

## Qualitative Research on Islamic Psychotherapy: A Meta synthesis Study in Indonesian Culture

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### Abstract

There were no conclusions from the concept of Islamic psychotherapy in Indonesia. These conclusions are important for the building of paradigm of Islamic Psychology that was fit with Indonesian culture. This study tried to synthesis the qualitative research of Islamic Psychotherapy to describe real experience of Islamic psychotherapy in Indonesia. Method of this research was qualitative meta synthesis. The approach used in this research was reciprocal translation, which adapted from meta ethnography. From the result, Islamic psychotherapy was defined as Techniques to solve the client's problems and treating illness both mental, spiritual, moral, or physical by increasing the awareness of Allah and getting back the client to Allah, in Islamic approach through guidance of Quran and hadits.its. Three varians of Islamic psychotherapy in Indonesia was sufism, worship psychotherapy, and religious guidance. Basic assumption about fitrah and tauhid found underlying all the concepts and practice of Islamic psychotherapy in Indonesia.

**Keywords:** islamic psychotherapy, meta synthesis, qualitative.

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### Introduction

The development of Islamic Psychology in Indonesia has through many processes. Since its appearance since 1978, Islamic Psychology has developed, through the development of knowledge construction, until strive for application and research. Until today, Islamic Psychology has so many devotees, application, journal and proceedings, seminar, specialization in topic, etc. But until today, there are almost emerged confuses from many parties about the concept of Islamic Psychology in Indonesia, one of these issues is about Islamic intervention that was psychotherapy in Indonesia.

Indonesia is a country whose culture is very varied (Meliono, 2016). Many citizens, predominantly Muslim. With so many tribes and culture, Islam also adapts to suiting many cultures that exist in society. This Islamic culture will show difference compared to another country, as well as the characteristics of Islamic psychotherapy applied in Indonesia. Until today, there was recorded so many publications about Islamic psychotherapies in Indonesia: start from individual, group to community in many settings such as clinical, social, industrial, educational. There were also a lot of publications and scientific activities about Islamic counseling and psychotherapies concept and practice. There were books, researches, seminars, articles, etc. There was also many parties has declare that has done Islamic counselling and psychotherapies, some of them was recorded and/or published, on other was off the record.

Even the research has so a lot but there were no conclusions from the concept of Islamic psychotherapy in Indonesia. This conclusions is important because in the building of paradigm of Islamic Psychology, there was needed a consensus among the community that fundamentally will arrange about everything that developed inside this discipline of science (Baharuddin, 2004).

Some research, almost all of, about counseling and psychotherapies were in the field of clinical psychology. Clinical psychologists' researchs often use quantitative or qualitative methods. It was depended on the purpose of the research: was it diagnostic, treatment monitoring, or evaluative. Methods that offer information in narrative form, which could tell a hypotheses about possible cause-effect relationships and its' dynamic was qualitative (Vonk, Tripodi & Epstein, 2006). It used to gather information about clients' and social workers' subjective responses to intervention in all phases of clinical practice. In the assessment, it used to identify problem, important clinical themes to individual or groups, and better understand the needs of new populations.

In the intervention process, narrative case studies gave a comprehend understanding of those who experience specific problems. Ethnography also gather knowledge and understanding about clients' cultural context. In the evaluation phase qualitative methods could give information about how the intervention being implemented, what the expected and unexpected effects of the intervention, how do clients and others perceive the intervention, and another identifiable phases or patterns in intervention (Vonk, Tripodi, Epstein (2006). Post and Wade (2009) said that one way to enhance the ability to work effectively with religious/spiritual clients was to look to those who already do so. Recent study that describes real experience of Islamic psychotherapy (how the approach, assessment, and treatment) was qualitative research.

research Qualitative were a process to explore and understand individual or groups' problem which done by inductive process and perspective, focus on meaning, and translating the complexity of a situation (Creswell, 2009). Qualitative research techniques used direct or indirect observation to provide in-depth understanding of respondents'ssubjective experiences from the researcher or the respondents' viewpoint. It was a tool to create a theory, that was hypotheses about the relationship between variables proposed based on the qualitative data. Especially at a topic that have not been previously studied (Vonk, Tripodi, Epstein (2006).

Even there much valuable findings by qualitative researches, it was not enough to provide inputs for policy improvement, or build of a cumulative knowledge base or theoretical development (Siswanto, 2010; Britten, Campbell, Pope, Donovan, Morgan & Pill, 2002; Cooper, 2010). To build a cumulative knowledge based on empiric research, so the result can be used as evidenced-based decision making, a synthesis of a number of qualitative research is important.

Tseng and McDermott (Tseng, 1999), said if there were changes on the intervention, it would be important to know how cultural factors affect psychotherapy and the kinds of cultural adjustments needed to attain effective therapy, not only theoretically but also practically. Indonesian Muslims' culture also has changed the practice of psychotherapy. So there were needs to know about the varians of the psychotherapy dominantly held by Indonesian'a muslim, also the assumptions of how the Islamic psychotherapy in Indonesia induced changes. So, the researcher tries to find out about the answer: 1) What the varians of Islamic intervention in Idonesia and how it assumed to induced changes on the client?; 2) Is there the same basic assumptions about human, illness, and intervention (psychotherapy) based on Islamic perspective in Indonesia?; 3) What factors that were important to induce change on the clients, like therapist factors, client factors, faith factors, etc.?

## Methods

This research is a qualitative meta synthesis refers to ".. an interpretive integration of qualitative findings that are themselves interpretive syntheses of data" (Sandelowski & Barroso, 2007). The approach used in this research was reciprocal translation, which adapted from meta ethnography, which entails constant comparisons of intra study conceptual syntheses (Sandelowsky & Barroso, 2007; Noblit & Hare,

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1988). In this research, we were doing the steps of meta ethnography according to the original method (Atkins, etc., 2008; Noblit & Hare, 1988).

We did the step by step of meta ethnography based on Atkins, et al. (2008): 1) Getting started: determining a research than informed by qualitative research; 2) Deciding what is relevant to the initial interest: start by make some inclusion criteria to enable the generalizations of the translations. By this stage, we decide to obtain qualitative research published and non published in Indonesia which parameters: (a) Topic: Islamic psychotherapy. Researcher assumed that qualitative research in Islamic psychotherapy in Indonesia has much findings that had not yet led to build development of theoretical building; (b) Population : Indonesian people; (c)Temporal : since 1990 until 2015. This frame decided from the time which such studies about the topic appeared, to current end points. Hope it will acquire a comprehensive perspectives and show the development of practice along the time; (d) Methodological: qualitative studies, refers to “ an umbrella term for an array of attitude toward and strategies for conducting inquiry that are aimed at discerning how human beings understand, experience, interpret, and produce the social world “ (Sandelowski & Barroso, 2007). Qualitative research comprises a depth and subjective interpretations of persons and the social, linguistic, material, and other practices and events that shape persons’ lives and are shaped by them.

The qualitative research about islamic psychotherapy in Indonesia is frequently published in books, or theses, and it may also in electronic databases outside the psychological domains. So, we supplemented our database search by some way: footnote chasing, citation searching with google search engine, journal runs and hand searching, author searching. We found our articles via search engine, Universitas Gadjah Mada’ s Library, and UIN Bandung’s Library.

To manage the studies based on inclusion criteria, we check the title, and then the abstract, and then the article itself (Sandelowski, Barroso, 2007; Atkins, etc., 2008).. For quality assessment we adopt quality criteria by Atkins, etc. (2008) because the items suitable for qualitative research. After we have done the quality criteria process, we decide to exclude some studies because based on the quality assessment (Atkins, etc., 2008) to get a valid result.

**Table 1: Quality criteria and results for articles included**

<b>Question</b>	<b>Yes</b>	<b>No</b>	<b>Unclear</b>
<b>1. Is this study qualitative research?</b>	<b>5</b>	<b>0</b>	<b>0</b>
<b>2. Are the research questions clearly stated?</b>	<b>4</b>	<b>1</b>	<b>0</b>
<b>3. Is the qualitative approach clearly justified?</b>	<b>4</b>	<b>1</b>	<b>0</b>
<b>4. Is the approach appropriate for the research question?</b>	<b>4</b>	<b>1</b>	<b>0</b>
<b>5. Is the study context clearly described?</b>	<b>1</b>	<b>4</b>	<b>0</b>
<b>6. Is the role of the researcher clearly described?</b>	<b>1</b>	<b>3</b>	<b>1</b>
<b>7. Is the sampling method clearly described?</b>	<b>2</b>	<b>3</b>	<b>0</b>
<b>8. Is the sampling strategy appropriate for the research question?</b>	<b>0</b>	<b>4</b>	<b>1</b>
<b>9. Is the method of data collection clearly described?</b>	<b>3</b>	<b>2</b>	<b>0</b>
<b>10. Is the data collection method appropriate to the research question?</b>	<b>2</b>	<b>3</b>	<b>0</b>
<b>11. Is the method of analysis clearly described?</b>	<b>1</b>	<b>4</b>	<b>0</b>

<b>12. Is the analysis appropriate for the research question?</b>	<b>2</b>	<b>2</b>	<b>1</b>
<b>13. Are the claims made supported by sufficient evidence?</b>	<b>1</b>	<b>3</b>	<b>1</b>

Based on the searches, we identified 48 article which is coded for eligibility. After we review the articles based on quality criteria, we included only five articles to next steps, because excluded articles were deemed inadequate. The characteristics of the studies included in analysis are presented in Table 1.

**Table 2. Characteristics of included studies**

<b>(11) Basuki, 2013</b>	
<b>Aims</b>	To reveal islamic psychotherapy by sufism methods to overcome psychological disorder
<b>Context and data collection</b>	Islamic boarding school at Sleman, DIY
<b>Sampling and participants</b>	Sufism counsellor and psychotherapist, and 1 client with stress and depression
<b>Main findings</b>	The concept, technique used, the process, and the changes of the client
<b>(12) Fitriani, 2011</b>	
<b>Aims</b>	To know the implementation of Islamic psychotherapy to overcome psychological problem among student
<b>Context and data collection</b>	Student of STAIN's university at Salatiga
<b>Sampling and participants</b>	The counsellors and the bureaus' management
<b>Main\ findings</b>	The concept and impelementation of Islamic psychotherapiest based on counsellors and management, psychological problems among the students,
<b>(14) Massuhartono, 2013</b>	
<b>Aims</b>	To investigate about the combination of Islamic and medical psychotherapy, to know the implementation and the implication of the psychotherapy to the patients, to know the advantages and the disadvantages of the implementation of the psychotherapy to the patient
<b>Context and data collection</b>	Patient with schizophrenia at Rumah Sakit Jiwa Islam Klender
<b>Sampling and participants</b>	The management of RSJIK (the doctors, nurses, and the psychiatrist

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<b>Main findings</b>	The concept and the implementation of Islamic psychotherapist, effect also advantage and disadvantage of psychotherapy
<b>(18) Wulansari, 2007</b>	
<b>Aims</b>	To know the implementation, methods, and the factors influencing the Islamic guidance to develop spiritual quotient
<b>Context and data collection</b>	Adolescents at Yayasan Irtiqo Kebajikan, South Jakarta
<b>Sampling and participants</b>	guide, adolescents
<b>Main findings</b>	Implementation, methods, and the factors influencing the process
<b>(28) Primayasari, 2006</b>	
<b>Aims</b>	To know the implementation of Al Asmaul husna's methods
<b>Context and data collection</b>	An Nawawi, a clinic of HIV/AIDS patient
<b>Sampling and participants</b>	Therapist
<b>Main findings</b>	The methods of physical and psychological therapy to overcome the problems of patient with HIV/AIDS

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1. Reading the studies: repeated reading of the accounts and the noting of interpretive metaphors or emerging themes. We used standard form to note the main themes and information that answers the research's question.
2. Determining how the studies are related: to "put together", juxtaposed the list of the key metaphors, phrases, ideas, and concepts, then try to find the relationships between the studies. Near the end of this phase, an initial assumption about the relationship between studies can be made and illustrate.

In this process, each researchers independently analyzed the data from all documents. The conceptualization of ideas was further refined as the analysis proceeded by first author.

3. Translating studies into one another. First author read the result of analysis, maintains the central concepts in the relation with other key concepts.
4. Synthesizing translations. First author list the translated themes and subthemes in a table juxtaposed with secondary themes derived from author interpretations. Then the researcher independently develop an overarching model that link together the translations an interpretations and generate results. The result then reviewed by the second and the third author.

## Results and Discussions

The results of last synthesis were showed at table 3.

**Table 3. Results of last synthesis**

Themes	Outcome (Sources)
<b>Definition</b>	Techniques to solve the client's problems and treating illness both mental, spiritual, moral, or physical by increasing the awareness of Allah (A12) and getting back the client to Allah (A12), in Islamic approach (A12) through guidance of Quran and hadits (A12)
<b>The varians of Islamic pschotherapy in Indonesia</b>	Worship psychotherapy (kind of psychotherapy that develop from the ritual of religious worship as a consequence in the perform the order of Allah) (A15), like prayer,sholat, reciting Qur'an, and dzikr (A14, A15), fasting (A12) Sufism psychotherapy (process of treatment and healing an illness both mental, spiritual, moral, and physical) by the guidance of Quran and hadits, or empirically by the guidance and teaching from Allah, the angel, the prophet, and the heirs of prophet) (A11), Religious guidance (A14), held the activity that give the guidance to create a harmony life within provisions of Allah
<b>Basic assumpstion about human on islamic perspective in Indonesia</b>	Human has potential to apply the Divine Names in daily attitudes, behaviors, and thoughts (A11),
<b>Basic assumption about illness on islamic perspective in Indonesia</b>	Everything including illness was come from Allah and return to Allah, Allah will give the cure (A28, A12), God won't give any temptation beyond human's capacity (A28), disturbance caused by the injury in the heart or negative energy (A11), anxiety is normal worries that too protracted (A28), illness and kufr caused by sins and illness of the heart (A11), problem caused by fail to adapt, wrong perception, drugs, possessed by other spirits or depracation (A11),
<b>Basic assumption about intervention on islamic perspective in Indonesia</b>	Alms refuse disaster (A12), reciting Quran provides energy of healing (A11) and cure of anxiety (A28), pray, dzikr, and other Islamic psychotherapy is a complement of medical treatment to accelerate healing (A15), therapy is an endeavor ( <i>ikhtiar</i> ) (A28), congregational praying by 40 people will be granted by God (A28),
<b>Aims of Islamic psychotherapy</b>	Enhance the awareness of Allah (A12), to get back the client close to Allah (A12), get back <i>fitrah</i> of human being that always cling in the way of Allah (A12), client can find their own solution (A12), find and develomp client's potentials (A12), client can get the serenity, power of faith (A15).
<b>Stages of therapy</b>	Takholli (self awareness, purified, healing) Takhalli (self development) Tajalli (self empowerment) (A11, A 12)
<b>Techniques of assessment</b>	Scientific techniques (observation, interview, psychological testing, seeing the palm(A11) Prophetic techniques (dream of therapist and client, intuition, kasyf, using the Qur'an verses and hadits to see the problem (A11)
<b>Techniques of therapy</b>	Prophetic/sufism techniques ((giving suggestion based on Quran and

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<p><b>Indicator of effectiveness of therapy</b></p>	<p>hadits, distributing Gods' energy, supernatural surgery) (A11), quanta communication (sending prayer to client),                  Doing religious practices (wudlu, sholat, dzikr, praying, fasting, alms) (A11), (A14), Memorizing Quran and hadits (A14)                  Counselling (A11)                  Faith (A1)                  Hypnotherapy, Neurolinguistic programming, (A12), Relaxation (A14), spiritual thinking (visualisation to remembering Allah) (A12)),                  Masses prayer (A12),                  Applying Islamic ethics (A14)                  Traditional (herbal) medical (A28)                  Cognitive domain were emergence of understanding, better attitude, character (A12, A14), find the self identity (A11), the clearance of thought (A14), wisdom (A28), get back the awareness (A15), and spiritually intelligent (A14).                  Affective domain like emergence of serenity and peacefull (A14, A15), emotionally intelligence (A14), pure, open, and clearance of heart (A14, A15), get back the hope ( A15), decrease of depression, free of fear, sadness and anxiety (A15), emergence of acceptance (A28).                  Psychomotoric domain were enhancement of the worship (A12), get more motivation and strong will (A12, A15), changes of act and utterance (A15), obedience to norm (A28), and get back to do the activity (A28, A15).                  Physical domain were lost of physical pain (A11), relaxation, improvement of immune system, prevent illness, and decrease tension (A15).                  Relationship domain were good relation with Allah (get closer to God), self, and others (A12), harmony with the cyclic of universe, transcendence between human and God (A15).                  Problem solving domain were Allah give the solution of the problem (A12), and get the ease in live(A14).</p>
<p><b>Problem Factors that important to induce change</b></p> <p><b>- clients' factor</b></p>	<p>Demographical factors (age, marital status),                  Level of religiosity (religious faith (A11), religious knowledge (A11), the capacity to reciting Quran (A15)), religious practice (like shalat, dzikr) (A11))                  The serenity of client (A12),                  The severity of illness (A15),                  Motivation to recover (A15, A11, A14),                  Capacity of communication (A28),                  Extent and consistency in the proces of healing (A11)</p>
<p><b>- therapist factors</b></p>	<p>Modality of therapy (Technique (A11), variation of program, good facility and service (A14))                  Therapiutic alliance (raport, sugestive power (A11), authority (A11))                  Religiosity of therapist (the knowledge, quality of worship, level of faith and <i>tauhid</i> of therapist (A11), support, ethos, and the sincerity of therapist (A14),</p>
<p><b>Ethics</b></p>	<p>Still paying attention about order and prohibition in Islam (e.g.: relation</p>

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	between man and woman) (A11), Explaining methods used and agreement about the contract of intervention (A28) Referring if needed (A11)
<b>Role of therapist</b>	As a <i>mursyid</i> that give the guidance to client (A12), problem solver and motivator (A12), as a guide (A12, A14), a fasilitator for client to find the solution (A12), a mediator between Allah and client (it is Allah that heal the illness) (A12).
<b>Therapist' characteristics</b>	Psychologist, undergraduate of Psychology, another departement but has the counselling skills (A12), psychiatry (A15), chaplain (A11, A28), , management /tutor (A14)
<b>Clients' characteristics</b>	Physical symptomp (stomach ache, headache (A11), HIV/AIDS (A28)) religious/spiritual problem (afraid of death (A11), psychological symptomp (stress, phobia, depression, trauma, stuttering (A12)), personal problem (study (A11), depression (A28), schizophrenia (A15), interpersonal problem (problem with family, friendship, career) (A12), ethical and moral problem (A12)).

Islamic psychotherapy in this research defined as techniques to solve the client's problems and treating illness both mental, spiritual, moral, or physical by increasing the awareness of Allah and getting back the client to Allah, which held in Islamic approach through guidance of Quran and Hadits. This definition parallel to Sham (2015) description of Islamic psychotherapy that include the multi aspects of human in their definition and include the God (Allah) as the point of view. This definition fundamentally show that psychotherapy is not free of value, which shown by all of this researchs' findings (table 3).

Aims of Islamic psychotherapy was not only to heal the illness and disturbance but more transcendent that enhance the awareness of Allah (A12), to get back the client close to Allah (A12), get back fitrah of human since always cling in the way of Allah (A12), client can find their own solution (A12), find and develop client's potentials (A12), client can get the serenity, and the power of faith (A15). This paradigm called tauhid paradigm that specific differ from Islamic psychology between others.

In Islamic psychology, theres's a pradigm about illness that everything back to Allah. This research also revealed that faith among process psychotherapy believe that illness came from Allah and Allah will give the cure. This basic assumption related to basic assumption about human which has potential to apply the Divine Names in daily attitude, behavior and thoughts. This basic assumption theoretically explain in the term of fitrah. Islamic concept of fitrah was very specific found in Islam. Fitrah defined as "a natural preferences of human that brought by since its' born and composition, structure and special characteristics in the tauhid paradigm." (Baharuddin, 2007). In the fitrah, it was believed that there were Allah connected to human in every aspect and life's events. This faith underlie another assumption that God won't give any temptation beyond human's capacity (A28). Meer and Mir (2014) also found in their research that their responden belief that God gives health, the ability to recover and only God has the power to heal. This positive believe is important, which Islam seen as a potential resource.

Empirically, disturbances was seen as effect of failure in adaptation, wrong perception, or drugs. This assumption also revealed by western psychological theory. There were also specific finding in Islamic term that disturbance caused by injury and illness in the heart, negative energy, sins (A11), and/or possessed by other spirits or depracation (A11). Illness and kufr also seen as a part of illness. This is consistent with Shams (2015) which said that Islamic psychotherapy cleansing the human soul or psyche of every vice and bad elements which damage the soul and away people from God.

Empirically, there were assumptions that every practice have an effect to people's live. There were alms to refuse disaster, reciting Quran to provides energy of healing (A11) and cure anxiety (A28), do pray,

dzikir (A15), and other religious practice like congregational praying by 40 people that believed will be granted by God (A28). This practice seen as an endeavor (ikhtiar) (A28), and transform the self in three level of transformation: takholli (self awareness, purified, healing), takhalli (self development), and tajalli (self empowerment) (A11, A12).

The basic assumption about human and illness has a consequence in the process of therapy. Worthington (1986) find that there were three views about kind of religious counselling techniques, first, any counselling technique, regardless of theory or theology of origin but promoting client's religious issue. Second, a religious counselling technique as any practice used in counseling that originated within the practice of formal religion. Third, technique as counseling technique that originate in a secular theories but has religious content and is used to strengthen clients' faith as well as alleviate clients' stress.

This research found that in the real experience (not in clinical trial) there were three variants of Islamic psychotherapy that held in Indonesia there were worship psychotherapy, sufism psychotherapy, and religious guidance. Based on Worthington (1986), the three approach and almost all techniques included in second categories, that originate within the practice and value of formal religion. But, in the application (techniques), there were some techniques included in the first, second and third approach. In the first approach there were hypnotherapy, counselling, neurolinguistic programming, and relaxation) (A12). In the second categories were prophetic/sufism techniques (giving suggestion based on Quran and hadits, distributing Gods' energy, supernatural surgery) (A11), quanta communication (sending prayer to client), doing religious practices (wudlu, sholat, dzikir, praying, fasting, alms) (A11), (A14), memorizing Quran and hadits (A14), applying Islamic ethics (A14), and traditional (herbal) medical (A28). In the third categories which originate in secular theories but has religious content and is used to strengthen clients' faith, it was spiritual thinking (visualisation to remembering Allah) (A12)).

Based on Worthington (1986), technique of assessment empirically found used the first/general psychological techniques like observation, interview, psychological testing and seeing the palms. As a complement, there were second approach that originated from religious value called prophetic techniques, like dream of therapist and client, intuition, kasyf, using the Qur'an verses and hadits to see the problem (A11). Based on this explanation, Islamic psychotherapy could implement purely from Islamic approach or could be a complement of medical treatment to accelerate healing (A15).

In this research, islamic psychotherapy was known could give the changes in several aspects. First, the cognitive domain were emergence of understanding, better attitude, character (A12, A14), find the self identity (A11), the clearance of thought (A14), wisdom (A28), get back the awareness (A15), and spiritually intelligent (A14). Secondary effect were in the affective domain like emergence of serenity and peacefull (A14, A15), emotionally intelligence (A14), pure, open, and clearance of heart (A14, A15), get back the hope ( A15), decrease of depression, free of fear, sadness and anxiety (A15), emergence of acceptance (A28). Third, psychomotoric domain were enhancement of the worship (A12), get more motivation and strong will (A12, A15), changes of act and utterance (A15), obedience to norm (A28), and get back to do the activity (A28, A15). Forth, physical domain were lost of physical pain (A11), relaxation, improvement of immune system, prevent illness, and decrease tension (A15). Fifth, relationship domain were good relation with Allah (get closer to God), self, and others (A12), harmony with the cyclic of universe, transcendence between human and God (A15). Last, problem solving domain were Allah give the solution of the problem (A12), and get the ease in live (A14). This findings reveal much more domain while some research focus on effect of religious practice in affective domain (serenity anf peaceful) like wudlu (Lela & Lukmawati, 2015), dzikir (Adlina, 2012), sholawat (Aini, 2014), tafakkur (Mawarni, Indriyana, & Masykur, 2006), religiosity as a predictor of mental health (Affandi & Diah, 2011). The result also support finding that the integration of Islam into psychotherapy resulted in decreased depression and anxiety post treatment (Paukert,et. al., 2011).

Based on the results, the counsellor or therapist are often not a psychologist. Only two of research (A12, A15) which the therapist was psychologist or psychiatry. But in every research, there were case with psychological difficulties, and all of the process reporting progress of the client. This is parallel with Worthington (1986) review of religious psychotherapy in Indonesiat which most of the counsellors of religious psychotherapy was clergy, which the clients often fully with psychological difficulties.

There were debate about whether some treatments are more effective than others, but it was clear that if there are differences among treatments, the differences are quite small. This finding revealed later answer about what was factors make Islamic psychotherapy effective. At table 3 showed that the factors was divided into 2 chategories: clients' factors and therapist factors. Some of client factors were parallel with Lynch (2012) research (in the factors of number of sessions, motivation to recover, the severity of illness, and client's ability to feel serene is important in psychotherapy process. Some of therapist factors also parallel with Lynch (2012) in the factors of modality of therapy, therapiutic alliance (Feinstein & Yager, 2015). Therapist characteristics which sincerity and work ethos also found as therapist characteristics that affect psychotherapy outcomes (Feinstein, & Yager, 2015).

One is special in this research was the level of religiosity both for client and for therapist give the influence islamic psychoteraphy outcome. Vieten et. al. (2013) found knowledge about many forms of spirituality, religiosity, values, norms, and expectations, important to explore about religious beliefs, communities, and practices that are important to the clients, promote a therapiutic alliance, and to identity the resources and practices that may support psychological well being and recover from psychological disorder.

In Islam, this competencies is owned by religious leader or teacher. Religious leader or teacher in sufism tradition called as mursyid or sheikh. This research also reveal that one of the role of therapist was as a mursyid for the client (table 3). The role of therapist as a mursyid that give the guidance to client (A12), problem solver and motivator (A12), as a guide (A12, A14), a fasilitator for client to find the solution (A12), a mediator between Allah and client (it is Allah that heal the illness) (A12). It was special in Islamic approach and very different from secular psychotherapy.

That was mean that therapist was a spiritual physician that provide unconditional love and trust to the client. This was essential foundations for sufi practice (Frager & Fadiman, 2012 ). In this atmosphere, the client heal their hearts of the pain and the wounds experienced in the world. They gain confidence, belief, and worthiness in the self transformation, spiritual growth and find God (Frager & Fadiman, 2012). this role of therapist is important related to the role of the islamic psychotherapy in this research was seen as to get human back to God.

The therapist as a mursyid in the psychotherapist lay on the basic assumption that few of people have the spiritual ability to diagnose self correctly, or even still cure themselves. So the therapist as a mursyid will determines what practices as a prescribe for client to help the client develop spirituality (Frager & Fadiman, 2012).

This qualitative research is useful because describe a real world about practical Islamic psychotherapy. It showed that islamic psychotherapy effective to help client with variative problem. This research show the problem that treat by Islamic psychotherapy was physical symptomp (stomach ache, headache (A11), HIV/AIDS (A28)), religious/spiritual problem (afraid of death (A11), psychological symptomp (stress, phobia, depression, trauma, stutter (A12), depression (A28), schizophrenia (A15)), personal problem and interpersonal problem (study (A11), problem with family, friendship, career (A12), ethical and moral problem (A12)). This knowledge also important to identify legal and ethical issues related to spirituality. In the therapiutic alliance, therapist must consider and act in the specific rule of Islam. In this research, ethical issue also emerge, that was about the relation about man and woman and Islam.

## Conclusions

Islamic psychotherapy defined as techniques to solve the client's problems and treating illness both mental, spiritual, moral, or physical by increasing the awareness of Allah and getting back the client to Allah, which held in Islamic approach through guidance of quran and hadith. This definition fundamentally show that psychotherapy is not free of value, which shown by all of this researchs' findings. This Findings may give much implication to Islamic clinical psychology.

For recommendation, qualitative research about Islamic Psychotherapy must consider quality of research for the process of the research. Systematic review about Islamic psychotherapy could done

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integratively in clinical trial and real condition. There is also a need to further confirm about the regulation of Islamic psychotherapy practices in Indonesia.

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