

Clinical Applications of Islamic Psychology from an Iranian Perspective: An Operational Introduction to the Release Disclosure Protocol in Islamic Spiritual Family Therapy

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Extended Abstract

Introduction and Objectives: Over the past two decades, numerous religious interventions rooted in Islamic psychology have been developed globally, though Iranian contributions in this field remain underrepresented. Furthermore, not all existing clinical interventions align equally in theoretical rigor or practical application. The purpose of this study was to examine the clinical applications of Islamic psychology in Iran by introducing a release disclosure protocol based on the Islamic spiritual family therapy model. A qualitative research approach was adopted, utilizing the documentary method (drawing on authentic Islamic sources in line with Ṭabāṭabā'ī's 2010 criteria) for data collection, and the case study method for analysis. The findings were outlined through



the presentation of theoretical foundations, intervention structure and sessions, diagnostic and assessment processes, therapeutic principles, and a practical case report showcasing the protocol. Results indicated that the various components of the release disclosure protocol could be systematically explained within these frameworks. The case report further demonstrated its effectiveness in practice. This protocol holds potential as a foundational model for developing clinical interventions grounded in Islamic psychology.

Keywords: Islamic Psychology, Release Disclosure Protocol, Islamic Spiritual Family Therapy, Islamic Clinical Interventions.

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Introduction

In Islam, human beings are regarded as multidimensional entities consisting of both soul (*rūh*) and body (*jism*), as referenced in Sūrat alMu'minūn (23:14). Much like the physical body, the soul is susceptible to both health and illness (Şadūq, 1976, n. 6364, p. 3). Issues related to mental health and disorders within the Islamic paradigm are conceptualized through terms such as *salāmat alrūh* (health of the soul), *salāmat alakhlāq* (moral health), *salāmat alqalb* and *maraḍ alqalb* (health and disease of the heart), and *alsa'ādah* and *alshaqāwah* (happiness and misery). The Holy Quran recognizes the "soul," often referred to as the "heart" for its ability to undergo cognitive and emotional transformations, as possessing the capacity for both perfection and imperfection. Moreover, it delineates factors influencing these states (Sūrat alShams, 91:7–10). Humans are endowed with free will and authority (Sūrat alInsān, 76:3), enabling them to utilize such factors to fulfill divine objectives like *alfawz* (success) and *alfalāḥ* (prosperity).

From an Islamic standpoint, numerous Iranian studies have explored mental health-related topics (e.g., AbūTorābī, 2007; Sājedī, 2008; Shujā'ī & Heydarī, 2010; Rafī'Honar, 2018b). Rafī'Honar (2018b) posits that health can be categorized into two overarching domains: health concerning religion or the afterlife, and health pertaining to this worldly existence. While health in connection with religion or the hereafter corresponds to "spiritual health," which forms the bedrock of a "healthy heart" (cf. Sūrat alShu'arā', 26:89), its influence extends beyond this life into the eternal realm. Islamic texts suggest an inseparable, existential connection between worldly health and health in the hereafter. Viewed through a psychospiritual lens, this holistic approach sees health as spanning both dimensions, emphasizing spiritual health as central to attaining "complete health."

As highlighted in recent research (Rafī'Honar, 2023), Islamic teachings encompass numerous principles that deeply engage with our psychological wellbeing, emphasizing both the health of the body and the soul. These teachings do not endorse a static or inert approach to life; rather, they constantly encourage individuals toward motion and growth in a purposeful direction. However, these teachings serve diverse functions. Some aim to prevent individuals from engaging in disruptive or harmful activities that could compromise their monotheistic connection with the source and ultimate purpose of existence.

Others focus on therapeutic approaches by offering solutions to restore a person's sense of direction and purpose in relation to the broader existential system and the hereafter. Additionally, some teachings go beyond maintaining the current state, seeking instead to elevate individuals toward greater goals and strengthen their spiritual connections—a process often referred to as *hidāyah* (guidance). Islamic thought has also consistently emphasized clinical applications. Historical analyses conducted by some Muslim psychologists (Haque, 2004; Badri, 2013) have traced a range of psychological methods and techniques documented between the 9th and 12th centuries CE. These include “wise counseling” (Rabbānī Ṭabarī, 838–870), “cognitive therapy and reciprocal inhibition” (Balkhī, 849–934), “psychophysical medicine, spiritual medicine, and hope therapy” (alRāzī, 864–932), as well as the “purification of traits, emotional regulation, and self-strengthening” (Ibn Miskawayh, 941–1030). Further contributions include insights into “mental health, the interaction between physical and psychological illnesses, the etiology and treatment of conditions such as melancholia, love sickness, nightmares, epilepsy, and memory disorders” (Ibn Sīnā, 980–1037). Other notable advancements involve the “explanation of heart powers, rational control over bodily functions, differentiation between physical and mental disorders, and selfcultivation” (Ghazālī, 1058–1111). Fakhr Rāzī (1149–1209) also explored topics like “the types of spiritual and soulful pleasures, healthy fulfillment of needs, and fostering profound joys.” In addition to these foundational approaches, the psychotherapeutic contributions of later Islamic scholars from the 13th to 19th centuries also warrant consideration. Figures such as Naṣīr alDīn Ṭūsī (1201–1274), Mullā Ṣadrā (1571–1640), and Mullā Aḥmad Narāqī (1771–1829) significantly expanded upon these earlier ideas (cf. RafīiHonar & Azarbāyejānī, 2021). Their work reflects a continued commitment within Islamic thought to address both psychological complexities and spiritual growth through integrative methodologies.

Over the past two decades, considerable research has been conducted on religious interventions, particularly Islamicbased approaches, in Iran. These Islamicspiritual interventions encompass programs that integrate Islamic principles or spirituality as either a core therapeutic element or an independent method of treatment. They emphasize religion and spirituality as vital and effective means for addressing mental health challeng-

es (Janbozorgī & Gharavī, 2013). However, the theoretical and practical depth of these interventions varies widely. To date, at least two major studies have reviewed the scope of spiritualreligious treatments in Iran (Janbozorgī & Dastānī, 2014; Sharīfī Zārchī & Hēydarī, 2020). Janbozorgī and Dastānī (2014), in their metaanalysis of studies conducted between 2000 and 2010, identified ten works focused on religiouspiritual interventions in clinical settings. Their analysis revealed an average effect size exceeding 0.5 for these interventions, comparable to that of cognitivebehavioral therapy. Meanwhile, Sharīfī Zārchī and Hēydarī (2020) performed a qualitative review spanning 2009 to 2019, identifying 43 studies involving religiouspiritual treatments. Their findings highlighted two main conclusions: firstly, most Islamic psychotherapies are integrated with contemporary therapeutic approaches, while only a few are independently derived from religious texts. Secondly, these therapies demonstrated efficacy in alleviating symptoms of anxiety and depression, enhancing individual skills, and fostering improved compatibility among couples. The effectiveness of such treatments was attributed to factors like addressing the innate human dimension, fostering unification, meeting intrinsic needs, encouraging intellectual and emotional growth, improving behavioral functioning, and strengthening relationships across four domains—self, others, nature, and God. Examples of specific studies in this field include multidimensional Godoriented spiritual therapy for anxiety (Janbozorgī, 2016), pietybased therapy for anxiety reduction (‘Abdī et al., 2015), Islamic selfregulation therapy for depression (Rafī‘Honar, 2018a), positive therapy rooted in Islamic benevolence for depression (Nofereṣtī & Pāsandīdeh, 2016), Godconcept therapy for obsessivecompulsive disorder (Anṣārī et al., 2019), Islamic metacognitive therapy for posttraumatic stress disorder (‘Ābedīnī et al., 2017), the Islamic parentchild relationship model for reducing conduct disorder symptoms (Ṣādiqī Seresht, 2020), Islamic selfcontrol therapy for managing compulsive behaviors such as masturbation (Āzarbadkān et al., 2019), and Islamic hope therapy focusing on subjective wellbeing (Sāleḥī et al., 2016).

One significant area of focus in Islamic interventions is that of couples and families. Several models have been developed in this domain, including the Ṣalārīfar model, the Jadīrī model, Islamic multifaceted couple therapy addressing extramarital relationships (Zā‘irī Tūpkhāneh, 2020), and the Islamic spiritual family therapy model (Āzarbāyejānī,

Pāsandīdeh, & Janbozorgī, 2016). These models are primarily presented through books or research projects. In cases where findings have been published as articles, the emphasis has often been on reporting implementation results, with limited details on the operational steps and processes of the protocols. This lack of detailed guidance has left many therapists insufficiently informed about the principles and methods for applying these protocols in practice. The present study aims to bridge this gap by explaining the clinical applications of Islamic psychology in Iran. Specifically, it introduces the releasedisclosure protocol based on the Islamic spiritual family therapy model (Āzarbāyejānī, Pāsandīdeh, & Janbozorgī, 2016). This will involve presenting the theoretical foundations, the content and structure of intervention sessions, diagnostic and assessment procedures, treatment principles, and a case report for practical demonstration.

Method

This research employs a qualitative approach, utilizing the documentary method for data collection and the case study method for analysis. While certain textbooks (Sarmad & Bāzargān, 2019) classify the case study method under quantitative approaches, it is categorized as a qualitative method according to researchers such as Priya (2021). Data were gathered from primary Islamic sources.

Findings

This section outlines the theoretical framework, the content and structure of intervention sessions, the diagnostic and assessment procedures, the guiding principles for treatment, and a detailed case report illustrating the releasedisclosure protocol.

Theoretical Framework of the Protocol

In the theoretical framework of interventions, the family is regarded as a system composed of various subsystems, components, and levels. Within the releasedisclosure protocol, which governs the internal dynamics of this family system, particular focus is placed on how spouses respond to challenges such as negative interactions, competition, stubbornness, revenge, and anger. The primary concern here lies in the negative patterns of interaction between spouses, often resulting in a behavioral stalemate. In such instances,

one partner may engage in actions that are either impossible to counteract or exacerbate the family conflict. For instance, domestic violence cannot be effectively resolved through retaliatory violence, except in rare scenarios where deterrence is the goal. Similarly, if a man commits infidelity, reciprocal betrayal may not be a viable or ethical response for a religious individual and can lead to greater dysfunction in the relationship. This is where the therapeutic model becomes significant (Āzarbāyejānī, Pāsandīdeh, & Janbozorgī, 2016). This intervention is founded on a systemic perspective where rational reasoning (natural logic) is activated to dismantle false perceptions within family interactions. These false perceptions are replaced with accurate understandings and interpretations of relationships and problems, guided by divine reasoning (spiritual truth). Conflicts rooted in errors, harmful behaviors, and unjust acts—such as inappropriate actions, words, or attitudes towards one another—are analyzed and explained. The recommended course of action is then derived from both spiritual and psychological principles. Ultimately, healthy family interactions necessitate balancing forgiveness, patience, tolerance, and indulgence with attentiveness, appreciation, admiration, and gratitude. In essence, the releasedisclosure model emphasizes the importance of forgiveness (release) and gratitude (disclosure) as central to maintaining harmonious relationships within the close and enduring bonds of family life.

Theoretical Principles

The principles underlying the releasedisclosure protocol are outlined in five main points:

1. Semantics of Key Concepts: This protocol hinges on two fundamental concepts: “forgiveness” and “thankfulness.” In its broader philological sense, forgiveness implies “letting go,” which aligns closely with the idea of relinquishing something. Within this semantic framework, forgiveness carries a positive emotional value for the forgiven individual, as it fosters psychological relief and frees the mind from moral and emotional burdens. Notable psychological references (e.g., Worthington & Scherer, 2004; Walker & Gorsuch, 2004; cited in Āzarbāyejānī et al., 2016) describe forgiveness as a gift extended to someone who has wronged us, highlighting its transformative impact. The second concept, *shukr* (thankfulness), is rooted in lexicographical meanings such as “praising someone for their kindness” or “recognizing blessings and expressing them.” In essence,

the defining feature of *shukr* is “disclosure,” whereby one reveals or manifests gratitude and acknowledges positive aspects through various means. The act of thankfulness essentially involves receiving and appreciating kindness, then reciprocating by praising the benefactor and fully experiencing the benefits of goodwill.

2. Presence of Iḥsān/I sā’ah in Marital Relationships: A critical aspect of marital dynamics revolves around reciprocal good and bad actions between spouses. Over the course of married life, both positive and negative behaviors naturally arise. Knowing how to respond effectively in such situations is pivotal, as inadequate reaction skills can jeopardize healthy relationships, threaten family stability, and diminish marital satisfaction. Many challenges in married life can be traced to the inability to navigate these interactions responsibly. A positive and thoughtful response to these situations is key to fortifying love, sustaining marital harmony, and enhancing satisfaction within the relationship. This principle draws attention to specific ḥadīths that emphasize this concept. One particularly relevant narrative originates from Imam ‘Alī (peace be upon him) as preserved in the book *alJa’fariyyāt (alAsh’athiyyāt)* authored by Ibn Ash’ath alKūfī during the 4th century AH. This foundational ḥadīth serves as a vital reference point for exploring this dimension of marital conduct. In this narrative, Imam ‘Alī (peace be upon him) says:

“Whoever wants to get married should pray ṣalāt and recite Sūrat alḤamd and Sūrat Yāsīn in each rak’ah. When he finishes the prayer, he should praise God. Then he reads this supplication (du‘ā’): ‘O Allah, grant me a kind, childbearing, grateful, and zealous wife. If I do well to her, she will be grateful, and if I do badly, she will forgive me. If I go out, she protects herself in my absence, and if I enter her, she pleases me; if I ask her, she obeys; and if I make her swear (to do something), she answers; and if I am angry with her, she pleases me. O Great and Merciful Lord.’”

The witness plays a significant role in the narrative emphasized within the text. Based on the ḥadīth and Quranic references (Yūnus, 10:26; alNajm, 53:31; alBaqarah, 2:237; and alNisā’, 4:149), along with logical reasoning, the documentary and substantive authenticity of the narration appears acceptable. The subject of the ḥadīth is highly relevant to both husbands and wives. This underscores that themes such as forgiveness and gratitude are not confined to women but are equally applicable to men.

3. Superior Confrontation in the Situation of Ihsān/I sā'ah of Spouses: In response to the mistakes and evils of the spouse (male or female), there are three assumptions: first, equal confrontation; second, worse confrontation; and third, milder (superior) confrontation. Examining these three patterns shows that the first pattern (equal confrontation) is legitimate (cf. alBaqarah, 2:194) and causes less damage to the family, but it will leave a negative impact on the relationship between the spouses; the relationship will lose the sweet state of “purity” and “intimacy” and turn into a dry atmosphere of “give and take” (trading). In Islamic narrations, “rushing in revenge” is strictly forbidden, and those who do not forgive are condemned.

The second pattern (worse confrontation) is a new oppression itself, which is both illegitimate and makes the situation more critical, greatly reducing the possibility of reconciliation and the return of peace and intimacy. The third pattern (superior confrontation) is the best type of response. “Forgiveness” polishes hearts, removes grudges, and returns purity and intimacy to life. Therefore, Islam considers equal treatment as an individual’s right, but in terms of dignity and virtue, it emphasizes superior treatment and considers the person without forgiveness to be without virtue. Hence, it emphasizes that you respond to evil in the best way (cf. Sūrat alMu'minūn, 23:96). Thus, it can be stated as a Quranic rule that the correct reaction to goodness and benevolence is to be grateful. The right reaction in the face of bad things is to pass over and ignore, if possible (Pāsandīdeh, 2012, pp. 157–159). On one hand, Islam considers forgiveness to be a favor to the other party with abundant rewards (Sūrat Fuṣṣilat, 41:34–35); on the other hand, it considers forgiveness to be the right of the wife (Kulaynī, 1985, vol. 5, p. 511), so there is no room left for a condition on this forgiveness.

4. Principles of Superior Coping: Using religious sources, at least ten practical principles for superior coping have been identified, which are the basis of the releasedisclosure protocol. These principles include: avoiding haste in revenge (Āmidī, 2002, Ḥ. 6766); tolerance in relationships (Kulaynī, 1985, vol. 2, p. 107); wise evaluation (ibid., vol. 1, p. 26); simultaneous comparison of the consequences of forgiveness and nonforgiveness (God’s forgiveness and mercy; cf. Sūrat alTaghābun, 64:14; & Sūrat alShūrā, 42:40); attention to the value and virtue of forgiveness (the perfection of humanity, popularity with God;

Fuṣṣilat, 41:34); being apologetic (Şadūq, 1983, vol. 4, p. 400 & Tūsī, 1985, vol. 7, p. 400); being philanthropic (acquiring the skills to recognize and pay attention to the kindness of others); remembering the positive points of one's spouse from the past (Sūrat alḌuḥā, 93:11); being grateful to one's spouse privately and publicly (Şadūq, 1983, p. 568); and revealing gratitude in one's behavior and speech (Kulaynī, 1985, vol. 4, p. 33).

5. Spiritual Psychological Mechanism of Treatment: According to this model, whenever a person deals with the concept of forgiveness in a nonspiritual framework, a phenomenon called "imaginary triangles" causes the recurrence of problems. In the process of forgiveness triangulation, a person deals with a twobytwo exchange in exchange for interpersonal equality. It means that a person does a favor to another person. Now that person is psychologically in debt and must do something for the other to clear the debt. For example, a person (one angle) forgives another person (the second angle); in return for this favor, an expectation and a debt are formed on both sides (the third angle). By activating God's intellect, angular behavior changes into curved behavior, and God activates a person's spiritual circle as the origin and resurrection of action.

The circle, as a symbol of perfection, represents an acceptable action in the divine system, which takes its most perfect form as a righteous action. In spiritual therapy, it is assumed that the source of knowledge originates from the intellect of the whole world (God) in relation to the natural intellect. Every phenomenon is truly known to Him. A human act that cannot be preserved and recorded in the holy divine system is an imaginary act. Only by referring to an action in the spiritual framework are all its dimensions taken into consideration, and whatever disappears from the human eye is compensated by divine favor (God's mercy). In order to achieve release within the framework of the spiritual circle instead of triangulation, it is necessary for a person to provide a context for appreciating his goodness. This is the mechanism of staying on the straight path according to the Holy Quran.

Releasing without disclosure in the field of intimate relationships such as marriage is an act of imagination. With the help of therapy, it becomes possible to replace thoughts with real things in a spiritual framework. The person knows what blessings the nature of forgiveness or letting go will have for himself and his family, so that he is ready to return

to a spiritual and healthy life (Janbozorgī, Pāsandīdeh, & Āzarbāyējānī, 2022; Āzarbāyējānī, 2016). Of course, forgiveness and gratitude are two complementary processes in family relationships. The psychological mediators of these two are humility and empathy, which make suffering and mistakes in life acceptable. The process can be seen in the figure below.

Figure 1. Interrelationship between forgiveness and gratitude (releasedisclosure)

(Humility \longleftrightarrow Appreciation \longleftrightarrow Forgiveness & Empathy)

Intervention Content and Sessions

In this protocol, the following steps are taken regularly in sessions. Steps one to five are common and the same for all family disorders. Releasedisclosure is discussed from step six onwards.

1. Initial assessment.
2. Assessment of the family problem.
3. Related concepts.
4. Familiarization with God’s spiritual model.
5. Formulation of the family problem based on the systemic model.
6. Formulation of the focal problem.

The criterion for nonacceptance in this treatment includes clients who have personality disorders, especially paranoid cases, and those who have referred to the family court and have gone through the stage of a final decision for divorce.

Diagnosis and Formulation Process

Diagnosing the problem is based on the following signs: (1) faultfinding, revealing faults, extreme faultfinding; (2) when the couple’s problem is focused on the problems and mistakes of the spouse and realism is weak; (3) when one or both parties have open or hidden anger towards each other; (4) when small slips are magnified; (5) when flexibility is low.

The formulation of the focal problem is done in the following steps:

One – expression and reflection of the problem: For example, it is said like this: “As I understood, most of your problems are that your wife makes mistakes and does not hide them from your eyes, or on the other hand, when your spouse makes a mistake, past mistakes come to mind and you feel bad. This bad mood leads you to make excuses and find fault and creates problem X. But with the knowledge that you have provided, you have these abilities (take a concrete example from the initial conversation) to change the situation, and if you practice more with the model that I introduced to you, you will strengthen your abilities and will probably get rid of the existing problem.”

Two – determining underlying factors: If it applies to your client, tell him:

- There are unresolved issues from before, even before marriage (defects that caused concern).

- They have a faultfinding spirit.

- The differences between men and women are not considered.

- The detailed view of women has not been paid attention to. Forgiveness is harder when one pays attention to details.

- No attention has been paid to the issueoriented and holistic nature of men.

- Inability to manage errors (such as showing off, exposing in sensitive situations, etc.).

- Concealment in family issues, avoidance and isolation (coming home late for more work, not performing marital duties due to illness and hiding it).

Three – twostep explanation of the problem:

A. Explaining the factors of family stability: Firstly, the effective factors in family stability are introduced to the spouses, which includes the following: (1) the nature of the family is interactive; (2) kindness and mercy; (3) the basis of positive interaction. Family functioning is systemic. Every negative interaction flows to the whole activity of the system, and in return, a healthy system requires constructive positive interaction. A man has a specific position, and the man is *qawwām* and the woman is *qānit* (*qawwāmqānit* model); quoted from: “Men are the protectors and maintainers of women by [right of] what Allah has given one over the other and what they spend [for maintenance] from their wealth. So righteous women are devoutly obedient, guarding in [the husband’s] absence what Allah would have them guard” (Sūrat alNisā’, 4:34).

B. Explaining the relationship between the spouses' problem and stability factors: The relationship between the spouses' problem is explained based on the weakness of the stability factors as follows: (1) When troubleshooting, the interaction within the family becomes negative and as a result weakens the outputs of the system (kindness and mercy); (2) Troubleshooting by the woman destroys the authority of the man; (3) A man's fault-finding destroys the influence of a woman's love; (4) This causes the positive interaction of the spouses with each other to be disrupted, and conflict and incompatibility take their place; (5) This process destroys the support system of the family (the man) and the flexibility of the wife. Finally, according to the abovementioned steps, the goal of treatment is that if couples learn the skill of letting go, practice covering up faults, and also see and appreciate each other's positive points, health will return to the interaction of couples.

Therapeutic Principles

This section deals with planning for changes. The following steps are taken in the "re-leaseditiscovery" intervention:

A. Expressing the logic of the intervention effect:

Expressing the failure of the defective cycle to pass, the continuation of the problem and its expanding scope, then comparing it with a healthy cycle and feedback system.

Expressing the value of forgiveness, gratitude, and their spiritual place in the mutual relationship between human and God and humanhuman substitution.

B. Providing intervention techniques focused on forgiveness:

1. Making the counselor empathize with clients: Put your counselor in the client's place and give him the right not to forgive, provided that he must accept its special consequences (the most important of which is the continuation of his bad state). But he can forgive and experience its positive consequences.

2. Reframing the situation and adjusting the documentation: Usually, people in these situations do not have a correct assessment of the situation. Their judgment is affected by the mistakes of the other party and is not logical. So, at this stage one should "reevaluate" the situation and change the situation to become realistic and rational, which creates a more comprehensive view of the problem. This work takes place in the field of the in-

dividual's wisdom and logic and causes "insight and logical thinking." For this purpose, the following methods can be used: reevaluating the uncomfortable issue and revising it through correction.

3. Realistic positivity towards the other party: Usually in such situations, a person looks at the other party through the lens of negative behaviors and defines him or her as equal to his or her negative behaviors, while the other party may have good qualities that are sometimes far more than his or her bad ones. Seeing the other party's positive points leads him away from refraining, and everything is seen together. This method causes "decentralization of the error and reduction of its destructive effect."

4. Changing the troubleshooting pattern: In this technique, evaluation patterns are very important. Negative and faultfinding people evaluate on the logic of "everything is flawed or negative." They investigate the issue by asking the fault of this subject or person. To change this pattern, you can do the following: make the person aware of his evaluation model, strengthen the logic appropriate to doubting, stop the negative evaluation, and see the positive points.

5. Reexamining expectations from the individual: We usually have high expectations of people to the extent of not making mistakes. While none of us are innocent, we all have a chance of error. Therefore, the expectation of the other party should be realistic. This method reduces the gap between expectations and reality and as a result reduces discomfort.

6. Correct valuation: Most people are valueoriented and inclined towards valuable behaviors. In a state of anger and revenge, forgiveness is usually not considered valuable, or its value is not paid attention to. Therefore, the right value and value reaction in this situation should be made clear to him. This action can be considered as "revaluing forgiving and not forgiving." This action is a "virtueoriented calculation" that causes a person to "stimulate virtue," which leads him to forgiveness and separation from hatred and revenge.

For this purpose, the following methods can be used: valuing and honoring the individual, taking role models from standard people (reference group), creating motivation to associate with divine names related to forgiveness (such as *alGhaffār* and *Sattār al'Uyūb*), and awareness of forgiveness as a virtue.

7. Resolving the conflict between forgiving and not forgiving: A person is in the conflict between forgiving and not forgiving. On one hand, he thinks about forgiveness and its value, and on the other hand, he thinks about the disadvantages of not forgiving. He evaluates the disadvantages as useful and thus falls into doubt. To solve this, he uses the method of comparing the benefits of forgiving and not forgiving (using the achievements worksheet).

Case Report

In this section, a clinical example of releasedisclosure techniques is mentioned. A case is discussed of a woman (aged 30) and a man (aged 35), after five years of marriage and having no child. The problem is the woman's extramarital relationship, and the husband's physical conflict with her has reached the point of divorce. Because of their love for each other, they have followed the path of counseling and have made great progress so far.

The following example is a part of the family therapy session at A.Q. Counseling Center:

Therapist (T): Well, you have met our model. To solve your problem, we need to follow the wounds that have been inflicted on your relationship and are almost irreparable. With the releasedisclosure pattern, maybe we will reach a favorable result. It means that neither the violence between you nor the harmful relationships that have been established can be compensated. So together we came to the conclusion that in order to get back to the point of rebuilding the relationship, we have to somehow overcome these issues, and our method was to implement the release model explained earlier. It seems that you find it difficult to do such a thing.

Man (M): Yes, it's not easy; my confidence is messed up.

Woman (W): He makes excuses; he didn't like the previous meetings and he is talking about separation.

T: Well, we came to the conclusion in the previous meetings that you really intend to rebuild your life, isn't that so?

M: I already said that I am willing to forgive, but how can I be sure? Now when I go to work, my whole mind is engaged with the problems in the house.

T (addressing the woman): How can you reassure him?

W: As I said, it was just a mistake; I never thought my husband would love me so much. Whatever method he says or you say, I am ready to cooperate so that he trusts. I promise, or whatever else is necessary, I will do.

M: Make all her dowry (marriageportion) permissible (ḥalāl) and promise me honor; then I will see whether I can forgive or not.

T: So, if she does this, you will just check whether you can forgive or not?

W: I have nothing to say. Although this causes me to get into trouble with my family and my honor may go to them, and it was a source of my happiness to some extent, I am ready for my life.

T: Well, then you are willing to forgive each other with a discount. But both of you have a conflict in this transaction. It means that release does not happen. It is important to have a heart here, and to hesitate means the problem will continue. A mother who forgives her child's killer cannot promise that if the killer does something, the killer must be returned and executed. When she forgives, she lets go of everything, including her heart and conflicts.

M: I mean, I have to forgive like this (with a surprised expression, head down as if talking to himself).

T: Like this? Well, you have the option not to forgive, but we said forgiveness means freeing yourself from these internal conflicts. Of course, it is important for you that the lady admits that she made a mistake and is assuring you of her loyalty. It seems that taking a dowry is like paying for the damage done to yourself, and I don't know if it means forgiveness or not.

M: True, but it is very difficult for me. What would she do if we changed places?

W: That's right; it was hard for me too.

T: You are both religious, right?

M: Yes, of course.

T: Why did you choose this counseling center?

M: Well, I came here to visit *Imam Rezā's holy shrine* (the burial place of the 8th Imam of the Shiites, which is considered an important spiritual pilgrimage site for them) and I

felt a little better when I saw this sign (counseling center). I thought I would come here and see what they can do.

T: Well, what does this mean for you?

M: I don't know; do you want to say the favor of *Imam Ra'ūf* (referring to *Imam Rezā*, who is known to Shiites as *Ra'ūf*, i.e., very kind)?

T: When you come here, meaning the *holy shrine*, do you believe that *Imam Rezā* (peace be upon him) is there or not?

M: I believe he is.

T: Does that mean he is? Well, this "is" that you say – does it mean it can have a function?

M: Yes, surely all this is healing and...

T: Based on what evidence do you say this is so? And does it work?

M: Well, he said it, and grandly, and that these are innocents and...

T: Madam, do you also agree with these words?

W: Yes, I agree 100%.

T: So, do you have a stronger piece of evidence?

M: Well, I think it is also in the Quran that the martyrs are alive and...

T: Well, if the *Imam* appears here now, what do you think he will say? Does he say forgive or take revenge?

M: No, he will say "forgive her."

T: Well, so you chose this place because of *Imam Rezā*; you asked him to pave the way for you, and now imagine that you are talking to the Imam himself. You said that he will say "forgive her."

M: (Crying and lowering his head in approval.)

T: Do you want to go to *the holy shrine*, talk to him there, and make a decision with confidence? Because we also believe that the healer here is *Imam Rezā* (peace be upon him).

M: No, isn't this part of the holy shrine? Here is also a shrine.

T: What are you doing?

M: I forgive her, I forgive; I swear to *Imam Rezā* (peace be upon him) I forgive her (both cry).

T: For forgiveness, we have a special ceremony that I will teach you, and you can do it somewhere *in the holy shrine*.

Discussion and Conclusion

While some critical perspectives (Reiff, 1966; Shaman & Meador, 2003; cited in Nelson, 2009) caution against the risk of religion being reduced to a tool for achieving personal goals in therapy, several religious scholars have expressed optimistic views on the role of faith in healing, physical health, and mental wellbeing. For instance, the healing prayer movement, which boasts over 500 million followers worldwide, aligns with Christian theological beliefs. This perspective emphasizes fostering an individual's relationship with God and the experience of divine presence, viewing healing as a secondary outcome of this spiritual connection (Nelson, 2009). Historically, prominent Islamic thinkers such as Ibn Sīnā, Abū Zayd Sahl Balkhī, and Ghazālī presented theories linking religion and mental health. In modern contexts, Muslim psychologists (Janbozorgī, 2019) stress the importance of advancing beyond the "balancing" phase towards "transcendence" when formulating religiousbased therapeutic practices. Moreover, some researchers (RafīiHonar, 2023) have argued that for a treatment to qualify as "Islamic," it must incorporate an element of spiritual guidance that directs individuals toward God.

Islamic treatments face several limitations, particularly in their methodology, conceptual framework, and the clarity of their theoretical foundation. Within religious interventions, it is often presumed that addressing sacred elements forms the basis for mental health, while spiritual confusion underpins psychological distress. However, these interventions suffer from significant theoretical and technical inconsistencies. At times, they are grouped together solely based on superficial verbal similarities. A review of related literature highlights that many interventions lack a clearly articulated theoretical foundation or a welldefined religious conceptual model. Furthermore, detailed reporting on the implementation stages necessary to achieve desired outcomes is often sparse. The current study seeks to address some of these limitations by providing a stepbystep operational report of an Islamic protocol within the family context. Nonetheless, much work remains to fully develop and systematize a comprehensive treatment framework.

According to the criteria established by methodologists Chambless and Hollon (1998), assessing the desirability of religious and spiritual treatments requires meeting several stages: efficacy, specificity, statistical significance, and effectiveness. For a treatment to qualify as both effective and specific, it must perform better than an alternative treatment (not just a control group) in studies conducted by at least two independent research laboratories. Additionally, evaluating the longterm effects of religious and spiritual treatments remains an essential factor. A significant limitation in this area stems from the scarcity of Islamic therapists and clinics dedicated to pursuing these objectives.

However, in recent years, efforts such as therapist training programs, religious supervision initiatives, and the establishment of clinics focused on religious studies (as noted by RafīHonar & Azarbāyejānī, 2021) have shown promise in addressing some of these gaps. It is also worth noting that religious interventions tend to concentrate on certain clinical issues while neglecting others. Over the last two decades, studies have largely focused on conditions such as anxiety, depression, and marital conflicts. However, research on areas like personality disorders or schizophrenia remains notably absent. Furthermore, most studies have operated within clinical settings, with limited exploration in broader social contexts. This gap highlights an area for future researchers to expand upon in addressing the social dimensions of these treatments.

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