

The myth of therapeutic neutrality

Sabnum Dharamsi explores what we bring into the room and what we pretend we don't



Whenever I write, I try to write from the heart and with courage, even when it challenges a million premises. I have never believed in therapeutic neutrality. Not because I think the practitioner's ego should fill the room – quite the opposite – but because the idea that a human being can or should be absent from a human encounter has always seemed to me philosophically impossible and ethically questionable.

I know what it looks like when a client enters a room and realises they'll have to leave half of themselves outside it – their faith, their cosmology, their understanding of why they suffer and what healing means. And I know that leaving is not neutral. It comes at a cost. For many clients, it's a cost so familiar, so long normalised, that they no longer notice they are paying it.

Therapeutic neutrality was never neutral. It emerged from a particular cultural moment: post-Enlightenment. It was secular, individualist and deeply suspicious of the sacred – while presenting itself as a universal clinical stance. For Muslim clients, for many clients of colour, for anyone whose inner life is inseparable from their relationship with God, their community, ancestors and sense of moral accountability, this is not neutral at all. It is a position. It excludes. It pathologises by omission.

Here my critic arrives, and I want to welcome them. 'If we abandon neutrality, what remains of the therapeutic space?' they say and 'Does it become simply a soapbox, where the practitioner's beliefs colonise rather than serve?' No, I would reply. But the reason is bound up with faith itself. Because faith – lived, inherited, wrestled with, even doubted – does not close down questioning. It deepens it. It holds us accountable to something beyond ourselves, and in turn asks to be held accountable by the world it inhabits. The divine, in Islamic understanding, is ultimately

ineffable – beyond our categories or anything any tradition or technique can grasp. *Allahu Akbar* does not only mean 'God is great'. It means God is greater – greater than our constructs, our conclusions, the frameworks we have built to make sense of human suffering.

To stand at the edge of what cannot be named without the handhold of theory or certainty, and not flee, is to be undone by the sheer, vertiginous scale of what you do not and cannot know. It is out of that undoing that real character is built. This, I would argue, is what Islamic counselling training aspires to: not a supplement to the Western canon, but a decolonial act beginning from a fundamentally different understanding of what a self is, what it owes and to whom. It produces not arrogance but awe.

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This is where *muraqaba* (watchful self-witnessing) comes in. It can be understood as clinically significant in some relational and faith-informed contexts, rather than a spiritual extra. Not the absence of a self, but a self that has learned to watch itself. A journalist once told me: 'People think we are censored, but we don't need to be. We've been trained well enough to know what we can and can't say.' Are we, as therapists, like those journalists, rehearsing a particular self, convinced all the while that we are simply being professional?

The faith I am speaking of is not a settled arrival but a path. At times, it can be full of shadows but it is asking us to walk forward anyway, holding together the humility of not-knowing and the courage to keep

striving for good: in ourselves, in our work, in service to those who trust us with their most tender places.

Questions such as these were at the recent 'Islam: therapy, spirituality and politics: the myth of therapeutic neutrality' conference – a gathering of practitioners, scholars and community voices. This is a conversation I hope will continue to reverberate. What moved me most was the willingness of people deeply versed in their traditions to genuinely not know. To sit with uncertainty as a practice rather than a failure and continue to identify the ways that we exclude.

You know what it looks like when a practitioner who has done their own work enters a room. The difference is not technique. It is someone who has stood at the edge of their own unknowing and arrives from that place with an informed and humble presence. A fellow traveller, not an expert from on high.

The question of what we bring into the room belongs to each generation, each tradition and each encounter. But we are at a particular moment – one that asks more than good technique and managed neutrality. It asks us to dream, to walk lightly, to ask not only what therapy has been but what it might yet become. The shadows on this path are real. But so is what waits beyond honest questioning: a therapeutic future we might yet, together, imagine into being. ●

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