AL-AASAR Journal
Quarterly *Research Journal*
www.al-aasar.com

Vol. 3, No.2 (2026)
Online ISSN: 3006-693X
Print ISSN:3006-6921

THE PROPHET MUHAMMAD ﷺ AS THE FIRST PRACTITIONER OF ISLAMIC PSYCHOLOGY: A CRITICAL ANALYSIS OF THE PROPHETIC THERAPEUTIC METHADOLOGY

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Abstract

This article examines the Prophet Muhammad ﷺ as the founding and most complete practitioner of Islamic psychology, arguing that his methodology of engaging human psychological suffering anticipated, by fourteen centuries, the core principles of contemporary evidence-based psychotherapy. Drawing upon authenticated Hadith literature, classical Islamic scholarship, and contemporary psychological research, the article demonstrates that the Prophetic therapeutic methodology was characterized by six distinct principles: individualized assessment, gradual behavioral change, holistic engagement of the whole person, unconditional therapeutic regard, the therapeutic management of diseases of the heart, and the construction of a healing community. Each principle is demonstrated through specific documented incidents from the Sunnah and analyzed against its modern clinical equivalent. The article concludes that the convergence between Prophetic methodology and contemporary psychological research is not coincidental but reflects the foundational Islamic conviction that divine revelation reveals what the human being genuinely needs, a claim that contemporary neuroscience and clinical psychology are independently and incrementally confirming.

Keywords: *Islamic psychology, Prophet Muhammad ﷺ, therapeutic methodology, Hadith, psychotherapy, diseases of the heart, Sunnah*

1. Introduction

The history of psychology is conventionally narrated as a Western story, beginning with Wilhelm Wundt's establishment of the first experimental psychology laboratory in Leipzig in 1879 (Leahey, 2003) and proceeding through the contributions of Freud, Watson, Rogers, and Beck to the evidence-based therapeutic landscape of the twenty-first century. Within this narrative, the Islamic intellectual tradition is at best a footnote, a repository of classical philosophy that preserved Greek thought during the European Middle Ages before passing it on to the Renaissance. The possibility that the Islamic tradition might have independently produced a sophisticated and clinically applicable psychology of the human being, grounded in divine revelation and demonstrated in practice by the Prophet Muhammad ﷺ fourteen centuries before Wundt, is rarely considered in mainstream psychological discourse.

This article argues that this omission represents a significant scholarly gap. An examination of the authenticated Hadith literature, the documented sayings, actions, and tacit approvals of the Prophet Muhammad ﷺ, reveals a therapeutic methodology of remarkable sophistication. The Prophet ﷺ engaged human psychological suffering through a set of principles that are not merely analogous to contemporary evidence-based practice but are, in several instances, more complete than their modern equivalents. He ﷺ practiced individualized assessment before Rogers (1951) formalized person-centered therapy. He ﷺ employed gradual behavioral change before Prochaska and DiClemente (1983) developed the Stages of Change model. He ﷺ validated grief before the field of bereavement counseling existed. He ﷺ prescribed specific cognitive and behavioral interventions for anger before Beck (1976)

developed Cognitive Behavioral Therapy. And he ﷺ constructed a therapeutic community, the Ummah, that addressed the epidemic of social isolation that contemporary psychology has only recently identified as one of the most significant predictors of psychological ill-being (Holt-Lunstad et al., 2015).

The purpose of this article is to document, analyze, and argue for the recognition of the Prophet Muhammad ﷺ as the founding practitioner of Islamic psychology, not in the sense of a retroactive projection of modern categories onto a historical figure, but in the sense that his documented methodology contains, fully developed, the therapeutic principles that the secular tradition has arrived at independently and partially through its own research. The evidence for this claim is drawn from authenticated Hadith literature, interpreted through the lens of classical Islamic scholarship and evaluated against contemporary psychological research.

2. The Prophetic Understanding of the Human Being

Any examination of the Prophet's ﷺ therapeutic methodology must begin with his understanding of what the human being fundamentally is. This understanding is not scattered across incidental sayings but is systematically embedded in the Quranic worldview that the Prophet ﷺ embodied and transmitted. The human being, in this framework, is not a biological organism with a brain, the reductive assumption that underlies secular psychology's foundational limitation. The human being is a complex, multi-dimensional reality comprising the *Jism* (body), the *Aql* (intellect), the *Nafs* (the developing self), the *Qalb* (the spiritual heart), and the *Ruh* (the divine spirit). Each dimension has its own health and its own pathology, and genuine psychological well-being requires the simultaneous health of all dimensions in proper alignment (Keshavarzi & Haque, 2013; Rothman & Coyle, 2018).

The most clinically significant statement the Prophet ﷺ made about the architecture of the human being is preserved in Sahih al-Bukhari (Hadith No. 52) and Sahih Muslim (Hadith No. 1599):

أَلَا وَإِنَّ فِي الْجَسَدِ مُضْغَةً إِذَا صَلَحَتْ صَلَحَ الْجَسَدُ كُلُّهُ وَإِذَا فَسَدَتْ فَسَدَ الْجَسَدُ كُلُّهُ أَلَا وَهِيَ الْقَلْبُ

"Indeed, in the body there is a piece of flesh; if it is sound, the whole body is sound, and if it is corrupt, the whole body is corrupt. Indeed, it is the heart".

(Al-Bukhari, 1422 AH; Muslim, n.d.).

This statement establishes the *Qalb*, the spiritual heart, as the central organizing principle of psychological health. It is not the brain, not the unconscious, not the conditioning history, it is the heart's orientation toward or away from its Creator that determines the fundamental health of the whole person. This understanding is the ontological foundation upon which the entire Prophetic therapeutic methodology rests. It is also the dimension that secular psychology systematically excluded from its understanding of the human being, an exclusion that constitutes, this article argues, the root cause of its clinical limitations.

3. The Prophetic Therapeutic Methodology: Six Principles

An analysis of the authenticated Hadith literature reveals that the Prophet's ﷺ approach to human psychological suffering was characterized by six distinct methodological principles. Each is documented below with specific incidents and analyzed against its contemporary clinical equivalent.

3.1 Individualized Assessment: The Person-Centered Approach

One of the most consistently documented features of the Prophetic therapeutic engagement is the individualization of response. The Prophet ﷺ did not apply a single therapeutic prescription to all who came to him; he ﷺ assessed each person's specific condition, stage, and need, and responded accordingly. This is documented in an exchange recorded in

Sahih al-Bukhari (Hadith No. 527) and Sahih Muslim (Hadith No. 85), in which a companion asked the Prophet ﷺ which deed was most beloved to Allah, and was told "**prayer at its prescribed time"**, while another companion asking the same question was told "**kindness to parents**", and a third was told "**striving in the path of Allah**".

The variation in these responses has been a subject of classical scholarly commentary. Ibn Hajar al-Asqalani (1379 AH) notes in *Fath al-Bari* that the Prophet ﷺ responded to each questioner based on his assessment of their specific spiritual and psychological need; the person who most needed to prioritize prayer was told prayer, the person whose relationship with his parents' required attention was directed there. This is not inconsistency; it is diagnostic precision.

Rogers (1951) formalized the person-centered approach to therapy, arguing that effective therapy requires beginning from the unique perspective and need of the individual client rather than applying a standardized treatment protocol. The Prophetic practice documented above demonstrates this principle in its most sophisticated form, not merely acknowledging the individual's perspective but prescribing specifically for their individual condition.

3.2 Gradual Behavioral Change: The Stages of Change

The Prophetic methodology consistently employed the principle of gradual change in addressing deeply entrenched behavioral patterns. The most extensively documented example is the Quranic prohibition of alcohol, revealed across three distinct stages: the identification of harm exceeding benefit (Surah Al-Baqarah, 2:219), the restriction of consumption near the time of prayer (Surah Al-Nisa, 4:43), and finally complete prohibition (Surah Al-Maidah, 5:90-91).

The clinical significance of this graduated approach was recognized by Ibn Kathir (1999) in his Tafsir, who noted that the wisdom of gradual prohibition lay in the psychological preparation of the community. Immediate prohibition of a deeply ingrained behavioral pattern produces resistance and relapse; gradual change allows for the internal restructuring of motivation and commitment that makes permanent change possible.

Prochaska and DiClemente's (1983) Transtheoretical Model of behavioral change identifies the same principle: effective behavioral change requires moving through distinct stages, precontemplation, contemplation, preparation, action, and maintenance. The Prophetic methodology, guided by divine revelation, demonstrated this principle fourteen centuries before its clinical formalization in the West.

3.3 Anger Management: Cognitive-Behavioral Intervention

The Prophetic tradition contains one of the most extensively documented clinical interventions for anger management in any pre-modern literature. A man came to the Prophet ï·º and asked for advice; the Prophet ﷺ replied, **"Do not get angry,"** and repeated this instruction each time the question was asked (Al-Bukhari, 1422 AH, Kitab al-Adab, Hadith No. 6116).

إِذَا غَضِبَ أَحَدُكُمْ وَهُوَ قَائِمٌ فَلْيَجْلِسْ فَإِنْ ذَهَبَ عَنْهُ الْغَضَبُ وَإِلاَّ فَلْيَضْطَجِعْ

"The Prophet ﷺ further instructed that if one of you becomes angry while standing, let him sit down, and if the anger leaves him, well and good; otherwise let him lie down."

(Abu Dawud, 1996, Hadith No. 4782).

The clinical sophistication of this intervention is significant. Contemporary neuroscience has established that anger produces a specific physiological response, the release of adrenaline and cortisol, increased heart rate, elevated blood pressure, and activation of the sympathetic nervous system. The body's postural position during anger affects the intensity of this

physiological response: the standing posture, associated with confrontation and dominance, tends to intensify the physiological anger response, while the seated or recumbent posture interrupts it. The Prophetic instruction to change posture is, in effect, a physiologically grounded de-escalation technique.

The Prophet ﷺ also prescribed ablution (*wudu*) as an anger management intervention, explaining that anger is from Satan and Satan was created from fire, and fire is extinguished by water (Abu Dawud, 1996, Hadith No. 4784). The physiological mechanism here, cold water contact reducing heart rate and activating the parasympathetic nervous system, is consistent with contemporary research on physiological de-escalation (Southwick & Charney, 2012).

3.4 Grief Validation: Bereavement Counseling

Perhaps the most personally significant demonstration of the Prophetic approach to psychological suffering was the Prophet's ﷺ own response to grief. When his infant son Ibrahim died, the Prophet ﷺ wept openly. His companion Abd al-Rahman ibn Awf expressed surprise, asking even him. The Prophet ﷺ replied that: **the eyes shed tears and the heart grieve, but we do not say except what pleases our Lord**, and that he was indeed grieved by the separation (Al-Bukhari, 1422 AH, Hadith No. 1303).

This response contains a clinical sophistication that contemporary bereavement counseling has taken decades to formalize. The Prophet ﷺ does not suppress grief, he ﷺ validates it. He ﷺ does not catastrophize it; he ﷺ provides a framework within which it can be held without despair. He ﷺ models the integration of profound loss within a framework of trust in divine wisdom, which is precisely the therapeutic goal that contemporary grief counseling describes as meaning-making in bereavement (Park, 2005).

Park's (2005) research on meaning-making in response to stressful life events identifies the ability to integrate loss within a larger framework of meaning as the strongest predictor of positive adjustment to bereavement.

3.5 Diseases of the Heart: Systematic Psychological Diagnosis

One of the most distinctive features of the Prophetic approach to human psychology is the identification and clinical treatment of what the tradition calls diseases of the heart (*amrad al-qalb*), a category of psychological-spiritual conditions recognized as both morally significant and clinically consequential.

***Hasad* (Envy).** The Prophet ﷺ warned that envy devours good deeds as fire devours wood (Abu Dawud, 1996, Hadith No. 4903). Al-Ghazali's (n.d.) clinical analysis in *Ihya Ulum al-Din* identifies it as a condition that primarily harms the one who carries it. Contemporary psychology has confirmed this: Dittmar et al.'s (2014) meta-analysis of 250 studies establishes a robust negative correlation between envy-based social comparison and psychological well-being, while Emmons and McCullough (2003) demonstrate that gratitude, the Prophetic antidote to envy, significantly increases life satisfaction.

***Kibr* (Arrogance).** The Prophet ﷺ stated that no one with even a mustard seed's weight of arrogance in his heart will enter Paradise (Muslim, n.d., Hadith No. 91). Al-Ghazali's (n.d.) analysis identifies *kibr* as producing social isolation, resistance to feedback, and an inability to engage in honest self-examination.

***Ghadhab* (Uncontrolled Anger).** The Prophet's ﷺ consistent prescription of anger management interventions, documented above, reflects his recognition of uncontrolled anger as a major disease of the heart. Ibn al-Qayyim's (1994) analysis in Zad al-Maad identifies anger as a primary driver of relational breakdown and poor decision-making.

3.6 Unconditional Therapeutic Regard: The Therapeutic Relationship

Rogers (1951) identified unconditional positive regard, the acceptance of the client without judgment or condemnation, as one of the three core conditions of effective therapy. The Prophetic tradition documents this principle with striking clarity. The Prophet ﷺ never publicly shamed a person who came to him acknowledging a failing (Muslim, n.d.). This quality is captured in the Quranic description of his character in Surah Al-Imran (3:159), which states that it was by the mercy of Allah that he was gentle with the believers, for had he been harsh and hard-hearted, they would have dispersed from around him.

The therapeutic significance of this quality cannot be overstated. Research on the therapeutic alliance consistently demonstrates that the quality of the relationship between therapist and client is the strongest predictor of therapeutic outcome, stronger than the specific therapeutic technique employed.

4. The Ummah as Therapeutic Community

A dimension of the Prophetic therapeutic methodology that has no direct equivalent in individual-focused Western psychotherapy is the construction of the Ummah, the Muslim community, as a structurally therapeutic entity. The Prophet ﷺ described the believers in their mutual love, mercy, and compassion as being like one body, such that if one-part aches, the whole body responds with sleeplessness and fever (Muslim, n.d., Hadith No. 2586).

This description establishes the Muslim community not merely as a social group but as a therapeutic entity, one in which the suffering of any member is the concern of all members, and in which the response to that suffering is automatic, embodied, and communal.

Contemporary psychology has only recently begun to recognize the clinical significance of social connection. Holt-Lunstad et al.'s (2015) meta-analysis, drawing on data from over 3 million participants, established that social isolation and loneliness are associated with a 50 percent increased risk of premature mortality, an effect comparable to smoking fifteen cigarettes a day. The epidemic of social isolation that the World Health Organization (2022) has identified as one of the major drivers of the global mental health crisis is precisely the condition that the Prophetic construction of the Ummah was designed to prevent.

5. The Prophetic Methodology and Contemporary Psychotherapy: Convergences and Distinctions

The evidence presented in the preceding sections demonstrates substantial convergences between the Prophetic therapeutic methodology and the principles of contemporary evidence-based psychotherapy. Beck's (1976) cognitive restructuring maps onto the Prophetic practice of reframing through Quranic revelation. Hayes, Strosahl, and Wilson's (1999) Acceptance and Commitment Therapy maps onto the Prophetic concept of Sabr. Seligman's (2011) Positive Psychology maps onto the Prophetic cultivation of Shukr and purposeful living.

The critical distinction, however, is not at the level of specific techniques but at the level of foundational ontology. Contemporary psychotherapy operates on the implicit assumption that the human being is constituted by body, brain, and social environment. The Prophetic methodology operates on the explicit conviction that the human being is constituted by Jism, Nafs, Qalb, Aql, and Ruh.

This ontological difference has clinical consequences. A therapeutic tradition that does not recognize the *Qalb* cannot address the pathologies of the *Qalb*, the distorted God-image, the experience of divine abandonment, the spiritual deadness that presents as depression but does not respond to antidepressants or cognitive restructuring. A therapeutic tradition that does

not recognize the *Ruh* cannot address the existential emptiness that Frankl (1959) called Noogenic Neurosis.

6. Conclusion

This article has argued that the Prophet Muhammad ﷺ was not merely a religious leader whose teachings have incidental psychological relevance, but the founding and most complete practitioner of a sophisticated therapeutic tradition that engaged the full reality of the human being.

The convergences documented in this article, between the Prophetic methodology and person-centered therapy (Rogers, 1951), the Stages of Change model (Prochaska & DiClemente, 1983), Cognitive Behavioral Therapy (Beck, 1976), bereavement counseling (Park, 2005), and the emerging recognition of social connection as a clinical determinant of psychological health (Holt-Lunstad et al., 2015), are not coincidences. They reflect a deeper reality: the Creator of the human being revealed through His Prophet ﷺ what the human being genuinely needs.

The task of the contemporary Muslim psychologist is to build upon what the Prophet ﷺ demonstrated, and to bring its healing to the human beings of the present age who need it most.

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