn og voksne.

Image 4: Alsadiq Centre programme

Note: A translation reads, "On the occasion of Fademeya, the Alsadiq Center invites Danish-speaking sisters to another program consisting of 2 presentations and small reflection exercises by Sister Fatima al-Jawahiri. This time the theme is the psychological concept of "attachment". The first presentation answers: what is secure and insecure attachment, how is the connection, etc. attachment and children's development and well-being, and what influence do our own attachment experiences have on our way of relating to others? The second presentation suggests what we can learn from the Prophet's daughter Alzahra (as) about attachment needs from a spiritual perspective. […] Fatima is a licensed psychologist, and has several years of experience in investigating and treating various psychological problems in children and adults."
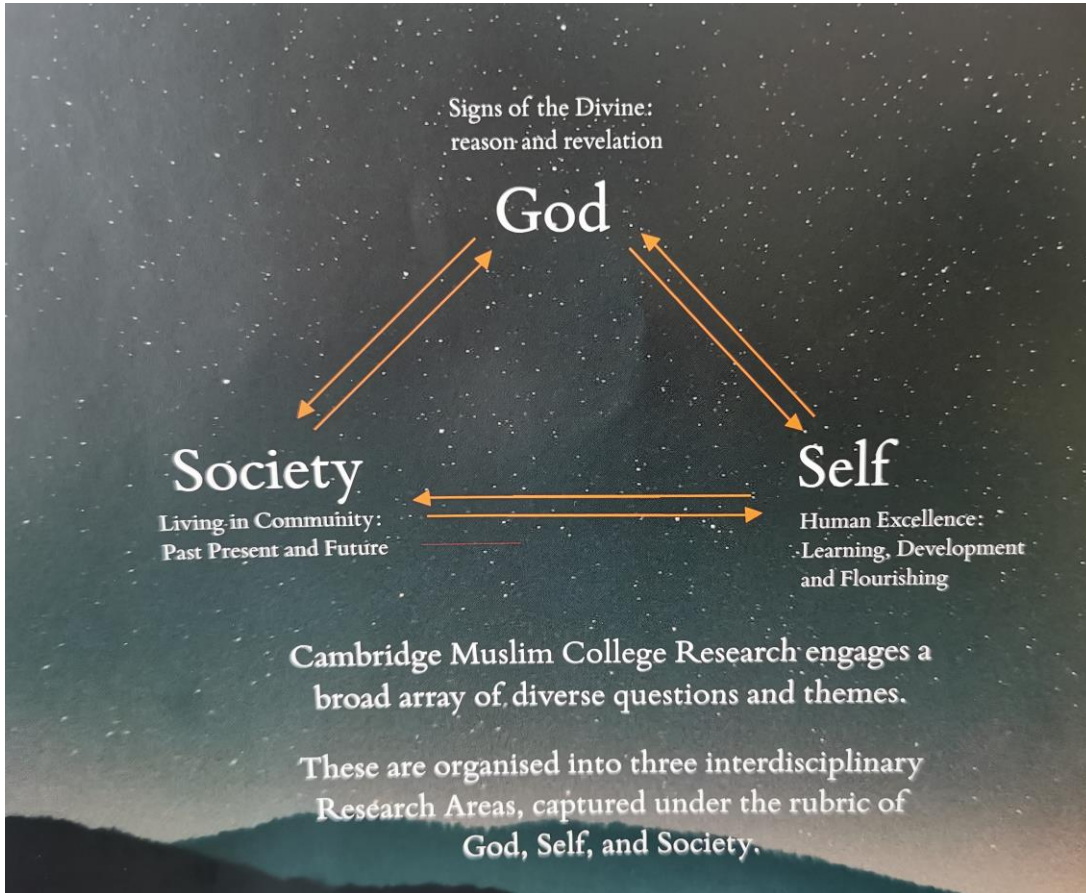
Image 5: God, Self, Society, Newsletter January 2024

INTERVIEW GUIDE

Introduction
Ethical clarification

If you were to describe Islam in a few words, what would those be?

Can you please exemplify the role of Islam in the world? In your life?

How would you describe the role of Islam in the Danish society? Can you come to think of an example?

Please tell me about a typical day in your life and what role Islam plays in your daily life? Is there a specific experience that comes to mind?

Please describe what Islamic Therapy is? (What, where, how?) Ask for examples/experiences.

How would you describe the best example of an Islamic therapist? (In some case, ask about the worst example too)

What kind of clients do you meet? (Where do you meet them?)

Can you tell me about a time where Islamic Therapy really succeeded and worked for you and the client? Can you exemplify or tell me about a time where your approach was challenged?

Please tell me how you came to be an Islamic therapist - can you think of any events that led you to this position?

How has the reception been - in your family, (if any) if your faith community, in your workplace, and in society?

Do you ever dream about your work, specific episodes or experiences?

How does a typical day look for you? How does a typical session look? Are there any experiences that come to mind?

How would your work change if you had financial support? / How would your daily life work if you had your own clinic specially designed for Islamic Therapy? / How would it affect your work if you had more support from society?

Age, gender identification, location, practice type, education, personal and family related background, and religious identification.

Image 6: The Last Interview Guide

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KØBENHAVNS UNIVERSITET
DET TEOLOGISKE FAKULTET

Islamic therapy

Project: Producing Sharia in Context
Tessie Bundgaard Jørgensen
tbj@hum.ku.dk

Project information

Previous research indicates that Muslim psychologists and psychotherapists express a need for a broader framework in psychology, specifically encompassing what they term "Islamic psychology" (Rothman, 2018; Skinner, 2018; Rothman and Coyle, 2020). While the study of Islamic psychology is still in its early stages, my objective is to investigate this phenomenon through participant observation and qualitative interviews conducted with Muslim therapists from both English and Danish contexts.

Currently, a collective narrative is gradually emerging, transcending national boundaries, diverse interpretations of Islam within the Muslim community, and therapist training. This narrative highlights Islamic psychology or Islamic therapy as a distinct and more comprehensive therapeutic approach.

Muslim psychologists and therapists, whether nationally or internationally, strongly emphasize that Muslim individuals residing in Western countries possess specific therapeutic needs that can be addressed by Islamic therapy. Nevertheless, the extent to which this desire is prevalent among Danish Muslims remains to be explored.

This research project aims to identify Danish Muslim psychologists who actively engage in discursive and practical aspects of Islamic psychology or Islamic therapy, examining its specific manifestations within the Danish context. The objective is to gain insights into how these psychologists perceive their roles, navigate ethical guidelines, and explore their expectations and experiences concerning (1) the

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contextual environment in which they practice, (2) the recipients of their therapeutic interventions, and (3) the intricate relationship between the psychologist's personal self-perception and representation of religion.

By undertaking this project, I endeavor to contribute to our understanding of the religious productions within the Danish Muslim community.

Rights of Participants

1. Informed Consent: Participants have the right to be fully informed about the purpose, nature, and potential outcomes of the research project before deciding whether to participate. They should understand the voluntary nature of their participation and have the freedom to withdraw at any time without consequences.

2. Confidentiality and Privacy: Participants have the right to confidentiality, ensuring that their personal information and identities are protected. Researchers should take measures to ensure that data is anonymized and stored securely, and participants' identities should not be disclosed without their explicit permission.

3. Protection from Harm: Participants have the right to be protected from physical, psychological, emotional, or social harm that may result from their involvement in the research. Researchers should prioritize the well-being and safety of participants and take appropriate steps to minimize potential risks.

4. Respect for Autonomy and Dignity: Participants have the right to be treated with respect, dignity, and cultural sensitivity. Their autonomy should be respected, and they should be given the opportunity to provide informed consent and make decisions regarding their participation in the research.

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5. Voluntary Participation: Participants have the right to participate in the research voluntarily, without coercion or undue influence. Researchers should avoid any form of manipulation or pressure to ensure that participants make their own independent decisions.

6. Right to Withdraw: Participants have the right to withdraw their participation from the research at any stage without penalty or negative consequences. They should be informed about this right and the procedure for withdrawing their consent.

7. Transparency and Open Communication: Participants have the right to receive clear and understandable information about the research process, its purpose, procedures, and potential risks and benefits. I will be transparent in my communication and address any questions or concerns raised by participants.

8. Right to Access Information: Participants have the right to be informed about the findings and outcomes of the research if they wish. Researchers should provide opportunities for participants to access and receive summaries or reports of the research results.

9. Right to be Heard: Participants have the right to express their opinions, concerns, or feedback regarding the research process and its impact on them. I aim to create a safe and inclusive environment where participants feel comfortable sharing their perspectives.

10. Right to Cultural Integrity: Participants have the right to have their cultural practices, beliefs, and values respected. I will approach the research with cultural sensitivity and avoid misrepresentation or exploitation of cultural knowledge and practices.

These rights of participants are essential to uphold ethical standards and ensure the well-being and dignity of individuals involved in the research process.

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INFORMED CONSENT FORM

PARTICIPANT IDENTIFICATION NUMBER: _____

Name of researcher: Tessie Bundgaard Jørgensen, tbj@hum.ku.dk
Name of the research project: Producing Sharia in Context
Name of research affiliation: University of Copenhagen

Please check the boxes

I have read the information provided to me regarding the study and understand its purpose and requirements. I voluntarily agree to participate in this study under the following conditions: ☐

Voluntary Participation: I understand that my participation in this study is entirely voluntary. I have the right to withdraw from the study at any time, without providing a reason, even after giving my initial consent to participate. ☐

Use of Information: I understand that any information I provide may be used in future research articles and presentations conducted by Tessie Bundgaard Jørgensen. However, my name or any other identifying information will not be recorded, stored, or published. Individual participants will not be identifiable. ☐

Confidentiality: I understand that my participation and the data I provide will be treated with the utmost confidentiality. My responses will be stored securely and in accordance with the General Data Protection Regulation (GDPR). My name and other identifying information will not be written down or stored in any database or published material. ☐

Data Security: I understand that all information I provide will be kept secure and handled in a manner that ensures the protection of my privacy and confidentiality. ☐

By signing below, I acknowledge that I have read and understood the information provided in this consent form. I agree to participate voluntarily in the study conducted by Tessie Bundgaard Jørgensen, knowing that I am free to withdraw my consent at any time.

Participant's Identification Number: _____

Signature: _____

Date: _____

A copy of this consent form has been provided to the participant.

Abstrakt

Denne afhandling undersøger sharia-produktioner i kontekst, med særligt fokus på islamisk terapi, der produceres af danske muslimske psykologer som værende 'etiseret' sharia. Studiet belyser de komplekse dynamikker, der udgør sharia-produktioner, og argumenterer for, at sharia i højere grad omfatter individuelle efterrationaliseringer af oplevelser i og med omverden, snarere end en retslig ramme. Dette eksemplificeres i islamisk terapi, der praktiseres af danske og engelske muslimer. Med udgangspunkt i fænomenologiske undersøgelser påviser afhandlingen, hvordan individer fortolker deres levede erfaringer gennem efterrationaliseringer, der former deres produktioner af sharia, der dernæst udformer deres oplevelse af terapi som islamisk. Undersøgelsens konklusioner er informeret af fænomenologiske analyser af interviews med tolv danske og seks engelske terapeuter, der praktiserer det, de italesætter som islamisk terapi. Disse er ledsaget af interviews med seks muslimske psykologer, deltagerobservationer og 'shadowing'. Trianguleringen af disse metoder understreger undersøgelsens dybdegående karakter og sikrer en nuanceret udforskning af de kontekstuelle dynamikker, der ligger i undersøgelsen af sharia-produktioner. Afhandlingen demonstrerer følgende pointer: Selvet må opleves som sig selv for at kunne tilskrive mening til den oplevede verden. Hvis ikke, opleves ny erfaring som usand og i dissonans med sandhedsforestillinger om verden. Individuelle forventninger til verden spiller en lige så vigtig rolle som erfaringer, da begge influerer den oplevede verden. Islam kan tilskrives væren og gøren, hvis det tjener den individuelles meningsskabelse. Her besidder kontekster en væsentlig magt til at definere måden, hvorpå individer producerer og reproducerer mening. Sharia, konceptualiseret som etiseret sharia, fremstår som en klynge af fænomener, der er formet af individuelle kontekstualiseringer, forventninger og efterrationaliseringer i forbindelse med deres oplevelser i verden. Undersøgelsen demonstrerer, at kontekstuelle påvirkninger har en betydelig magt til at forme og påvirke individuelle forventninger og erfaringer relateret til sharia-produktioner, og danner en fortolkningsramme, hvorigennem individer engagerer deres levede virkelighed. Sharia-produktioner består derfor af individers kontekstuelle forventninger og efterrationaliseringer, der afkoder oplevelser og interaktion med omverden som værende æstetik og etik. Dermed kan verden opleves som smuk, god, og retfærdig, hvilket italesættes som sharia.

Summary

This study demonstrates the complex dynamics of sharia productions and suggests that sharia transcends a mere legal framework, encompassing individual ethical evaluations as sharia within the context of their engagement in Islamic therapy. The emergence of Islamic therapy is linked to the interconnectedness of individuals' contextual backgrounds, interweaving ethics and aesthetics with their productions of sharia. Grounded in phenomenology, the research introduces how individuals interpret their lived experiences through post-rationalisations, shaping their productions of sharia and attributing significance to their experiences of selfhood. Methodologically, the study systematically employed phenomenological methods, conducting twelve interviews with Danish practitioners in Islamic therapy, six with English practitioners, and additional interviews with Danish Muslim psychologists. The triangulation of these methods, complemented by shadowing and participant observations, highlights the depth of the study, ensuring a nuanced exploration of the complexities inherent in examining sharia productions. Furthermore, the research demonstrates that contextual influences have significant power in shaping individual expectations and experiences related to sharia productions, forming the context through which individuals engage with and interpret their lived experiences. The key insights from these findings can be encapsulated through the following points: (1) Fundamental to the recognition of self in the realm of selfhood is the necessity for the experiential world to align with predetermined expectations. This highlights the fundamental role that the congruence between lived experiences and anticipated outcomes plays in self-awareness. (2) Examining expectations about the lived world holds equal significance as delving into lived experiences. The complex interplay between expectations and experiences serves as a critical determinant, shaping how individuals perceive themselves and influencing the overarching approach they adopt in navigating their existence. It is established that the construction of meaning is entwined with the dynamic interplay between one's expectations and lived experiences. When dissonance arises due to misalignment between experiences and expectations, individuals may grapple with discord. In such instances, an individual's endeavour to derive meaning from the lived experience prompts a reconstruction and re-evaluation of the meanings attributed to the world. (3) The elaborate process of attributing Islamicness to entities - beings, actions, concepts, and phenomena, brings along the cosmic order that sharia provides the interviewed individuals. Notably, this finding extends beyond the confines of Islamic therapy, suggesting a broader implication.

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