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HEART PURIFICATION IN THE QUR'AN AND ITS IMPLICATIONS FOR MODERN MENTAL HEALTH: AN INTEGRATIVE THEOLOGICAL AND PSYCHOLOGICAL APPROACH

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ABSTRACT

The global mental health crisis, exacerbated by the pandemic and digital social dislocation, has exposed the limitations of conventional biomedical and cognitive-behavioral paradigms, which tend to neglect the spiritual-existential dimension. This article proposes an epistemic deconstruction through the development of a theo-psychological framework based on the concept of heart purification (Tazkiyat al-Qalb) within Qur'anic discourse. Using a systematic integrative review method combined with hermeneutic-psychological analysis, this study examines 47 Qur'anic verses containing derivations of qalb, nafs, and tazkiyah. The main findings identify that the qalb functions as a center for the integration of cognition, emotion, and transcendent awareness, in contrast to Western neuro-centric models. The three-phase purification process takhalli (elimination of moral-pathological distortions), tahalli (internalization of psychological virtues), and tajalli (actualization of ontological consciousness) demonstrates functional correlations with prefrontal-based emotional regulation, cognitive resilience, and post-traumatic growth within contemporary positive

psychology. The novelty of this research lies in the model of “Psychospiritual Core-Centric Therapy (PCCT),” which positions heart purification as a form of neuro-cognitive and existential restructuring, rather than merely a ritual practice. Its clinical implications include intervention protocols for existential anxiety, meaning-based depression, and narcissistic personality disorder. This article contributes to the international recognition of Islamic psychology as a legitimate sub-discipline and provides practical guidance for integrating spirituality into evidence-based clinical practice.

KEYWORDS: Purification of the Heart, Tazkiyat al-Nafs (Purification of the Self), Qalb (Heart), Integrative Mental Health, Islamic Psychology, Spiritual Therapy, Neurotheology, Resilience.

1. INTRODUCTION

1.1 Background: A Paradigm Crisis in Global Mental Health

The World Health Organization (WHO) reported that the prevalence of mental disorders such as depression and anxiety increased by 25% during the first year of the COVID-19 pandemic (WHO, 2022). Despite the expanding access to psychopharmacology and evidence-based psychotherapies (CBT, DBT, ACT), relapse rates and patient dissatisfaction with fragmented models of care remain high (Kazdin, 2019). Fundamental critiques have emerged from humanistic-existential psychologists such as Van Deurzen (2021), who argue that secular models fail to address questions of meaning, suffering, and death issues that lie at the very core of the existential crisis in the postmodern era.

In the context of the Muslim population, which approaches nearly 2 billion people, it is paradoxical that most psychological interventions employed are cultural adaptations of Western models rather than original constructs derived from Islamic cosmology (Al-Karam, 2018). Practices such as "culturally adapted CBT," which merely modify variable labels without altering underlying ontological assumptions, often result in cognitive-theological dissonance among patients (Tanhan & Young, 2022). Therefore, there is an urgent need to formulate a psychological framework grounded in Islamic epistemic sources, particularly the Qur'an.

1.2 The Concept of Qalb: The Meeting Point of Theology and Psychology

In Qur'anic cosmology, the qalb is neither merely a biological organ nor an emotional metaphor. This term appears more than 130 times in its various derived forms, indicating its central position in Islamic theological anthropology (Ibn al-Qayyim, 2017). The Qur'an states: "Indeed, in that is a reminder for whoever has a heart (qalb) or who listens while he is present in mind" (Qaf: 37). This verse implies that the qalb is the locus of deep understanding (tafaquh), not merely emotion.

Contemporary Islamic psychology discourse (Rothman & Coyle, 2018; Haque & Keshavarzi, 2020) has begun to recognize that the qalb functions as an integration center for three domains: cognitive (ta'qil), affective (wijdan), and volitional (iradah).

This parallels the concept of "executive function" in neuroscience, but with the added transcendent dimension that connects individual consciousness to Divine reality.

1.3 Problem Statement and Research Gap

Although the literature on tazkiyah in classical Sufism is very rich (Al-Ghazali, Ihya' Ulum al-Din; Al-Qushayri, al-Risalah), modern empirical research connecting the process of heart purification with measurable mental health outcomes is still very limited. Most existing studies are either descriptive-theological or merely compare concepts without testing intervention mechanisms (Rassool, 2021). Confusion also occurs at the terminological level: is tazkiyat al-nafs identical to tazkiyat al-qalb? Is the process linear or circular?

This study addresses this gap by proposing three research questions:

1. How can the taxonomy and function of qalb in the Qur'an be mapped onto modern clinical psychology constructs?
2. What are the operational mechanisms of the three phases of heart purification (takhalli, tahalli, tajalli), and how do they correlate with neuroplasticity and emotion regulation mechanisms?
3. How can an integrative "Psychospiritual Core-Centric Therapy" model be formulated as an intervention protocol for specific mental disorders?

1.4 Significance and Objectives

Theoretically, this article contributes to the decolonization of psychology by providing an alternative epistemic framework that is non-reductionist. Practically, the research results offer guidance for clinical psychologists, counselors, and mental health practitioners in the Islamic world and Muslim communities in the West. The main objective is the construction of a coherent and applicable theo-psychological model.

2. LITERATURE REVIEW

2.1 The Anatomy of the Soul in Islam: Nafs, Qalb, 'Aql, and Ruh

To understand the purification of the heart, it is necessary to distinguish four anthropological entities that are often confused. Based on a synthesis of Al-Ghazali (2015), Ibn Qayyim (2017), and Badri (2018).

Entity	Main Function	Psychological Equivalent
Nafs	Self/ego; locus of desires and inclinations	Ego, self-identity, personality
Qalb	Center of spiritual perception, deep cognition, and moral consciousness	Intuition, conscience, metacognition
'Aql	Instrument of logical and discursive reasoning	Rational cognition, IQ
Ruh	Metaphysical entity that gives life; contact with God	Transpersonal consciousness, self-actualization

In this model, *qalb* is a "bridge" between the lower *nafs* and the higher *ruh*. Heart diseases (*amrad al-qulub*) such as arrogance (*takabbur*), envy (*hasad*), and ostentation (*riya'*) occur when the *nafs* dominates the *qalb*, obstructing the light of the *ruh* (Keshavarzi & Haque, 2013).

2.2 Tazkiyat al-Nafs: From Asceticism to Therapy

Etymologically, *tazkiyah* means purification, growth, and sanctification. The Qur'an states: "Indeed, successful is the one who purifies it (*tazakkaha*)" (QS. al-Shams: 9). Classical scholars such as Al-Muhasibi (*Kitab al-Khalwa*) and Al-Isfahani (*al-Dhari'ah ila Makarim al-Shari'ah*) formulated *tazkiyah* as a systematic methodology of self-discipline.

In modern psychology, the *tazkiyah* model is beginning to be viewed as a protocol for personality restructuring. Rothman and Coyle (2018) proposed that the process of *mujahadah* (striving against the desires of the *nafs*) parallels exposure therapy for impulse control disorders. Meanwhile, Tanhan & Young (2022), in Online Islamic Mental Health Counseling (OIMHC), showed that Muslim clients undergoing the *tazkiyah* protocol reported significant reductions in GAD-7 and PHQ-9 scores.

2.3 Positive Psychology, Mindfulness, and Islamic Spirituality

Conceptual Positive psychology (Seligman, 2011) identifies six core virtues (wisdom, courage, humanity, justice, temperance, transcendence). Interestingly, the first five virtues have direct equivalents in Islamic ethics, while the sixth, transcendence, is the most developed domain within the framework of *tawhid* (Haidar, 2019).

Mindfulness-Based Stress Reduction (MBSR), developed by Kabat-Zinn, also has strong parallels with the practices of *muraqabah* (full awareness of God's presence) and *dhikr* (continuous remembrance of God). Ijaz et al. (2017) demonstrated that *dhikr* produces alpha and theta wave activations similar to mindfulness, but with an added transpersonal meaning that enhances the sense of coherence (Antonovsky, 1987). This is a gap that will be explored further.

3. METHODOLOGY

3.1 Research Design: Integrative Review with a Hermeneutic-Psychological Approach

This study uses an integrative review method (Whittemore & Knafl, 2005) modified with a two-level hermeneutic analysis: theological hermeneutics (*tafsir*) and psychological hermeneutics (construct interpretation). This design allows for the synthesis of

literature from heterogeneous disciplines theology, clinical psychology, neuroscience, and philosophy without reducing the authority of each field.

3.2 Literature Search and Selection Strategy

The literature search was conducted in reputable databases: Scopus, Web of Science, PubMed, PsycINFO, and Google Scholar for modern literature; as well as Al-Maktabah al-Shamilah and JSTOR for classical manuscripts. Keywords used in Boolean operators:

- (tazkiyah OR tazkiyat al-nafs OR purification of soul) AND (mental health OR psychology)
- (qalb OR heart in Quran) AND (emotion regulation OR resilience OR mindfulness)
- (Islamic psychotherapy OR spiritually integrated therapy) AND (clinical outcomes)

The inclusion criteria were: (1) publications from the last 15 years (2011–2026) for empirical literature; (2) authoritative classical texts in tasawwuf and tafsir; (3) studies involving Muslim populations; and (4) articles in English or Arabic with translation. The exclusion criteria were: (1) studies discussing spirituality only in general terms without an Islamic framework; and (2) editorial opinions without data or analysis.

A total of 127 articles and 18 classical books were identified. After screening for duplicates and abstract relevance, 52 articles and 12 books remained for full analysis

3.3 Data Analysis: Themes and Conceptual Synthesis

The analysis was conducted in three stages:

1. Thematic coding of Qur'anic verses (using *Concordance of the Qur'an* by Kassis) and hadiths related to *qalb*.
2. Comparative analysis between the phases of *tazkiyah* and psychological constructs (resilience, emotion regulation, post-traumatic growth) using a conceptual matrix.
3. Narrative synthesis to develop a coherent "Psychospiritual Core-Centric Therapy" (PCCT) model.

Internal validity was maintained through member checking with three tafsir experts and two Muslim clinical psychologists.

4. RESULTS AND DISCUSSION

4.1 Taxonomy of Qalb in the Qur'an and Its Psychopathological Correspondence

A thematic analysis of Qur'anic verses reveals that *qalb* is not monolithic. There are gradations of heart conditions that directly correlate with mental health:

4.1.1 Qalbun Salim (The Sound Heart)

Qalbun salim is defined in Qur'an 26:89 as the only entity of value before God on the Day of Judgment: "Except those who come to Allah with a sound heart." Its psychological characteristics, according to Al-Tabari (2001) and modern analysis (Badri, 2018), include: (a) the absence of hatred and envy; (b) acceptance of divine decree with serenity (*ridha*); (c) the ability to forgive and ask for forgiveness; and (d) integrity between speech, actions, and beliefs. Within the DSM-5 framework, individuals with *qalbun salim* occupy the positive end of mental health—not merely the absence of disorder, but the presence of *flourishing* (Keyes, 2007).

4.1.2 Qalbun Marid (The Sick Heart)

Qur'an 5:52 mentions "*fi qulubihim marad*" ("in their hearts is a disease"). Classical Qur'anic commentators identify *marad* as doubt, hypocrisy, or an inclination toward sin. From a psychological perspective, *qalbun marid* parallels internalizing disorders such as generalized anxiety disorder (GAD) and mild-to-moderate depression. The clinical symptoms that arise include negative rumination, indecisiveness, and a tendency toward avoidance coping (Keshavarzi & Haque, 2013). However, *marid* is reversible through the process of *tazkiyah*.

4.1.3 Qalbun Mayyit (The Dead Heart)

The most severe condition is referred to in Qur'an 2:7: "Allah has sealed their hearts." This is not merely theological determinism, but rather the consequence of accumulated sin and persistent rejection of truth. Psychologically, *qalbun mayyit* is comparable to antisocial personality disorder (ASPD) and psychopathy the loss of empathy, remorse, and moral capacity. *Tazkiyah* interventions at this stage are extremely difficult and require what psychology terms "crisis intervention," or even multidisciplinary intervention.

4.2 Stages of Purifying the Heart: Takhalli, Tahalli, Tajalli.

This study confirms the three-phase model proposed by later scholars such as Al-Qushayri and Al-Ghazali, while mapping it into the language of contemporary psychology.

4.2.1 The Phase of Takhalli: Elimination of Moral-Pathological Distortions

Takhalli literally means "emptying oneself" of blameworthy traits (*al-akhlaq al-madhmumah*). In a clinical context, this phase is analogous to:

- Cognitive Restructuring in CBT: Individuals are taught to identify negative automatic thoughts that originate from the *nafs* (for example, "I am worthless," "Other people must hate me").
- Exposure and Response Prevention (ERP) for obsessive-compulsive symptoms: Refraining from compulsive behaviors driven by *was-was* (which in Islam is referred to as *waswas al-shaytan*).
- Digital and Social Detoxification: Avoiding environments and social circles that trigger envy (*hasad*), backbiting (*ghibah*), and ostentation (*riya*).
A study by Khan & Skinner (2021) showed that the *takhalli* phase, practiced over 8–12 weeks under the guidance of a *murabbi* (spiritual guide), resulted in a 34% reduction in Hostility Scale scores and a 41% reduction in Jealousy Scale scores among a sample of young Muslim adults.

4.2.2 The Phase of Tahalli: Internalization of Psychological Virtues

Once a positive emptiness has been created, the *tahalli* phase adorns the heart with praiseworthy traits (*al-akhlaq al-mahmudah*). Relevant psychological constructs include:

- Character Strengths and Virtues (Peterson & Seligman, 2004): Virtues such as justice, humanity, and transcendence are cultivated through daily practice.
- Positive Affect Regulation: The practice of gratitude (*shukr*) has been shown to increase activity in the ventral striatum and medial prefrontal cortex, both associated with reward processing (Koenig & Al Shohaib, 2019).
- Growth Mindset: The concept of *tawakkal* (placing trust in God after maximal effort) transforms responses to failure from helplessness into a learning opportunity.

4.2.3 The Phase of Tahalli: Internalization of Psychological Virtues.

ajalli is the lifting of the veil between the servant and God, such that awareness of the Divine presence becomes permanent. In transpersonal psychology, this is equivalent to a peak experience (Maslow) or non-dual awareness (Wilber). Its clinical implications include:

- Extreme Resilience: Individuals who experience *tajalli* are no longer deeply affected by social criticism or worldly failure, because their reference point for happiness has shifted to absolute reality (Counted & Watts, 2017).
- Post-Traumatic Growth (PTG): Disasters and calamities are no longer seen merely as trauma, but as tests from Allah that elevate spiritual rank.

This produces higher PTG than secular humanistic approaches (Tedeschi & Calhoun, 2004).

4.3 Implications for Modern Mental Health Interventions

4.3.1 Emotion Regulation Based on Dhikr and Muraqabah

Functional neuroscience data (fMRI) indicate that the practice of *dhikr* (repetition of the names of God) activates the default mode network (DMN) in a way that differs from ordinary mindfulness meditation. The DMN, which is usually associated with mind-wandering and pathological rumination, in the context of *dhikr* becomes “anchored” to representations of God, thereby reducing self-referential negative thinking (Ijaz et al., 2017). *Muraqabah* (awareness of God’s watchfulness) increases cognitive reappraisal and reduces amygdala reactivity to negative stimuli.

4.3.2 Sabr as an Active Coping Strategy

Contrary to the popular understanding that *sabr* means passivity, linguistic analysis shows that *sabr* contains the meanings of “restraining oneself from panicking,” “consistency in goodness,” and

“steadfastness in struggle.” Within the framework of stress psychology (Lazarus & Folkman, 1984), *sabr* is a combination of problem-focused coping (trying to solve the problem) and emotion-focused coping (regulating emotional responses), integrated with meaning-based coping (seeking theological meaning). A meta-analysis by Bonab & Koohsar (2011) showed that *sabr* correlates negatively with burnout ($r = -0.47$) and PTSD symptoms ($r = -0.52$).

4.3.3 Tawakkul and the Reduction of Intolerance of Uncertainty (IU)

Intolerance of uncertainty (IU) is an individual’s tendency to respond negatively to uncertainty, and it is a strong predictor of GAD and OCD. *Tawakkul*, which means entrusting one’s affairs to Allah after maximal effort, effectively eliminates IU because uncertainty about the future is surrendered to an All-Knowing and All-Wise Being. In a small clinical trial by Al-Karam (2018), the group undergoing six sessions of *tawakkul*-based therapy showed a decrease in IU-12 scores from 38.2 to 24.7 ($p < 0.001$).

4.3.4 The “Psychospiritual Core-Centric Therapy (PCCT)” Model

Based on the synthesis above, we propose the PCCT model with a 10-session protocol:

Session	Phase	Theme	Qur’anic Technique	Psychological Equivalent
1–2	Assessment	Mapping the condition of the <i>qalb</i>	<i>Muhasabah</i> (self-introspection)	SCID, BDI-II, BAI
3–4	<i>Takhalli</i>	Identification of <i>amrad al-qulub</i>	<i>Tawbah, inabah</i>	Cognitive restructuring
5–7	<i>Tahalli</i>	Internalization of <i>mahmudah</i>	<i>Dhikr, Shukr, Sabr</i>	Positive psychology interventions
8–9	<i>Tajalli</i>	Actualization of transcendent awareness	<i>Muraqabah, Tafakkur</i>	Mindfulness-based relapse prevention
10	Maintenance	Integration and relapse prevention	<i>Du’a, Tawakkul</i>	Behavioral activation, social support

4.4 Discussion: Toward a New Paradigm in Clinical Psychology

4.4.1 Critique of the Secular Model and Epistemic Integration.

The findings of this study support the argument that secular psychology, although superior in its technical aspects, suffers from “spiritual blindness,” which makes it inadequate for addressing crises of meaning (Van Deurzen, 2021). By contrast, the *tazkiyah* model offers an ontology in which mental health is a function of the orderliness of one’s relationship with God, oneself, and others a *triadic coherence*.

However, integration does not mean uncritical adoption. A critical approach is necessary to avoid reductionism in both directions: either reducing spirituality to merely psychological technique, or

reducing psychology to merely a branch of *fiqh*. The PCCT model we propose maintains this balance by preserving Qur’anic terminology as the primary framework while using modern psychometric measurement methods for validation.

4.4.2 Challenges of Implementation in Clinical Practice

The main challenges are: (1) the lack of Islamic literacy training among conventional psychologists; (2) resistance from conservative Muslim circles who regard psychology as a “kafir science”; and (3) standardization of protocols that still respect differences in legal schools and culture. The proposed solutions are certification for Islamic Clinical Psychologists with an integrated curriculum, as well as multicenter clinical trials to build an evidence base.

4.4.3 Contributions to Positive Psychology and Global Mental Health

The *tazkiyah* model can also enrich positive psychology by providing a “thicker” version of concepts such as happiness and meaning. In the context of global mental health, where 85% of the population in developing countries lacks access to conventional psychotherapy, spiritually based models that can be implemented by lay counselors from mosque communities offer a scalable and cost-effective solution.

5. NOVELTY AND CONTRIBUTION

The novelty of this study can be summarized in three main contributions:

5.1. A Three-Phase Model Integrated with Neuropsychology

Unlike previous studies that described *takhalli*, *tahalli*, and *tajalli* only in theological terms, this study maps each phase onto measurable neuroplasticity mechanisms. For example, *takhalli* is identified with the unlearning of maladaptive synaptic pathways; *tahalli* with long-term potentiation in prosocial reward pathways; and *tajalli* with modulation of the default mode network toward non-egoic awareness.

5.2. Formulation of the “Psychospiritual Core-Centric Therapy (PCCT)” Intervention Protocol

The 10-session protocol included in this article is, to the best of our knowledge, the first to explicitly use the Qur'anic taxonomy of the *qalb* as the basis for case conceptualization. PCCT can be directly adapted by clinical practitioners without compromising either theological integrity or scientific standards.

5.3. Empirical-Theoretical Validation for Islamic Psychology on the Global Stage

By citing more than 30 reputable sources (including Scopus Q1 and Q2 articles) as well as classical texts, this article provides academic legitimacy for Islamic psychology as a serious sub-discipline, on par with positive psychology, humanistic psychology, or transpersonal psychology.

6. CONCLUSION

The purification of the heart (*Tazkiyat al-Qalb*) from the Qur'anic perspective is not an outdated ascetic practice, but rather a holistic system of preventive and curative psychotherapy. Through the phases of *takhalli* (cleansing distortions), *tahalli*

(internalizing virtues), and *tajalli* (transcendent awareness), individuals attain *qalbun salim* a state of optimal mental health that goes beyond the mere absence of symptoms toward existential tranquility (*sakinah*). The integration of this model into modern clinical practice offers a solution to the crises of meaning and existential anxiety that secular psychology has failed to adequately address.

Recommendations for Future Research

- Multicenter clinical trials using RCT designs to compare the effectiveness of PCCT versus standard CBT in patients with GAD and mild to moderate depression.
- Longitudinal neuroimaging studies to observe structural and functional brain changes before and after an intensive *tazkiyah* program.
- The development of a new psychometric instrument: the Qalb Health Scale (QHS), which measures levels of *salim*, *marid*, and *mayyit* based on self-report and informant-report.
- Qualitative phenomenological studies on experiences of *tajalli* among contemporary Sufis to enrich understanding of non-dual awareness in Islam.

Practical Recommendations

- Ministries of health in Muslim-majority countries should consider integrating *tazkiyah* modules into primary mental health services.
- Psychology associations (for example, APA, BPS) should recognize Islamic spiritually integrated psychotherapy as a specialized competency.
- Universities and Islamic seminaries should develop professional master's programs in Islamic psychology with curricula integrating neuroscience, psychometrics, and *'ulum al-Qur'an*.

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