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**ISLAMIC THEOLOGICAL AND SPIRITUAL
FOUNDATIONS OF RESILIENCE:
IMPLICATIONS FOR COUNSELING AND
PSYCHOTHERAPY WITH MUSLIMS**

Nature of Resilience

The ability to “bounce back” in the face of adversity.

“The ability to thrive, mature, and increase competence in the face of adverse circumstances” (Gordon, 1996) .

“Patterns of positive adaptation in the context of significant adversity or risk” (Masten & Reed)

“Children at purportedly high risk who do well” (Masten & Reed)

Freedom from psychological symptoms (such as depression) in the presence of known causes (having neuropsychological immunity)

To know that Someone has Resilience, we need to prove that:

He/she has good psychological adjustment and adaptation

Has faced past or present psychological risks/threats

Need to assess: (1) degree of psychological adaptation and (2) “cumulative risk indices” = total number of negative life events over a period of time. (Masten & Reed)

Known Risks Include:

Premature birth	
Parental divorce	
Maltreatment	
Unwed teenager mothers	
Parental illness/psychopathology	
poverty	
homelessness	
Massive (community-level) trauma of war and natural disasters	
(Masten & Reed)	

Typical indicators of positive adaptation include

Positive mental health: absence of depression, PTSD and other psychological ailments

Happiness or life-satisfaction

Academic achievement (grades, test scores, staying in school, graduating from high school)

Positive conduct (no risk-taking behavior, criminal behavior, or antisocial behavior)

Positive peer relationship and friendship

Involvement in age-appropriate behaviors (play, co-curricular activities, etc.)

=> Developmental view: whether the person meets developmental tasks

Protective factors

Developmental Assets at Individual, Family, & Community Levels (Search Institute)

Personality traits & cognitive capabilities (I.Q., attentional skills, effective problem-solving skills, adaptability to stress, “easy temperament” = not readily upset, rationality = logical thinking)

Quality of parenting (providing love & support, structure, positive discipline, & high expectations)

Family socio-economic status (SES)

Effective schools

Ties to prosocial organizations and clubs

Neighborhoods having “collective efficacy” or spirit of togetherness

High level of public safety

Good public health and health care

Good social services

Competent and involved adults

Prosocial peers
and Seligman

(Masten & Reed

Neuropsychological Immunology

M. E. P Seligman: Resilience can be learned

The goal of psychotherapy should be not only to alleviate the clients' suffering but to "immunize" them against future suffering, in other words, to develop resilience

Learned helplessness as the culprit: the belief that valued outcomes are not controllable

Optimism vs. pessimism

The role of mastery: extensive experience controlling and manipulating the sources of reinforcement ... optimistic about the future.

Behavioral immunization: gradually exposing a person to aversive stimuli and pulling him out of helplessness by "shock therapy"

Role of Explanatory Style: Permanence and pervasiveness (bad times are here to stay and causes of bad things are universal)

A cognitive behavioral approach to change

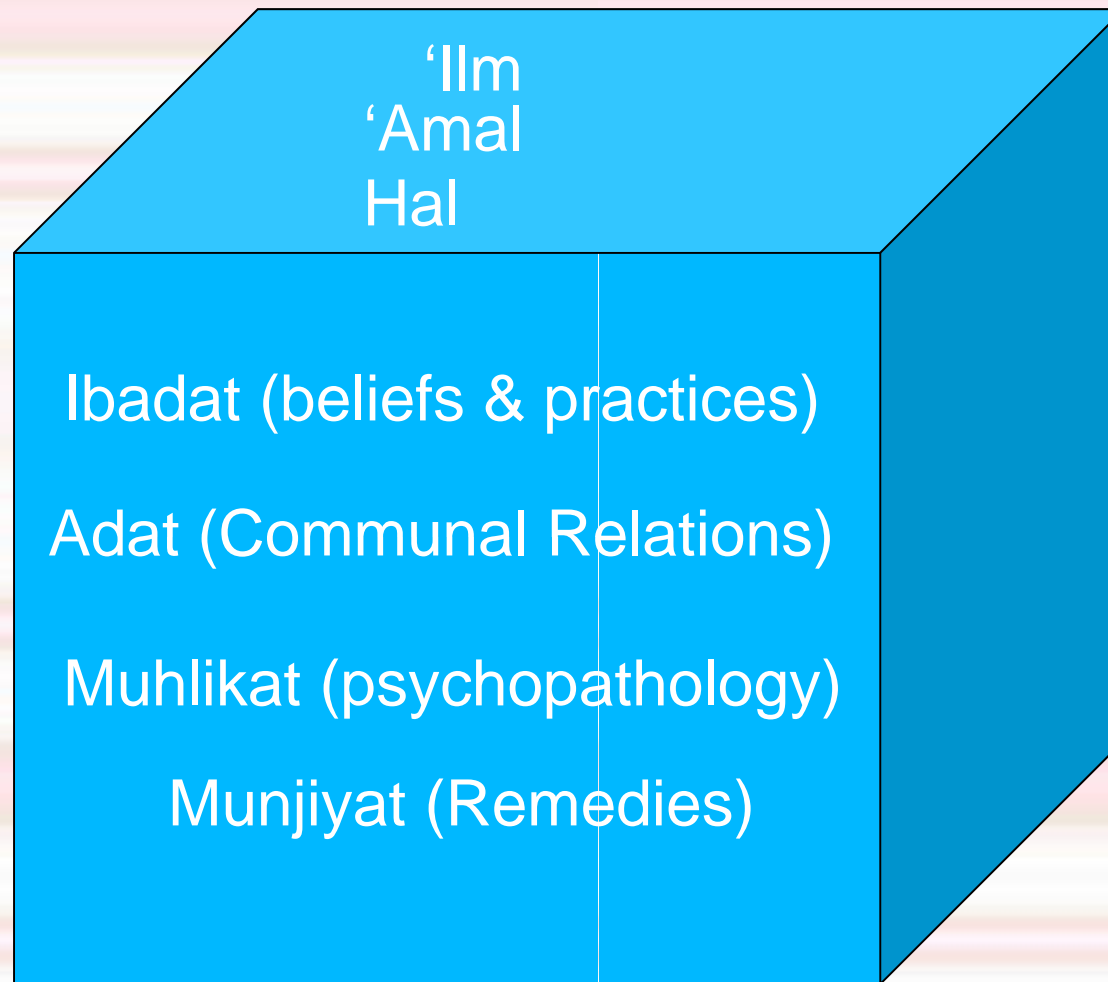
Islamic Theological & Spiritual Foundations of Resilience

Theological & Psycho-spiritual foundations – al-Ghazali

Ethico-Religious – Ibn Miskawayh, Ibn Qayyim, Ibn Taymiyyah

Religious, rational-emotive behavioral – Abu Zaid al-Balkhi

Al-Ghazali – Psycho-spiritual foundations



Ethico-Religious – Ibn Miskawayh

Preventive steps

Associating with positive, mentally health peers

Friendliness and intimacy: pleasant fun, agreeable conversation, the delightful exchange of jokes, and the pursuit of pleasures permitted by the Shari'ah and determined by reason

a balance between frivolity, depravity, dissoluteness, and other blameworthy qualities on the one hand, and stupidity, sternness, peevishness

cause of all [psychological illness] – excessive love of bodily pleasures and bodily relaxations => stopping at the limits which reason prescribes to us and contenting ourselves with what is necessary

Developing positive habits, e.g., the habit of rational thinking, giving

Seeking pleasure in intellectual possessions, not material things

Muraqabah – constant reflection + truthful friend/sheikh/therapist

Religious, rational-emotive behavioral – Abu Zaid al-Balkhi

Psychological immunization (developing resilience) as important as prevention of physical sickness: humans are more susceptible psychological agents than they are to causes of physical sickness.

Preserving the health of the soul (prevention) should be given priority over cure. It is only when prevention fails that we resort to cure.

prevent attacks from external as well as internal agents: 1) avoiding negative external talk and activities and 2) avoiding negative thoughts

Preparing self for bad times: 1) always remembering when healthy that it is impossible for anyone to always get what he wants the way he wants it 2) getting accustomed to enduring all the little failures and hardships in life.

Developing appropriate self-knowledge: 1) knows how much pressure and hardship you are capable of enduring, 2) avoiding exposing self to more psychological pressure than you can handle in terms of transactions, relationships, and other voluntary activities.

Preparing self with positive thoughts while still healthy and getting used to proper positive and logical thinking: properly linking causes and effects and avoiding wrong attributions that lead to more psychological suffering

Abu Zaid al-Balkhicont.

Roots of psychological problems are: sadness (al-huzn), anger (al-ghadab), and fear (al-khawf) - to prevent excess, which may lead to serious psychological suffering

Prevention involves a mix of thoughts, feelings, and behaviors

Not making yourself suffer before something or event actually happens

Supposing that it actually happens, think of other people who have faced bigger problems and overcame them. You are not alone, and, whatever problem you might face, is not the end of the world. Other people have faced greater problems and sometimes even emerged from them stronger than they had been before that.

Prepare for hardtimes by getting exposed through visiting and helping people who have faced calamities, listening to, watching or reading stories of people who have faced trials and tribulations and managed to overcome them.

To avoid waswas, avoid being alone, being unoccupied, acquiring good company, prepare positive thoughts with which to ward off negative thoughts.

Counseling Implication: Four approaches

- ◆ Preventive
- ◆ Developmental
- ◆ Remedial
- ◆ Crisis intervention

Need to consider Role Religion in Psychopathology: Religious Beliefs and Practices Could be:

1. The problem

2. Part of the problem

3. The solution

4. Part of the solution

=> Need to find out importance of religion in the person's life (religious salience)

Need to work on

1. Increasing CL's positive understanding of religion – sometimes people get depressed because of ignorance of religion (belief in a cut-throat God)
2. Centrality of Qur'an and Sunnah: could be used in preventive spiritual bibliotherapy (cf. Qur'anic REBT by a Mormon)
3. Collaboration between counseling psychologists and religious teachers (ustaz/Sheikh)
4. Focus on enhancing positive, shari'ah-compliant behaviors and relationships
5. Increasing rationality and reducing simplistic, mystical explanations of cause-and-effect.
6. Encouraging CL to participate in communal (jama'ah) activities

Terima Kasih