Contextualizing Islamic Counselling Practice: A Critical Reflection of the Integrated Grounded Model for the Ulama of Tamale

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ABSTRACT

This paper critically explores the contextualization of Islamic counselling practices within the socio-religious landscape of Tamale, Ghana. It proposes an integrated grounded model that incorporates secular counselling with Islamic ethics and indigenous culture, tailored for the *Ulama* -Islamic scholar, who often serve as informal counsellors in Muslim communities. It is envisaged that the model would serve as a guide for the *Ulama* to practice counselling safely and professionally. Drawing on both Islamic psychological principles, secular counselling principles and local traditions, the study reflects on various aspects of conventional Western counselling frameworks in addressing the unique spiritual and communal needs of Tamale Muslim population. The proposed model further integrates Qur'an ethics, prophetic traditions, and indigenous knowledge systems to enhance the efficacy and authenticity of counselling interventions. Through case analysis and critical reflection, the paper underscores the importance of empowering the *Ulama* with structured, context-sensitive tools that align with both Islamic epistemology and the lived realities of their communities.

Keywords: Islamic Counselling, Integrated Grounded Islamic Counselling Model, *Ulama* (Islamic scholars), Spiritual psychology, faith-based therapy, culturally responsive counselling

INTRODUCTION

Counselling as a practice has long existed across civilizations, embedded within religious, cultural, and philosophical traditions that offer moral guidance and emotional support. In the global discourse on mental health and well-being, there has been growing recognition of the need to incorporate indigenous, faith-based, and culturally grounded counselling models that resonate with the lived experiences and worldviews of diverse populations (Ally & Milstein, 2021). Among Muslims, counselling is not merely a therapeutic intervention but a spiritual obligation, deeply anchored in the Qur'an, the Sunnah of the Prophet Muhammad ﷺ, and the ethical legacy of Islamic scholarship. The Qur'an repeatedly affirms the value of *nasiha* (sincere counsel) and emotional care, as seen in the verse, *"And consult with them in matters..."* (Qur'an 3:159), underscoring the interpersonal ethics that form the foundation of Islamic guidance.

In recent years, scholars have emphasized the revival and integration of Islamic counselling practices that align with contemporary psychological frameworks while remaining faithful to Islamic epistemology (Khan et al., 2022; Rassool, 2019). This integration is especially urgent in Muslim-majority societies grappling with mental health challenges exacerbated by urbanization, digital influence, identity crises, and shifting moral boundaries (Suleman et al., 2021). Despite the presence of Islamic texts and heritage that address spiritual and psychological distress, there remains a gap between traditional religious guidance provided by *ulama* and the psychological needs of contemporary Muslim youth, particularly in urbanizing and pluralistic contexts.

In the African context, the role of religion in public and private life is profound, with Islam serving not only as a system of belief but as a cultural force shaping social norms, conflict resolution, and moral education. However, scholarly literature on counselling in African Islamic communities often privileges biomedical or Western paradigms while neglecting localized, religiously grounded counselling frameworks (Amoah & Owusu-Poku, 2020). Islamic counselling in Africa, particularly in sub-Saharan regions, tends to be informal and heavily reliant on the authority of the *ulama*, often lacking formal structure or integration with contemporary psychological

understanding (Osman et al., 2019). This disjunction creates challenges in addressing issues such as youth moral anxiety, digital pornography, substance use, and spiritual alienation—all of which are increasingly visible in emerging urban Muslim settings.

In Ghana, and particularly in Tamale—the cultural and religious hub of northern Ghana—Islamic institutions and clerics (*ulama*) play a pivotal role in community-based counselling, dispute resolution, and moral instruction. However, the counselling approaches employed are frequently didactic and doctrinal, with limited engagement in structured psychosocial models or critical reflection on youth-specific challenges such as sexual guilt, academic anxiety, or digital exposure. The convergence of increased smartphone penetration, social media use, and socio-religious expectations among Muslim youth in Tamale creates a unique tension between lived realities and religious ideals (Yussif & Ibrahim, 2022). In this context, the Ulama remain vital actors in shaping moral consciousness, yet their counselling practices often lack formal psychological grounding or reflective integration with contemporary needs.

This study critically reflects on the counselling practices of Ulama in Tamale through the lens of the Integrated Grounded Islamic Counselling Model (IGICM), seeking to contextualize its principles within the spiritual, cultural, and technological realities of northern Ghana. The IGICM offers a hybrid framework that combines Qur'anic values, Prophetic counselling ethics, and grounded therapeutic methods rooted in both tradition and context (Khan et al., 2022). Grounded in the prophetic model of empathy, patience (*sabr*), and compassionate correction (*tarbiyah*), this framework holds promise for reshaping how Ulama engage with sensitive moral issues while addressing the spiritual and emotional distress of Muslim youth in meaningful ways.

Importantly, this research contributes to both Islamic practice and the broader field of human development by advancing a model of counselling that honors indigenous religious authority while integrating evidence-based therapeutic tools. It seeks to close the gap between spiritual care and mental health by providing a culturally congruent approach that reinforces Islamic ethics and values of dignity (*karamah*), mercy (*rahmah*), and responsibility (*taklif*). It also adds to the growing body of Islamic psychology literature that advocates for localized, spiritually coherent mental health interventions (Rothman & Coyle, 2018). By situating the Ulama as both spiritual leaders and community counsellors, the study empowers them to navigate moral complexities with both textual fidelity and contextual intelligence.

This research responds to a pressing need for culturally and theologically grounded models of counselling that address emerging psychological and moral concerns in Muslim societies. It affirms that Islamic counselling must evolve—not by abandoning tradition—but by critically engaging with it, in light of contemporary realities and guided by the enduring wisdom of the Qur'an and Sunnah.

This paper focuses on the following objectives:

1. Propose an Integrated Grounded Islamic Counselling Model (IGICM) for Islamic Counselling practices

2. Exemplify how the IGICM can be used to critically reflect and analyze lived cases of clients

Conceptual Understanding of Counselling

There are varied definitions of counselling and in various perspectives. However, two working definitions that conform to the context are considered in this study. Counselling is a personal, face to face relationship between two people in which the counsellor by means of the relationship and special competencies, provides a learning situation in which the counselee (a normal person) is helped to know himself/herself so that he/she can make use of potentialities in a way that is satisfying to himself/herself and the society (Tolbert, 1972). Secondly, counselling is described as one-to-one helping relationship which focuses upon the individual's growth, achievement, problem solving and decision making needs (Gibson& Mitchell, 2003).

There are some key words that appear in the two definitions, to make in-depth meaning. They include; '*Face to face/One-on-one' and 'Relationship'*. This means, for proper counselling to take place the counsellor and the client ought to encounter one another, at the same time build a cordial relationship (rapport). Even when the

counselling format is cyber or online, some conscious effort must be made to build good relationship. Counselling is not just any conversation but a talk therapy. This kind of talking therapy can be approached broadly under four components: Consultation, discussion and deliberation, exchange of ideas (in a lay down process-therapeutic) and decision making.

The counsellor is supposed to be consulted on an issue, either for decision making or problem solving. The counsellor lives a normal life, apart from being a professional. It is only on consultation that proper counselling could be offered and not merely every day informal conversation. Here, it is observed clearly that Prophet Muhammad was often been consulted by the *Sahaba* (disciples) and same applies to the *Ulama* in Muslim communities. Qur'an 4: 59 calls on Muslims to obey Allah and his messenger, as well as those in authority. The verse implies 'Those in authority to mean the *Ulama*.

After consultation the counsellor initiates discussion and deliberation to gain an insight to the issue at stake. This stage the counsellor encourages the client to speak up so that the issue is properly evaluated. Despite the intuitive insight religious leaders may have, they are supposed to have the first hand of the case from the client to avoid speculations.

The third stage is the action plan where ideas are exchanged. The counsellor by this time has designed a therapy to help the client to execute in a systematic way. Islam in Tamale may be practiced bases on sectorial lines, but each scholar has the way he or she approaches matter. However, this model calls for standard practice using the tenets and ethics of Islam. Finally, decision making is the last stage in counselling process. At this point the counsellor tries to engage the client to draw a logical conclusion to the issue at stake. If a problem is identified, the counsellor helps the client to overcome it. However, there can be a review session after the decision had been taken, to ascertain viability and reality. There are various schools of thoughts in Islamic Jurisprudence, which proffer options for easy practices, depending on the situation and the geographical location at any given time.

Counselling in the Islamic Perspective

Islamic counselling represents an integrative approach that combines secular counselling skills with Islamic psychology to create a comprehensive counselling experience. This form of counselling incorporates Islamic spirituality into the therapeutic process (Hussein Rassool, 2021).

Extensive research in counseling has demonstrated that religion plays a pivotal role in fostering hope and confidence among individuals in conflict situations. Furthermore, religion exerts a profound and positive influence on an individual's mental health. Similar to secular counseling, which promotes specific values, Islam espouses numerous values through its teachings (Abdullah & Nadvi, 2011). Among these prominent values are knowledge, reflection, moderation, self-control, community, prosperity, interdependence, complementary gender roles, and an identity rooted in faith and spirituality. These values, among others, offer significant insights for clinical practice. The Quran encompasses various psychological and therapeutic components that address the cognitive, emotional, and spiritual dimensions of human experience. Muslims rely on the Quran to navigate many of life's challenges.

Islamic counseling has its origins in the epoch during which Prophet Muhammad (SAW) received the revelations of Islam and initiated its propagation. The life and teachings of the Prophet constitute the foundational principles of Islamic psychology and counseling. Even prophets encountered significant emotional challenges. For instance, during the mourning period following the death of his first wife and uncle, the Prophet Muhammad (SAW) faced considerable difficulties. This period is referred to *by religious historians as Am-al-Huzn (Year of Sorrows).*

A foundational reference in counseling within Islamic tradition is found in the teachings of the Prophet Muhammad, who advised his companions to maintain emotional balance through adequate sleep, proper nutrition, and regular physical activity. He further discouraged enduring hardships in isolation, instead encouraging individuals to seek social support within their communities (Al-Khalidi, 2016; Ahmed, 2018).

The 9th century represented a significant period in the history of Islamic civilization, marked by extensive scientific progress and intellectual exchange. During this era, prominent academic institutions such as the House of Wisdom in Baghdad played a central role in translating psychological and medical works from Greek, Syriac, Persian, and Sanskrit into Arabic, facilitating the integration of diverse psychological concepts into Islamic scholarship (Haque, 2004; Gutas, 1998; Nasr, 2007).

During the zenith of Islamic civilization, scholars engaged in discourse on psychiatry, psychology, psychotherapy, and their interrelation with holistic approaches to spiritual, mental, and physical health (Othman, 2019). Concepts related to psychology and therapeutic practices are integrated within the Quran as well as the traditions and sayings of the Prophet Muhammad (SAW). The field of Islamic psychology is referred to in Arabic as *Ilm al Nafs*, which translates to "Science of the Self or psyche."

Numerous psychological concepts are profoundly embedded within Islamic theology. The discipline of Islamic psychology emerged during the period spanning the 7th to the 15th century (Faruqi, 2006; Othman, 2019), a time recognized as the *Golden Age of Islamic Civilization*. Notable scholars from this era included Al-Kindi, Mohammed Ibn Zakariya Al-Razi, Abu Zayd Al-Balkhi, Al-Ghazali, Al-Farabi, Ibn Sirin, Ibn Rushd, and Ibn Sina (also known as Avicenna), among others (Diwani, 2005).

During this period, Islamic civilization demonstrated remarkable efficiency in the transmission of knowledge across various disciplines. The Quran is not confined to religious teachings; rather, it encompasses subjects such as science, biology, geology, astronomy, and psychology. Furthermore, the Quran is recognized for its healing properties, as indicated in the following verse:

People, a teaching from your lord has come to you, a healing for what is in your hearts, and guidance and mercy for the believers (Quran, 10:57)

The concept of modern Islamic psychology and counseling can be traced back to 1979, when scholars such as Dr. Malik Badri (2016) began integrating discussions of secular psychology and counseling with the Islamic value system to address various psychological issues. This endeavor led to a resurgence of interest in Islamic psychology and counseling, achieving a more substantial recognition within contemporary societies. Notably, secular scholars like B. F. Skinner characterized this approach as ″The Islamic Filter Approach to Psychology and Counseling."

The contemporary discourse surrounding Islamic counseling often elicits surprise among both Muslims and non-Muslims; however, such reactions should not be warranted. Existing literature indicates that the integration of knowledge is not a recent phenomenon. Historically, the adaptation of secular counseling principles to develop Islamic counseling practices has been prevalent in a reverse manner. This suggests that numerous secular psychological theories have their roots in the works of Islamic scholars from centuries past. Consequently, the practice of Islamic counseling necessitates the incorporation of secular theories to create Sharia-compliant therapeutic approaches for Muslim clients.

The Integrated Grounded Islamic Counselling Model (IGICM): Framework and Application

The Integrated Grounded Islamic Counselling Model (IGICM) is a theoretically informed and context-sensitive framework that seeks to bridge the gap between traditional Islamic spiritual care and contemporary psychological counselling methods. Drawing on principles of grounded theory methodology, Islamic theology, and evidence-based therapeutic practice, the IGICM offers a dynamic approach tailored to the psycho-spiritual needs of Muslim clients. Although the model is relatively new in nomenclature, its conceptual roots are deeply anchored in both the Prophetic model of counselling and recent advances in Islamic psychology and psychotherapy (Rothman & Coyle, 2018; Rassool, 2019).

At its core, the IGICM emphasizes integration—between classical Islamic knowledge (‘ilm), Qur’anic ethics, Hadith-based guidance, and modern psychological principles such as active listening, cognitive restructuring, emotional regulation, and behavioral intervention. Unlike Western counselling frameworks that often assume a secular epistemology, the IGICM rests on the premise that healing involves the body (jism), the psyche (nafs),

and the spirit (ruh)—a tripartite model widely recognized in Islamic thought (Al-Ghazali, Ihya Ulum al-Din; Nasr, 1993).

The IGICM is methodologically grounded in grounded theory, which allows the model to evolve from recurring themes and lived experiences of clients within a specific Islamic cultural context (Glaser & Strauss, 1967; Charmaz, 2014). In Islamic contexts, grounded theory becomes particularly useful for eliciting spiritually relevant counselling themes—such as guilt (dhanb), repentance (tawbah), gratitude (shukr), and trust in Allah (tawakkul)—that emerge organically from the therapeutic conversation rather than being imposed externally.

Theologically, the model draws on Qur'anic guidance such as: "And We sent not a messenger except [speaking] in the language of his people to state clearly for them." (Qur'an 14:4), which affirms the importance of contextual relevance in guidance. Moreover, the Prophet Muhammad ﷺ is described as: "A mercy to the worlds" (Qur'an 21:107), underscoring his role as a compassionate counsellor, an archetype that forms the ethical foundation of this model.

The model is structured around five interrelated pillars: (a) Spiritual Grounding (Tazkiyah al-Nafs); (b) Contextual Responsiveness; (c) Psycho-Spiritual Integration; (d) Dialogical Ethics (Shura); and (e) Action and Habit Transformation (Tarbiya).

In counselling scenarios—such as addiction, sexual guilt, anxiety, or spiritual confusion—the IGICM offers a roadmap that enables ulama or Islamic counsellors to move from empathic listening to contextual diagnosis, and finally to ethically grounded guidance. This approach has been shown to increase compliance and trust in therapeutic settings (Rahman et al., 2023).

The IGICM is especially significant in the Tamale context, where ulama play an authoritative yet pastoral role in community life. The model empowers them to become more effective counsellors, equipped not only with religious texts but also with therapeutic literacy and contextual awareness. It contributes to both Islamic practice and human development by facilitating psychosocial healing, promoting youth resilience, and cultivating nafs al-mutma'inna (the tranquil soul).

METHODOLOGY

Research Paradigm

This study was situated within the qualitative research paradigm, which emphasizes meaning-making, interpretation, and contextual understanding (Creswell & Poth, 2018). Given that counseling practices in Islam are rooted in spiritual, moral, and communal dimensions, the qualitative interpretive approach provided a suitable framework for reflecting on the Integrated Grounded Islamic Counselling Model (IGICM). This paradigm facilitated engagement with religious texts and scholarly discourse as socially and culturally embedded sources of knowledge (Lincoln & Guba, 1985).

Data Sources

The primary data sources were the Qur'an and Hadiths, which provided foundational guidance for Islamic counseling, ethics, and well-being (Badri, 2018; Skinner, 2018). To complement these, the study also engaged secondary literature on Islamic counseling, Islamic psychology, fiqh (jurisprudence), and contemporary scholarship on counseling in Muslim contexts (Hamjah & Akhir, 2014; Haneef, 2021). Both classical works (such as tafsir and hadith commentaries) and modern academic reflections provide a grounding for understanding how the IGICM could be integrated into the practices of the *Ulama* in Tamale.

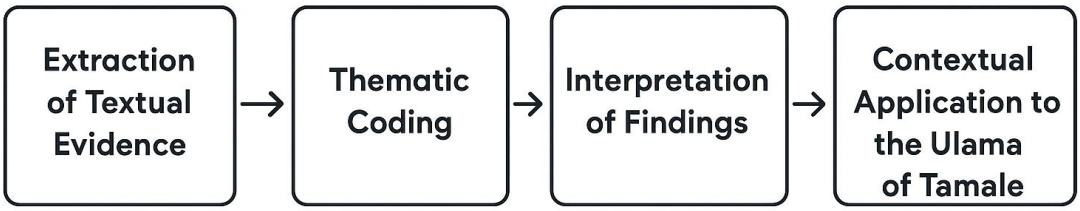
Data Collection

The study employed documentary and textual analysis. Qur'anic verses and Hadiths related to guidance, counseling, moral conduct, and emotional regulation are identified through purposive selection. Relevant scholarly works were systematically reviewed to provide interpretive depth and contextual application (Al-

Karam, 2018). The analysis remained anchored in authentic Islamic sources while engaging with modern counseling discourse.

Data Analysis

Data was analyzed using thematic analysis informed by grounded theory principles (Charmaz, 2014). The IGICM served as the interpretive lens through which themes relevant to counselling practice were extracted. The analysis was carried out in four steps:



1. **Extraction of Textual Evidence** – Qur'anic injunctions, Prophetic traditions, and scholarly writings were compiled.

2. **Thematic Coding and Categorization** – Concepts were coded into themes such as *shūrā* (consultation), *ṣabr* (patience), *raḥma* (compassion), forgiveness, and moral responsibility.

3. **Interpretation of Findings**: Themes were examined for interconnections, overlaps, and contradictions. Qur'anic injunctions were compared with Hadith evidence and contemporary Islamic counseling literature. For example, how *rahmah* (compassion) complements *adl* (justice) in counseling practice. Comparative textual analysis, grounded integration, and cross-referencing between classical and modern perspectives.

4. **Critical Reflection and Contextualization** – The themes were examined in relation to the IGICM and the socio-cultural realities of Tamale, enabling a context-specific interpretation of Islamic counseling practice (Hamjah & Akhir, 2014; Badri, 2018).

Trustworthiness and Rigor

Trustworthiness in qualitative research was achieved through credibility, dependability, and confirmability (Lincoln & Guba, 1985). This study enhances credibility by drawing exclusively on authentic Islamic sources and recognized scholarly works. Dependability was supported by maintaining transparency in coding and thematic analysis. Triangulation was ensured through the integration of Qur'anic and Hadith evidence, classical Islamic scholarship, and contemporary literature on Islamic counseling (Al-Karam, 2018; Skinner, 2018). Reflexivity was practiced throughout, acknowledging the interpretive role of the researcher and the socio-religious context of Tamale.

Ethical Considerations

Although this study does not involve human participants, ethical sensitivity was maintained by ensuring accurate representation of Islamic teachings and respecting the cultural and religious values of the Muslim community. Interpretations of Qur'anic and Hadith texts are presented faithfully, with reference to authoritative commentaries to avoid misrepresentation (Haneef, 2021).

Presentation of Cases, Contextual Responses and Discussion

Case One

A Muslim client has arrived at your counselling office. What strategies can be employed to ascertain the client's sect within Islam while maintaining a positive therapeutic relationship?

Proposed Response

In delivering Islamic counseling to a Muslim client within a culturally diverse environment such as the Tamale Metropolis, the counselor must approach sect identification with both theological understanding and cultural sensitivity. The objective extends beyond simply categorizing the client's affiliation; it involves comprehensively understanding how sectarian identity influences their worldview, spiritual needs, and help-seeking behaviors.

Therapeutic Observation as Culturally Attuned Assessment

Consistent with grounded Islamic counselling practices (Keshavarzi & Haque, 2015; Abu-Raiya & Pargament, 2020), observation is a subtle, respectful method of initiating cultural formulation. In the Tamale context, where Sunni Islam (predominantly Maliki school) and Ahmadiyya or Shi'a minorities coexist, religious attire, prayer posture, greetings, and use of certain supplications may signal religious affiliation. For instance, Sunni adherents typically say *"As-salamu 'alaykum wa rahmatullah"*, while Shi'a Muslims might include *"wa barakatuh"* or place greater emphasis on *Ali (RA)* during conversation. However, it is critical to avoid assumptions, especially with Muslim women, whose dress codes (e.g., hijab, niqab) may reflect socio-cultural rather than sectarian practices.

Such attentiveness aligns with the Islamic principle of *ḥusn al-ẓann* (having a good opinion of others), as taught in the Hadith:

"Beware of suspicion, for suspicion is the worst of false tales…" (Sahih Bukhari, Hadith 6066).

Hence, non-verbal cues should be used to enrich, not replace, deeper engagement.

Ethically Sensitive Inquiry through Value-Based Dialogue

Rather than direct sectarian labelling, the counsellor may employ value-based, open-ended questions to explore the client's theological lens. As suggested by Badri (2016) and Al-Krenawi (2017), Islamic counselling prioritizes ethical inquiry (adab)—asking with humility and for spiritual understanding, not categorization.

A culturally and theologically sensitive question might be:

"In your spiritual practice, are there particular teachings or scholars that you find most meaningful?"

If the client refers to scholars like Sheikh Usman Dan Fodio, Imam Malik, or Imam Jafar al-Sadiq, this can organically reveal orientation without judgment. This strategy echoes the Qur'anic ethic:

"Invite to the way of your Lord with wisdom and good instruction…" (Qur'an 16:125)

Such dialogue also reduces resistance or shame, especially in Tamale, where sectarian tension is minimal, but ethnic–Islamic affiliations (e.g., Dagomba–Sunni, Hausa–Ahmadiyya) might be sociopolitically sensitive.

When Observation is Sufficient: Preserving Trust and Ethical Integrity

If initial rapport-building and observation provide sufficient information for faith-aligned counselling, further questioning may not be necessary. According to Haque and Keshavarzi (2022), the therapeutic alliance is prioritized over intrusive identity probing. In Islam, *satr* (concealment of unnecessary personal matters) is a virtue; the Prophet Muhammad ﷺ said:

"Part of the perfection of one's Islam is his leaving that which does not concern him." (Tirmidhi, Hadith 2317)

Thus, discretion aligns both with Islamic ethics and the Association of Psychological Association's multicultural competence framework.

Role of Shared Belief in Trust Building

While maintaining professional boundaries, the counsellor may affirm shared Islamic values (e.g., justice, patience, tawakkul) to build spiritual trust (amanah) and therapeutic alliance. In Tamale, where religion is embedded in communal life and moral codes, referencing Qur'anic principles or Hadiths (with the client's consent) strengthens mutual understanding.

Case Two

A young individual expresses dissatisfaction with their engagement in masturbation. They seek your guidance; what key issues may arise during your therapeutic session? What is the anticipated duration of this session?

Proposed Response

The client's expression of dissatisfaction and distress related to masturbation reflects both a moral-spiritual struggle (waswas) and a psychological discomfort that warrants a compassionate, context-sensitive, and faith-integrated counselling response. Within the Tamale Metropolis—a region characterized by strong Islamic cultural norms and a youthful demographic increasingly exposed to digital content—masturbation is predominantly perceived as religiously impermissible (*haram*) and morally deviant. This cultural milieu significantly exacerbates the feelings of guilt, shame, and spiritual anxiety encountered by individuals engaging in such behavior (Sulemana & Mohammed, 2020). Consequently, the client's decision to seek counseling represents a crucial step in the Islamic therapeutic journey, indicating a degree of self-awareness and readiness for transformation that aligns with the concept of *tawbah* (repentance) in Islamic psychology.

In line with the Integrated Grounded Islamic Counselling Model (IGICM) (Khan et al., 2022), the counselling process should begin with empathetic listening (sabr) and non-judgmental rapport-building, grounded in the Prophetic tradition of compassion. The counsellor must recognize the client's self-awareness and readiness for help as a pivotal starting point, as the Prophet Muhammad (ﷺ) said:

"Every son of Adam sins, and the best of sinners are those who repent." (Tirmidhi, 2499)

From a clinical perspective, masturbation may function as a maladaptive coping mechanism for stress, loneliness, boredom, or unresolved trauma (Amin et al., 2021). Therefore, a detailed psycho-spiritual intake should cover:

- Age of onset and frequency of the act
- Emotional triggers or stressors
- Access to erotic content (via phones, social media)
- Religious guilt or fear of divine retribution
- Previous attempts to stop and coping mechanisms

This aligns with the Qur'anic principle of understanding one's nafs (soul) to achieve *tazkiyah* (purification) (Qur'an 91:7–10).

Therapeutic Interventions

Drawing on Qur'anic guidance (e.g., Qur'an 23:5–7) and the Hadith literature, the client should be gently reminded that Islam acknowledges sexual impulses but provides halal channels (marriage, fasting) for managing them. The Prophet ﷺ advised:

"O young people, whoever among you can afford it, let him marry… and whoever cannot, let him fast…" (Bukhari, 5066)

Cognitive reframing can challenge negative automatic thoughts (e.g., "I am impure," "Allah will never forgive me") with hope-centric, mercy-oriented Islamic beliefs (e.g., Qur'an 39:53 – *"Do not despair of the mercy of Allah"*).

Regular salah (prayer), Qur'an recitation, and dhikr (remembrance) can help redirect impulses and regulate emotions. In the Northern Ghanaian Muslim context, integration of Tijaniyya or Sufi dhikr traditions, where appropriate, can enhance self-regulation and calm.

Islamic and psychological literature recommend time-structuring, healthy socialization, and avoidance of triggers (Awan et al., 2018). Youth in Tamale face rising digital exposure through mobile phones; therefore, the client should be guided to:

- Disable or limit access to explicit material (digital hygiene)
- Engage in voluntary community service (e.g., masjid cleaning, school tutoring)
- Cultivate halal hobbies: e.g., sports, reading Islamic biographies, youth groups

In cases of compulsive sexual behavior with distress or dysfunction, the counsellor may need to refer to a clinical psychologist or Islamic psychotherapist. Research shows a correlation between compulsive masturbation and underlying anxiety, OCD, or trauma (Rahman et al., 2023). Collaboration between Islamic spiritual care and clinical psychotherapy is essential for holistic healing.

The therapeutic duration may range between 4–8 weekly sessions, depending on the severity and readiness for change. However, counselling for habit transformation and spiritual realignment may extend into longer-term mentoring, supported by local ulama, imams, or campus da'wah groups in Tamale. According to Khan et al. (2022), combining short-term behavioural goals with long-term tazkiyah-oriented mentorship yields sustained outcomes in Islamic counselling practice.

Given Tamale's socio-religious setting—with a strong Islamic identity and community-based moral regulation—young people often internalize feelings of guilt without accessing structured emotional support. Shame-based withdrawal can lead to secrecy, compulsion, or even depression if left unaddressed. Therefore, a contextualized, spiritually informed, and trauma-aware approach is necessary, one that upholds the dignity (*karamah*) of the individual, Frames repentance as a path of strength, not shame and Builds agency and resilience using Islamic moral frameworks.

Case Three:

In this case, a male client expressed concern regarding his wife's inclination towards oral sex, particularly her act of licking the penis, which caused him discomfort due to occasional contact with her teeth. In addition, he conveyed a general aversion to oral sex.

Counselling Response

This case illustrates a recurring challenge in marital counselling where physical intimacy preferences diverge between spouses, requiring a balance between personal comfort, Islamic ethical boundaries, and the preservation

of marital harmony.

The first step in approaching this case involves contextualizing the concern within both the psychological and Islamic framework of intimacy. The Qur'an describes the marital relationship as one based on *mawaddah* (affection) and *rahmah* (mercy), with spouses serving as garments for one another (*hunna libāsun lakum wa antum libāsun lahunna*, Qur'an 2:187). This metaphor underscores mutual comfort, respect, and protection as essential principles in sexual relationships. Thus, any act that causes persistent discomfort to one partner may be seen as undermining the spirit of tranquility (*sukūn*) intended in marriage (Qur'an 30:21; Ali, 2015).

From an Islamic legal perspective, scholarly rulings on oral sex are not uniform. Classical jurists such as Ibn Qudāmah (d. 1223) in *al-Mughnī* permitted forms of intimacy short of swallowing impurities (Ibn Qudāmah, 1997), while contemporary fatwas—such as those issued by Mufti Muhammad ibn Adam al-Kawthari—have clarified that kissing or touching private parts with the mouth may be permissible if no semen or pre-ejaculatory fluids are ingested, though the act remains morally discouraged if associated with indignity (al-Kawthari, 2004). This jurisprudential nuance provides the counsellor with a balanced framework: the act is not absolutely prohibited, but its practice requires consent, dignity, and avoidance of harm.

In counselling practice, it is essential to acknowledge both the client's aversion and the wife's sexual expression. Research on Islamic counselling emphasizes the importance of integrating *shūrā* (consultation) into marital therapy, thereby ensuring that both partners' voices are respected (Rothman & Coyle, 2018). The counsellor would therefore facilitate a dialogue where the wife's perspective is explored: why oral sex is meaningful to her, whether it enhances her intimacy, and whether alternative expressions of affection could meet her needs without causing her husband distress. This approach reflects the Qur'anic principle of mutual consultation and compromise (Qur'an 42:38).

Alternative forms of foreplay may be introduced as viable substitutes, consistent with Prophetic traditions encouraging tenderness before intercourse. The Prophet ﷺ is reported to have said: *"None of you should approach his wife like an animal; let there be a messenger between you—kisses and words"* (Daylami, *Musnad al-Firdaws*, as cited in al-Suyuti, 1994). By reframing intimacy as an act of affection and worship—where even sexual relations are described as a form of charity (Sahih Muslim, 1006)—the counsellor can shift the couple's focus from a single disputed act to a broader vision of marital intimacy rooted in compassion, mutual respect, and spiritual consciousness.

Finally, the ethical dimension of counselling in this case requires safeguarding the dignity of both spouses. The body in Islam is considered an *amānah* (trust), and its use must align with purity and respect (Qur'an 23:5–7; Kamali, 2008). The counsellor's role is not only to mediate between differing sexual preferences but also to ensure that intimacy remains an avenue for strengthening marital bonds and fostering spiritual tranquility.

This case demonstrates the critical role of contextualized Islamic counselling in navigating sensitive marital issues. By combining Qur'anic guidance, Prophetic traditions, juristic opinions, and contemporary counselling approaches, the intervention provides a holistic and ethically grounded response. It ensures that both psychological well-being and religious integrity are preserved, illustrating how Islamic counselling practice can address modern marital challenges with professionalism and fidelity to tradition.

LIMITATIONS, CONCLUSION, AND FUTURE STUDIES

This study contextualizes Islamic counselling practice by reflecting on the Integrated Grounded Islamic Counselling Model (IGICM) for the Ulama of Tamale. While it contributes significantly, some limitations must be acknowledged. The study is primarily conceptual and textual, relying on interpretations of the Qur'an, Hadith, and academic literature without empirical testing in live counselling settings, which limits the generalizability of its findings. The focus on Tamale's socio-cultural and religious context may not fully capture the diverse realities of other Muslim communities in Ghana or beyond. Client perspectives were not directly incorporated, restricting insights into how counselees perceive and experience counselling based on Islamic frameworks. Also, the limited academic literature on Islamic counselling within African contexts constrained broader comparative analysis.

Despite these limitations, the study demonstrates the value of the IGICM as a structured framework that integrates Qur'anic injunctions, Prophetic guidance, fiqh rulings, and modern counselling techniques into a holistic approach. The findings underscore that effective Islamic counselling must be textually grounded and contextually relevant, emphasizing *mu'āsharah bi'l-ma'rūf* (living with kindness and fairness; Qur'an 4:19), empathy, and mutual consultation (*shūrā*). For the Ulama of Tamale, the IGICM provides a viable framework for addressing sensitive issues such as marital relations, interpersonal conflicts, and psychosocial concerns, while ensuring alignment with Islamic ethics and communal expectations.

Empirical testing of the IGICM in counselling sessions with the Ulama of Tamale would strengthen its practical applicability and refine its methodology. Comparative studies across Muslim communities in Ghana and other African contexts could highlight commonalities and differences in applying Islamic counselling models. Similarly, incorporating client perspectives could enrich understanding of the acceptability, comfort, and perceived efficacy of Qur'an- and Sunnah-based counselling frameworks. This research further suggests that developing structured training programs for the Ulama could enhance their capacity to integrate Islamic teachings with professional counselling skills. Interdisciplinary dialogue between Islamic scholars, psychologists, and anthropologists could further advance the theoretical and practical development of Islamic counselling in contemporary societies.

This study affirms that contextualizing Islamic counselling through the IGICM holds promise for strengthening the role of Ulama as counsellors in Tamale. By balancing scriptural fidelity with cultural sensitivity and modern therapeutic insight, Islamic counselling can meaningfully respond to the evolving needs of Muslim communities. Future scholarship and practice should build upon this foundation to ensure that Islamic counselling serves as a spiritually authentic, culturally grounded, and psychologically effective resource for holistic well-being.

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