

# IMPACT

## Integrating Islamic Principles, Psychoanalysis, and Cognitive Behavioural Therapy for a Culturally Tailored Mental Health Solution

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Islamic communities face unique, multifaceted psychological stressors shaped by historical and current events including the global conflict, Islamophobia, and the stigma surrounding mental health care. This forms an urgent need to develop culturally tailored treatments to improve the efficacy and utilization of mental health care in Muslim communities. Current approaches are purely spiritually focused or entirely immersed within Western medicine. This paper intends to reconcile valuable scientific methods from psychoanalytic practice and Cognitive Behavioural Therapy (CBT) with theological principles from Islamic practice to drive better outcomes. Thus, we propose the novel Islamic Methodology for Psychoanalysis and Culturally

Tailored Therapy (IMPACT). IMPACT reforms psychoanalytic techniques in the diagnosis process to determine the root cause of psychological ailments. We adapt free association, transference, dream analysis, and resistance to accurately identify potential sources of trauma. After diagnosis, IMPACT suggests the utilization of several CBT practices, including Rational Emotive Behavioural Therapy (REBT), cognitive restructuring, guided discovery, and thought recording. However, the IMPACT framework recognizes the sensitive, stigmatized, often oppositional position of some Muslims to Western mental health interventions. Each technique is appropriately modified to not only ensure compatibility with theological doctrine, but more importantly to maximize therapeutic potential and efficacy. Practitioners should seek to incorporate relevant portions of IMPACT during sessions with Muslim clients. Future study is necessary to clinically validate this theoretical framework.

**KEYWORDS:** IMPACT, integration, Islamic principles, Islamic psychology, psychoanalysis, Cognitive Behavioural Therapy (CBT).

## INTRODUCTION

Muslim communities face a confluence of psychological stressors that demand culturally nuanced mental health interventions. These stressors are shaped by historical, sociopolitical, and cultural realities. The enduring humanitarian catastrophe and profound devastation of the Israel-Palestine conflict have ignited a measurable, pervasive yet often overlooked mental health crisis within Muslim communities (Abudayya et al., 2023). Media descriptions of violence, familial connections, and personal traumas impose severe psychological burdens, including post-traumatic stress



disorder (PTSD), anxiety, and depression (Ahmead et al., 2024). Displacement, loss of community, and prolonged instability create lasting emotional scars which must be addressed.

Islamophobia, a pervasive and systemic ideology that marginalizes and devalues the Muslim community and its beliefs, has deeply affected the mental health of American Muslims (Samari, 2016). Since the 1979 Iranian Revolution, media portrayals of the Muslim community have adopted a persistently negative tone, evolving in the 21st century to include the label of Muslims as “terrorists” and the implementation of legal measures targeting Muslim immigrants (Love, 2009). Within the current geopolitical context, Islamophobia rears itself ever so intensely.

Within the Muslim community, several attitudinal barriers to the utilization of mental health services exist. Mental health concerns are communally stigmatized—difficulty is attributed to divine explanations and as a result is expressed through physical complaints (Ciftci, 2012).

Now, more than ever, there is an unprecedented need to create effective therapeutic strategies for mental health within Muslim communities. More specifically, we have identified a gap between Western forms of medical treatment for mental health and purely spiritual approaches. We believe these are two ends of the spectrum—strictly scientific or purely spiritual—representing a false dichotomy. Our research hopes to show that it is possible to modify the best insights from modern science with specific knowledge and practice from Islamic theology for the highest-performing therapy. This paper attempts to bridge the gap, proposing an integrated framework for the diagnosis and subsequent treatment of mental health concerns tailored to the unique Muslim American experience. This approach moves beyond simply inserting Islamic language into secular therapies. Rather, it strategically incorporates Islamic methods of psychological healing into a scientific approach and recontextualizes traditional Western behavioural therapy into a medium most effective for Muslim communities.



Thus, we have designed an approach to actualize this method termed IMPACT (Islamic Methodology for Psychoanalysis and Culturally Tailored Therapy). We outline concrete steps health-care providers can take to implement IMPACT in their clinics.

## PSYCHOANALYSIS AND ISLAM

Psychoanalysis serves as a useful starting point for alleviating mental health ailments, especially those that solely involve the superficial presentation of symptoms. Psychoanalytic therapy typically involves long-term treatment focused on understanding the root causes of emotional suffering, often aiming to uncover underlying issues contributing to challenging-to-diagnose mental distress (Safran & Gardner-Schuster, 2016). Psychoanalytic therapy induces neurological changes in brain connectivity and plasticity reflected in functional magnetic resonance imaging (fMRI) (Ambresin et al., 2023). A metastudy of empirical evidence found psychoanalysis significantly improves patient outcomes across the board and is an accurate tool for diagnosis (de Maat et al., 2013).

Literature discussing the intersection of psychoanalysis and Islamic doctrine focuses on two main areas: (1) Freud's personal disagreements with Islam and religious practice more broadly and (2) Historiographical criticism of the origins of psychoanalysis as a colonizing embodiment of Western rationality and logic (Al-Jadidi, 2021). While the importance of this research is undeniable, overt critique may foreclose the possibility of gleaning valuable insights from psychoanalytic teachings. We argue that it is possible to divorce Freud's persona from his theory—to ignore the feelings of the man himself and extract concepts from psychoanalysis that may be recontextualized and applied to modern therapy. This is understandable, as many contemporary psychoanalysts have expanded upon Freud's foundational ideas. The core principle



underlying psychology is that visible symptoms are merely superficial, and uncovering the true roots of psychological distress necessitates deliberate and focused exploration.

The distrust of Freud within Islamic academic circles stems from several factors, including his Jewish background combined with his critical stance toward organized religion in general (Twardella, 2022). Freud's emphasis on libido and sexual development is often viewed as culturally inappropriate, creating significant barriers to its adoption in clinical settings within certain communities (Bozkurt & Pasha-Zaidi, 2021). While the former concern is more of a personal critique of Freud himself, the latter pertains directly to the application of his theories. This paper addresses these challenges by emphasizing the therapeutic value of his clinical practices and modifying psychoanalytic practices to maximize efficacy of treating Muslim patients.

## **INTEGRATING ISLAMIC PRINCIPLES WITHIN THE DIAGNOSIS PROCESS**

In addition to the advantages of psychoanalysis when applied to a general populace, it has unique benefits when applied to Muslim groups. To establish a framework for the diagnosis process of a therapy session while integrating practices and concepts from both psychoanalysis and Islam, we will detail examples of therapeutic models. Providing examples with the most prominent and well-known psychoanalytic methods serves as a starting point for further refinement of IMPACT. A key note to take into account is that these examples serve to not only improve cultural connection with patients but also the effectiveness of the treatment itself. Much of the existing research on this topic surrounds simply injecting aspects of Islam into therapeutic spaces as a means to make the perceptions of clients more positive. Our study exam-



ines the effects of integration on treatment methods themselves, not just the comfortability of clients.

## Free Association

Hailed as the cornerstone of psychoanalytic therapy, the first technique we will integrate with Islamic practices is free association. The term refers to an approach involving a patient verbally projecting concepts and words that spontaneously come to his or her mind when a triggering concept or word is mentioned (Rabeyron & Massicotte, 2020). A key requirement for the free association process to work is the relaxation of the mind, sometimes induced by a therapist by asking the patient to lie down on a couch (Rabeyron & Massicotte, 2020). A complete state of relaxation is essential for the most effective results, as the process of free association revolves around unearthing genuine responses to stimuli that are not mediated by conscious processes. To make the process of relaxing the mind easier, therapists may introduce Islamic concepts to aid primarily Muslim patients. The originally Sufi concept of *dhikr* involves repetitive prayer and reciting of a phrase that connects one with and glorifies God. The practice can be used to induce a state of relaxation by simplifying the streams of thought going through the mind, an effect that has been empirically verified through studies examining elderly anxiety (Anggraini & Kartinah, 2024). Implementing the concept of *dhikr* may allow for a more effective free association technique, allowing for a more tranquil mind and genuine response from the client.

## Transference

Another technique commonly used by psychoanalysts is transference, which involves replaying scenes to evoke past emotions,



thoughts, and beliefs. A core tenet of psychoanalysis as a school of thought is the idea that individuals project their desires and beliefs onto others. In the context of therapy sessions, the therapist examines projected feelings and emotions from the client's past experiences, using them to understand and uncover hidden issues that can lead to a diagnosis and further treatment (Doty, 1988). This technique thus relies heavily on a genuine and authentic expression of the emotions of patients, a requirement that may produce issues when applied to Muslims particularly. As mentioned earlier in this paper, Middle Eastern (and thus Muslim) populations have a statistically lower level of openness and extroversion than many other parts of the world. This may also lead to an unwillingness, whether intentional or not, within the context of psychotherapy to release and express genuine emotions, thoughts, and beliefs about past experiences. In addition, the high levels of stigma around mental health issues and therapy within Muslim communities may further contribute to an unwillingness and apprehension toward authentic emotional expression. To solve this issue, therapists may be able to integrate the concept of *ihsan* into therapy sessions. *Ihsan*, conventionally, refers to the idea that Allah is with us all the time, viewing what we do, and that individuals should carry out all actions authentically, genuinely, and to the fullest, embodying an aspect of excellence in all actions (Mokhtar et al., 2020). Although not directly mentioning emotions in the Qur'an, the concept of *ihsan* can be applied to the emotional sphere. If it is important to embody authenticity and excellence in all human endeavours, it most certainly is important to genuinely express emotions authentically when asked to do so. This logic and rationale can be employed by therapists with Muslim patients to make the transference technique more effective. The integration of *ihsan* into the transference process may dampen the stigma behind the practice by aligning the technique with Islamic traditions and also improve the patient's emotional response by having them consciously understand the benefits of



true emotional expression. Thus, not only will the patient feel more welcome and comforted, but the therapy session and psychological techniques will also be more effective, allowing for a more accurate diagnosis.

## **Dream Analysis**

The next technique we will analyse is dream analysis, a method of exploration that involves a therapist decoding and examining the reported dreams of a patient. Per Freud's theory, dreams represent a rawer state of mind for a patient. When entering a state of dreaming, the ego and superego, the key regulators of a patient's decision-making and thoughts, are suppressed, allowing the id, the unconscious drive that controls needs and impulses, to thrive with no restrictions. In response to a patient's accurate description of a dream, the therapist implements a process called dreamwork to analyse the vision. Dreamwork involves a separation of the manifest and latent, or surface-level and underlying, content of a dream, allowing the therapist to conclude the true meaning of the dream (Schredl et al., 2000). The process of dreamwork and the steps to determine a conclusion are quite intricate and go beyond the scope of this paper, but the process allows a final interpretation to be reached and shared with the patient. A key facet of dream analysis that is paramount to the technique's efficacy is the accuracy of the dream reported to the therapist. Since the process of dreamwork and interpretation requires an intricate examination of symbolism, language, and emotional cues, it is critical that the conveying of the dream is true to the experience of the dream itself. To enable this process and ensure the accuracy of dreams, particularly when it comes to Muslim patients, therapists can begin by introducing the three different types of Islamic-interpreted dreams to patients. The hadiths lay out these three types of dreams. The first is *ru'ya*, or



true visions, which are considered divine messages from Allah, often symbolic. *Ru'ya* are considered good dreams that are seen as good news from Allah. The second type is *hulum*, or false dreams, which come from Satan and are meant to cause distress. The final type is *hadith al-nafs*, psychological dreams, which arise from a person's own thoughts and experiences, reflecting the thoughts and sleep-based dreams of a person. Both *ru'ya* and *hadith al-nafs* can and should be shared with others, as they represent positive and neutral dreams respectively, but *hulum* is considered evil and thus should not. (Al-Naysaburi, n.d.). Therapists can take these different types of visions into account, using them to categorize the thoughts of their patients. They should emphasize the sharing of *hadith al-nafs* dreams, as dreams that arise from an individual's thoughts most closely align with the psychoanalytical interpretation of dreams, a reflection of the unconscious. The usage of these three categories to explain and analyse dreams also helps patients understand the difference between different visions, allowing them to navigate and handle different feelings and daily experiences, promoting better emotional regulation and self-understanding. In the future, patients may be able to discern the differences between *ru'ya*, *hulum*, and *hadith al-nafs*, allowing them to interpret and understand psychological issues themselves and making therapy vastly more effective. Instead of abstractly having patients recall dreams, having them first categorize them under Islamic principles will not only provide a sense of cultural sensitivity but also resolve spiritual and psychological issues concurrently, embodying a more holistic approach to psychoanalytic therapy.

Implementing the Islamic-integrated free association technique discussed above is an additional method for improving the efficacy of dream analysis. Since dream analysis requires genuine and authentic retellings of dreams, putting a patient's mind at ease using *dhikr* may make it easier for them to recall and express



their abstract feelings, ultimately improving the therapist's analysis and interpretation.

## Resistance

The next technique is resistance, which involves determining aspects of a patient's psyche that evoke unrest and negativity within them. Resistance in a traditional sense refers to the defence mechanism coined by Freud. When an individual is faced with information or an alternative stimulus that evokes thoughts or memories of something that has been suppressed, the ego works and exerts energy to resist that stimulus and keep thoughts repressed, causing an adverse reaction. Although largely discussed as solely a defence mechanism, resistance can also be used as a controlled therapeutic technique. Therapists can purposely bring up stimuli that evoke resistance within patients to help them get over and move on from their resistance, effectively un-suppressing memories and information that are the root cause of many psychological issues. By bringing up hard concepts and conditioning patients to respond to these stimuli in peaceful manners without adverse reactions, therapists can remove the defences guarding these suppressed thoughts and ideas (Lorand, 1967). However, a key issue may arise when attempting to use resistance as a therapeutic technique.

Sometimes, the feelings and reactions that are associated with resistance may lead to resistance toward the therapist instead of the patient's reflection on their emotions. Because of the negative feelings associated with resistance, a therapy technique, patients may begin resisting therapy itself. The adverse reactions to suppressed thoughts may discourage patients from even seeking therapy in the first place, undermining the effectiveness of the session as a whole (Gabbard, 2014). However, integrating the concept of *jihad al-nafs* into sessions involving resistance may serve



as a solution to this problem. *Jihad-al-nafs* represents a spiritual struggle against the lowest level of the self, that holds negative impulses, desires, and unsavoury characteristics of individuals. This struggle against the lower self can be easily analogized to the struggle against the unconscious when it comes to psychoanalytic resistance. In the same way *jihad al-nafs* seeks to overcome negative personality traits and improve patience, self-control, and positive action, therapeutic resistance seeks to overcome negative repressed thoughts and restore the psyche to a state of peace (Saritoprak et al., 2020). *Jihad al-nafs* represents a core tenant of Islamic practice and thus may serve as a motivation for Muslim patients in particular to prevent projecting their resistance onto the concept of therapy itself. The integration of this Islamic practice transforms resistance from a practice that evokes negative sensations to a valiant endeavour to improve one's character and moral standing, bolstering the motivation for patients to participate in therapy genuinely and resolving spiritual and psychological issues in a more holistic way.

## COGNITIVE BEHAVIOURAL THERAPY AND ISLAM

Moving beyond the diagnosis process, therapeutic treatment for Islamic patients must be thoughtfully informed. Cognitive behavioural therapy (CBT) emerges as promising, well established psychological practice to treat mental health disorders effectively and reliably (Hofmann et al., 2012).

CBT as an epistemologically western concept treats the effects of ailments, handling psychological distress as a solely medical dilemma. Instead, Muslim communities understand that neurosis arises from misalignment with spiritual values in most cases. Thus, extracting valuable scientific practice from CBT while maintaining this central tenant throughout therapy may prove effective.



Below, we have reviewed valuable elements of CBT which will be thoughtfully integrated into the IMPACT treatment process.

## **Rational Emotive Behavioural Therapy (REBT)**

Rational emotive behavioural therapy (REBT) refers to a form of CBT developed in the 1950s oriented around the belief that perceptions of an event upset patients rather than the event itself (King et al., 2024). A prominent problem within Islamic psychology and mental health solutions is the issue of determinism, or free will. Islam is *perceived* as deterministic by many disciples, which inculcates the false belief that patients cannot modify their own thoughts or actions. This contributes to the stigma around receiving treatment and forecloses the possibility of true, transformative therapy. Indeed, this deterministic interpretation of Islamic doctrine is not well-founded (Haleem & Haleem, 2008):

“Every soul will be held accountable for what it has earned.”  
(Qur’an 74:38)

REBT’s core tenant involves taking accountability and recognizing that a fundamental rewriting of the patient’s experience of a situation is possible. However, since the issue of determinism is one of spiritual nature, its solution lies within the spiritual domain.

Practitioners should frame CBT through the Qur’anic concept of *muhasabah*, or introspection. In the session, the therapist may offer Qur’anic verses such as the above to introduce the following exercise of REBT.



## Cognitive Restructuring

Cognitive restructuring (CS) is a cornerstone technique in CBT that attempts to modify unhelpful behavioural patterns through identifying, evaluating, and reshaping negative ideas (Curtiss et al., 2021). Similar to REBT, CS may meet initial resistance from certain Muslim patients due to the anti-deterministic sentiment it espouses. CS can be reframed properly, thus, to optimize its efficacy. For this reason, contextualizing CR within Islamic teachings can help bridge the gap between therapeutic techniques and deeply held religious beliefs, enhancing the method's acceptability and efficacy. For instance, consider the statement:

“I am a failure, and there is nothing I can do about it.”

This phrase is deterministic, helpless, and resigned in nature. In response, CR would encourage patients to replace this thought process with a constructive perspective.

These beliefs can be reframed within an Islamic framework to provide culturally congruent rationale for change.

The Qur'an states (Haleem & Haleem, 2008):

“And that there is not for man except that [good] for which he strives. And that his effort is going to be seen – then he will be rewarded for it with the fullest reward.” (Qur'an 53:39-41)

This verse emphasizes individual agency and personal responsibility in achieving a positive outcome. By integrating such teachings, therapists can help patients see their efforts as not only impactful but also spiritually significant. This reframing transforms a negative, defeatist mindset into one grounded in hope and faith.



## Guided Discovery

Guided discovery is a CBT technique where the therapist asks the patient open-ended questions, facilitating a discussion where the patient comes to their own answer while reflecting on their thought process (Overholser, 2013). Rather than providing direct answers or solutions, therapists encourage clients to actively engage in the process of self-exploration. This principle aligns seamlessly with the Islamic concept of *talab al-‘ilm*—the pursuit of knowledge, which emphasizes reflection and understanding as integral to personal and spiritual development. The Qur’an underscores the value of seeking knowledge and understanding, stating thus:

“Are those who have knowledge and those who have no knowledge alike? Only the men of understanding are mindful.” (Qur’an 39:9)

In general, it might be useful to help patients understand the *quest* for self-discovery as one that aligns with their own personal values. For example, a practitioner might introduce the verse into the session, and then inquire about the patient’s thoughts on it, facilitating further discussion.

## Thought Recording

Thought recording involves the physical documentation of emotions and behaviours to identify patterns that may be harmful (Bennett-Levy, 2003). In Islam, this aligns closely with *tafakkur*—the practice of deep introspection and reflection to draw closer to Allah. Far from being passive, *tafakkur* is an active spiritual exercise, emphasizing the need to examine one’s inner life and



connect it to the divine. The Qur'an highlights the importance of reflection in *Surah Ali-Imran* (Qur'an 3:191):

“Indeed, in the creation of the heavens and the earth and the alteration of the night and day are signs for those of understanding.”

Just as *tafakkur* encourages Muslims to contemplate the universe and their place within it, thought recording promotes self-awareness by helping individuals externalize their inner world. This encourages clients to see the process as a means of aligning their thoughts with faith. By integrating *tafakkur*, thought recording becomes more impactful: it shifts from merely identifying negative patterns to facilitating a faith-based reflection.

## DISCUSSION

In order to guide adoption of IMPACT, we propose a few recommendations. First, clinicians should be educated about Islamic values, teachings, and cultural norms in order to form more sensitive treatment plans. For example, Muslim psychologists could develop online training modules detailing IMPACT values and include practical case studies that demonstrate how to navigate cultural nuances during therapy sessions.

Scholars can host workshops or seminars led by therapists to educate the community about the intersection of CBT, psychoanalysis, and Islam. Future study should build credibility on IMPACT's approach through empirical evidence showcasing the method's implementation. Furthermore, community outreach and education should be done to increase awareness and reduce stigma around mental health in Muslim communities. In the distant future, a certification program for therapists trained in this specific integrated approach could be developed to standardize the methodology and provide recognition for trained practitioners.



## CONCLUSION

The IMPACT framework strives to equip practitioners with a set of tools that may be helpful in therapeutic settings involving Muslim patients. IMPACT offers a transformative approach to addressing the unique mental health needs of Muslim communities by bridging the gap between Western therapeutic models and Islamic spiritual principles.

By thoughtfully integrating psychoanalytic and cognitive-behavioural techniques with deeply rooted Islamic concepts such as *tafakkur*, *talab al-'ilm*, *muhasabah*, and *jihad al-nafs*, IMPACT moves beyond superficial cultural adaptations to create a truly holistic and effective therapy model.

This approach not only enhances cultural relevance but also strengthens therapeutic efficacy by fostering alignment between patients' spiritual values and psychological well-being. Through structured recommendations for clinician education, community engagement, and empirical validation, IMPACT lays the foundation for a new paradigm

in culturally sensitive mental health care. Ultimately, it seeks to not only address existing mental health challenges but also to empower individuals to pursue self-awareness, growth, and healing in a manner consistent with their faith and values. In doing so,

IMPACT reaffirms the potential of integrating diverse perspectives to create innovative and inclusive solutions for global mental health.

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