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A QUR'ANIC FRAMEWORK FOR PSYCHOSPIRITUAL HEALING: INTEGRATING TAFSIR AND CONTEMPORARY PSYCHOLOGY FOR MENTAL HEALTH

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ABSTRACT

Mental health disorders represent a global public health crisis, yet existing therapeutic frameworks often fail to address the spiritual dimensions of well-being that are central to Muslim populations. The Qur'an, as the primary scriptural source of Islam, contains rich psychological insights embedded within its verses and elaborated through centuries of Tafsir (exegetical) scholarship. However, these insights remain underutilized in contemporary clinical practice. This study proposes a systematic Qur'anic Framework for Psychospiritual Healing (QFPH) that integrates classical Tafsir scholarship with evidence-based psychological theories including Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT), mindfulness-based interventions, and positive psychology to provide a culturally congruent model for mental health care. A systematic qualitative literature review was conducted using thematic analysis of peer-reviewed publications retrieved from SciSpace, Google Scholar, and related academic databases. Inclusion criteria encompassed empirical studies, theoretical frameworks, and Tafsir-based analyses published between 2000 and 2026, with emphasis on sources from 2016 onward. Thematic synthesis was employed to identify convergent

domains across Qur'anic exegesis and psychological theory. The review identified five core psychospiritual domains within the Qur'anic framework: (1) the tripartite nafs (soul) model as a psychological architecture; (2) sakinah and thuma'nīnah as mechanisms of emotional regulation; (3) sabr (patience) and tawakkul (reliance on God) as cognitive-behavioral coping strategies; (4) dhikr (remembrance of God) as a mindfulness-equivalent practice; and (5) Qur'anic narrative (qasas) as a vehicle for meaning-making and post-traumatic growth. These domains were mapped onto CBT, ACT, positive psychology, and mindfulness frameworks, revealing substantial conceptual convergence. The QFPH model offers a theoretically grounded, culturally sensitive approach to mental health that honors both the empirical rigor of contemporary psychology and the spiritual depth of Qur'anic guidance. Clinical implications, limitations, and directions for future empirical validation are discussed.

KEYWORDS: Qur'anic Psychology; Psychospiritual Healing; Tafsir; Islamic Psychotherapy; Mental Health; CBT Integration; Mindfulness; Nafs; Dhikr; Sakinah.

1. INTRODUCTION

Mental health disorders affect approximately one billion people worldwide, with depression and anxiety disorders constituting the leading causes of disability-adjusted life years (DALYs) globally (World Health Organization, 2022). Despite significant advances in pharmacological and psychotherapeutic interventions, treatment gaps persist, particularly in Muslim-majority societies and among Muslim diaspora communities in Western countries (Dein et al., 2020). These gaps are attributable not only to resource limitations but also to a profound cultural and spiritual mismatch between prevailing secular therapeutic frameworks and the worldviews of Muslim clients (Rassool, 2024).

Islam, practiced by approximately 1.9 billion individuals nearly a quarter of the global population provides a comprehensive cosmological and anthropological framework that integrates spiritual, moral, and psychological dimensions of human existence (Pew Research Center, 2023). For many Muslims, mental distress is inseparable from spiritual crisis, and healing requires not merely symptom reduction but restoration of harmony between the self (*nafs*), the heart (*qalb*), and the divine (Hossain, 2024). Yet mainstream psychological interventions, rooted in secular Western epistemologies, often neglect or pathologize religious experience, creating barriers to engagement, therapeutic alliance, and treatment adherence among Muslim populations (Hamdan, 2008).

The Qur'an, revealed over 1,400 years ago, contains extensive guidance on human psychology, emotional regulation, moral development, and spiritual well-being. Classical and contemporary Tafsir scholarship has systematically elaborated these themes, identifying Qur'anic concepts such as *sakinah* (tranquility), *sabr* (patience), *tawakkul* (trust in God), *dhikr* (remembrance), and *tazkiyah* (purification of the soul) as foundational to psychological health (Nur & Zamimah, 2022). Recent scholarship has begun to explore convergences between these Qur'anic constructs and evidence-based psychological theories, including Cognitive Behavioral Therapy (CBT), mindfulness-based interventions, Acceptance and Commitment Therapy (ACT), and positive psychology (Arroisi & Muhammad, 2025; Zakiyah, 2025).

However, existing integrative efforts remain fragmented. Most studies focus on single therapeutic modalities or isolated Qur'anic concepts, lacking a comprehensive, multi-domain framework that

systematically bridges Tafsir scholarship and contemporary psychology (Çınaroğlu et al., 2023). Furthermore, many proposed models lack operationalization for clinical practice, limiting their utility for practitioners and researchers.

This article addresses these gaps by proposing a Qur'anic Framework for Psychospiritual Healing (QFPH) that systematically integrates multi-school Tafsir analysis with four evidence-based psychological modalities: CBT, ACT, mindfulness, and positive psychology. The framework is grounded in a systematic literature review and offers structured, operationalizable components suitable for empirical validation and clinical implementation. The specific research questions guiding this study are:

1. What are the core psychospiritual domains identified in Qur'anic exegesis relevant to mental health?
2. How do these Qur'anic domains map onto contemporary evidence-based psychological theories?
3. What are the mechanisms of action through which Qur'anic practices may facilitate psychological healing?
4. How can these insights be operationalized into a coherent, clinically applicable framework?

2. LITERATURE REVIEW

2.1 The Qur'an as a Source of Psychological Insight

The Qur'an presents a sophisticated anthropology that addresses the nature of the human soul (*nafs*), the heart (*qalb*), the spirit (*ruh*), and the intellect (*aql*). Classical Islamic scholars, including Al-Ghazali, Ibn Qayyim al-Jawziyya, and Abū Zayd al-Balkhī, developed comprehensive psychological systems based on Qur'anic principles (Arroisi & Muhammad, 2025; Hossain, 2024). Al-Balkhī's 9th-century work, *Masalih al-Abdan wa al-Anfus* (Sustenance for Body and Soul), is particularly notable for its biopsychosocial framework that anticipates modern integrative approaches by addressing cognitive, behavioral, devotional, and social dimensions of mental health (Arroisi & Muhammad, 2025).

Contemporary Tafsir scholarship has continued this tradition, with modern exegetes such as M. Quraish Shihab, Hamka, and others explicitly addressing mental health themes in their commentaries. Nur and Zamimah (2022) analyzed Shihab's Tafsir al-Misbah and identified faith (*iman*), patience (*sabr*), sincerity (*ikhlas*), and remembrance (*dhikr*) as central to psychological well-being, with the Qur'an functioning as a form of psychotherapy that addresses existential meaning and spiritual

fulfillment. Similarly, Mukharomah and Shofa (2023) examined Hamka's Tafsir al-Azhar and found that his emphasis on dhikr, prayer, patience, and gratitude parallels contemporary mindfulness, emotion regulation, and gratitude interventions in positive psychology.

2.2 The Tripartite Nafs Model: A Qur'anic Psychology of the Self

The Qur'an presents a developmental model of the nafs (soul/self) that has been elaborated extensively in Tafsir literature. Three primary states are identified: (1) nafs al-ammarah bi al-su' (the soul inclined to evil; Surah Yusuf 12:53), representing the impulsive, desire-driven self; (2) nafs al-lawwamah (the self-reproaching soul; Surah Al-Qiyamah 75:2), representing the conscience and moral self-awareness; and (3) nafs al-mutma'innah (the tranquil soul; Surah Al-Fajr 89:27-28), representing the spiritually mature, integrated self at peace with divine will (Rehman, 2025; Hossain, 2024).

This tripartite model bears striking resemblance to psychodynamic and developmental psychological theories. Rehman (2025) mapped the nafs model onto Freudian structures (id, ego, superego) and Jungian concepts of individuation, while also noting convergences with Maslow's hierarchy of needs, where spiritual self-actualization represents the highest developmental stage. The progression from nafs al-ammarah to nafs al-mutma'innah can be understood as a process of psychological maturation involving increasing self-regulation, moral development, and integration of conflicting impulses themes central to contemporary developmental and clinical psychology (Hossain, 2024).

2.3 Sakinah and Thuma'ninah: Qur'anic Mechanisms of Emotional Regulation

Two key Qur'anic terms sakinah and thuma'ninah describe states of psychological tranquility and emotional stability. Saputra *et al.* (2025) conducted a semantic analysis using Izutsu's method and distinguished sakinah as acute divine stabilization in moments of crisis (e.g., Surah Al-Tawbah 9:26, 9:40) from thuma'ninah as durable inner tranquility achieved through sustained faith and practice (e.g., Surah Al-Ra'd 13:28). They proposed a three-phase Qur'anic resilience model: (1) adversity exposure, (2) sakinah-mediated stabilization, and (3) thuma'ninah-based transformation, linking these phases to cognitive reframing and long-term resilience processes in contemporary psychology.

Jamalulel (2025) compared classical and modern Tafsir interpretations of verses related to peace of mind and proposed a psychospiritual peace model in which spiritual practices such as dhikr support self-

regulation and emotional balance. Emerging neurobiological research suggests that such practices may modulate stress response systems, including the hypothalamic-pituitary-adrenal (HPA) axis and autonomic nervous system, providing a psychophysiological basis for Qur'anic emotional regulation mechanisms (Jamalulel, 2025).

2.4 Sabr and Tawakkul: Cognitive-Behavioral Coping Strategies.

Sabr (patience, perseverance) and tawakkul (trust in God, reliance on divine providence) are recurrent Qur'anic themes with direct relevance to coping and resilience. The Qur'an presents sabr not as passive resignation but as active, purposeful endurance accompanied by continued effort and faith (Surah Al-Baqarah 2:153, 2:177; Surah Al-Inshirah 94:5-6). Tawakkul involves cognitive reappraisal of stressors through the lens of divine wisdom and ultimate control, reducing catastrophic thinking and promoting adaptive coping (Surah Al-Talaq 65:3; Surah Al-Isra' 17:80).

Khodijah *et al.* (2025) analyzed the narrative of Prophet Ayyub (Job) in the Qur'an as a template for post-traumatic growth (PTG). They identified sabr, tawakkul, and meaning-making as mechanisms through which severe adversity can lead to cognitive and spiritual transformation, paralleling Tedeschi and Calhoun's (1996) PTG model. The Qur'anic emphasis on finding meaning in suffering, maintaining hope, and deepening spiritual connection aligns closely with contemporary positive psychology and meaning-centered therapies (Seligman, 2011).

2.5 Dhikr: A Qur'anic Mindfulness Practice.

Dhikr (remembrance of God) is prescribed throughout the Qur'an as a means of achieving psychological tranquility and spiritual connection (Surah Al-Ra'd 13:28: "Verily, in the remembrance of Allah do hearts find rest"). Zakiyah (2025) formulated the concept of "Qur'anic spiritual mindfulness," defining practices that emphasize God-awareness within moment-to-moment attention. Unlike secular mindfulness, which focuses on non-judgmental present-moment awareness, Qur'anic mindfulness foregrounds divine connection, transcendental meaning, and moral intentionality.

Mukharomah and Shofa (2023) noted that Hamka's Tafsir al-Azhar presents dhikr as a form of self-healing that parallels mindfulness-based stress reduction (MBSR) and mindfulness-based cognitive therapy (MBCT) in its emphasis on attentional focus, emotional regulation, and cognitive defusion. Empirical research has begun to document the

psychological and physiological benefits of dhikr practices, including reduced anxiety, improved mood, and enhanced parasympathetic nervous system activity (Jamalulel, 2025).

2.6 Qur'anic Narrative (Qasas) and Meaning-Making.

The Qur'an employs extensive narrative (qasas) to convey moral, spiritual, and psychological lessons. Stories of prophets and communities serve as models for coping with adversity, moral decision-making, and spiritual growth. Sukandar et al. (2024) developed a Qur'anic counseling model based on Surah Yunus, proposing four therapeutic dimensions: educative-preventive, curative, cognitive-preservative, and affective-spiritual development. They argued that Qur'anic narratives can be operationalized in counseling practice to facilitate cognitive restructuring and spiritual strengthening.

Khodijah et al. (2025) demonstrated how the narrative of Prophet Ayyub functions as a therapeutic resource for clients experiencing trauma, providing a framework for understanding suffering, maintaining hope, and achieving post-traumatic growth. This aligns with narrative therapy approaches that emphasize the construction of coherent, meaningful life stories as central to psychological healing (White & Epston, 1990).

2.7 Integration with Contemporary Psychological Theories.

2.7.1 Cognitive Behavioral Therapy (CBT)

Several scholars have proposed integrations of Qur'anic principles with CBT. Hamdan (2008) outlined an Islamic cognitive restructuring model that incorporates Islamic beliefs and practices into CBT strategies, demonstrating the approach through clinical case examples. Syed Zainal Ariff (2025) developed a faith-sensitive CBT model that explicitly integrates *sabr*, *tawakkul*, *muhasabah* (self-examination), and *dhikr* into cognitive and behavioral techniques to enhance cultural congruence and therapeutic alliance with Muslim clients.

Mujahidah et al. (2024) proposed an integrated Islamic counseling and cognitive psychotherapy protocol for adolescent obsessive-compulsive disorder (OCD) that combines cognitive restructuring with structured Qur'an-based practices, including therapeutic *dhikr* and Qur'anic meditation. They provided session-level components and clinical rationale, offering a practical model for implementation.

2.7.2 Acceptance and Commitment Therapy (ACT)

The Qur'anic concepts of *sabr* and *tawakkul* align closely with ACT's emphasis on acceptance, cognitive defusion, and values-based action. The Qur'an encourages acceptance of divine decree (*qadar*) while maintaining active engagement with life challenges a stance consistent with ACT's distinction between acceptance of internal experiences and commitment to valued action (Hayes et al., 2006). Mohamad et al. (2025) developed a psychospiritual counseling model that aligns selected Qur'anic verses with the Transtheoretical Model stages of change, arguing that verses provide stage-appropriate functions (calming/acceptance, strength/hope, guidance/maintenance) to facilitate sustained behavior change.

2.7.3 Positive Psychology

Qur'anic emphasis on gratitude (*shukr*), hope (*raja'*), and character strengths (*akhlaq*) resonates with positive psychology's focus on well-being, flourishing, and virtue (Seligman, 2011). The concept of *nafs al-mutma'innah* represents an ideal of psychological flourishing that integrates hedonic and eudaimonic well-being with spiritual fulfillment. Nur and Zamimah (2022) mapped Shihab's Tafsir onto Maslow's hierarchy, positioning spirituality as the apex of self-actualization.

2.7.4 Mindfulness-Based Interventions

As noted above, *dhikr* practices share structural similarities with mindfulness meditation while maintaining distinct theological and intentional dimensions. Zakiyah (2025) proposed that Qur'anic spiritual mindfulness can be integrated into therapeutic contexts, offering Muslim clients a culturally congruent alternative to secular mindfulness that preserves religious meaning and motivation.

2.8 Empirical Evidence for Islamic Psychotherapy.

Çınaroğlu et al. (2023) conducted a systematic review and meta-analysis evaluating the effectiveness of Islamically integrated psychotherapies across adult Muslim samples. They synthesized 13 studies and reported overall positive effects, though they noted variability in study quality and outcome measures. Musleh (2017) presented a clinical case study of an American Muslim hijabi woman with an eating disorder, demonstrating how integrating religious identity and cross-cultural factors informs case conceptualization and treatment planning.

Mohd Sanadi et al. (2025) proposed a Qur'an-based spiritual psychotherapy approach for *was-was* (OCD-like intrusive doubt), arguing that Qur'anic recitation and Islamic scholarly perspectives can function as therapeutic elements in symptom reduction and cognitive reframing. However, the

evidence base remains limited, with a need for large-scale, high-quality randomized controlled trials (RCTs) comparing secular and Qur'an-integrated psychotherapies across diagnostic categories.

2.9 Gaps in the Literature.

Despite growing interest in Islamic psychotherapy, several gaps remain:

- Fragmentation: Most studies focus on single therapeutic modalities or isolated Qur'anic concepts, lacking comprehensive, multi-domain frameworks.
- Limited operationalization: Many proposed models lack detailed session structures, assessment tools, and implementation guidelines.
- Insufficient empirical validation: High-quality RCTs are scarce, limiting conclusions about efficacy and mechanisms of action.
- Tafsir underutilization: Few studies systematically engage with classical and contemporary Tafsir scholarship to ground psychological interpretations.

This study addresses these gaps by proposing a comprehensive, operationalizable Qur'anic Framework for Psychospiritual Healing (QFPH) grounded in systematic Tafsir analysis and mapped onto multiple evidence-based psychological theories.

3. METHODOLOGY

3.1 Research Design.

This study employed a systematic qualitative literature review using thematic synthesis methodology (Thomas & Harden, 2008). Thematic synthesis is appropriate for integrating findings from diverse sources including empirical studies, theoretical frameworks, and exegetical analyses to generate new conceptual frameworks.

3.2 Search Strategy

A comprehensive search was conducted across multiple academic databases, including SciSpace, SciSpace Full Text, Google Scholar, PubMed, PsycINFO, and Scopus. The search was performed in January–April 2026 and employed the following search terms in various combinations:

- Qur'anic terms: Qur'an, Quran, Tafsir, Islamic psychology, nafs, sakinah, sabr, tawakkul, dhikr, tazkiyah
- Psychological terms: mental health, psychotherapy, counseling, CBT, mindfulness, ACT, positive psychology, resilience, coping, emotional regulation.
- Integration terms: Islamic psychotherapy, Muslim mental health, spiritually integrated therapy, religious coping, faith-based intervention.

3.3 Inclusion and Exclusion Criteria

Inclusion criteria:

- Peer-reviewed journal articles, book chapters, and dissertations.
- Published between 2000 and 2026, with emphasis on 2016–2026
- Focus on Qur'anic concepts, Tafsir analysis, or Islamic psychotherapy
- Empirical studies, theoretical frameworks, or systematic reviews
- English, Arabic, or Indonesian language (with translation where necessary)

Exclusion criteria:

- Non-peer-reviewed sources (blogs, opinion pieces)
- Studies focusing exclusively on hadith or fiqh without Qur'anic grounding
- Studies on general religiosity without specific Qur'anic content
- Duplicate publications

3.4 Study Selection and Data Extraction

The initial search yielded 158 unique papers. Titles and abstracts were screened for relevance, resulting in 87 papers for full-text review. After full-text assessment, 35 papers met inclusion criteria and were included in the final analysis. Data extraction focused on:

- Qur'anic concepts and verses discussed
- Tafsir sources and interpretations
- Psychological theories and constructs
- Proposed mechanisms of action
- Empirical findings (where applicable)
- Clinical applications and operationalization

3.5 Thematic Synthesis

Following Thomas and Harden (2008), thematic synthesis proceeded in three stages:

- Line-by-line coding: Initial codes were generated from each included study, capturing key concepts, Qur'anic themes, psychological constructs, and proposed mechanisms.
- Development of descriptive themes: Codes were organized into descriptive themes representing recurring patterns across studies (e.g., "nafs as psychological architecture," "dhikr as mindfulness practice").
- Generation of analytical themes: Descriptive themes were synthesized into higher-order analytical themes that addressed the research questions and formed the basis of the QFPH framework.

3.6 Quality Assessment

Study quality was assessed using criteria adapted from the Critical Appraisal Skills Programme (CASP) for qualitative research and the Cochrane Risk of Bias tool for quantitative studies. Quality assessment informed interpretation but did not exclude studies,

as the goal was comprehensive conceptual synthesis rather than meta-analysis.

3.7 Ethical Considerations

This study involved secondary analysis of published literature and did not require institutional review board approval. All sources are properly cited, and no primary data collection with human participants was conducted.

4. DISCUSSION

4.1 The Qur'anic Framework for Psychospiritual Healing (QFPH): Core Domains

The thematic synthesis identified five core psychospiritual domains that form the foundation of the QFPH model:

4.1.1 Domain 1: The Tripartite Nafs Model as Psychological Architecture

The Qur'anic tripartite nafs model provides a developmental psychology of the self that integrates impulse regulation, moral development, and spiritual maturation. The progression from nafs al-ammarah (impulsive self) through nafs al-lawwamah (self-aware, conscience-driven self) to nafs al-mutma'innah (tranquil, integrated self) parallels contemporary models of ego development, self-regulation, and psychological maturity (Rehman, 2025; Hossain, 2024).

Mapping to psychological theories:

- Psychodynamic theory: The nafs model resonates with Freudian structural theory (id, ego, superego) and Jungian individuation, though with distinct theological grounding.
- Developmental psychology: The progression reflects increasing self-regulation, moral reasoning, and identity integration described in Erikson's and Kohlberg's developmental models.
- Self-determination theory: The movement toward nafs al-mutma'innah involves increasing autonomy, competence, and relatedness (to God and others).

Clinical implications: Assessment of nafs state can inform case conceptualization and treatment planning. Interventions can be tailored to support progression toward higher nafs states through cognitive restructuring (addressing nafs al-ammarah's distortions), moral development (strengthening nafs al-lawwamah's conscience), and spiritual practices (cultivating nafs al-mutma'innah's tranquility).

4.1.2 Domain 2: Sakinah and Thuma'ninah as Emotional Regulation Mechanisms

Sakinah (acute divine stabilization) and thuma'ninah (durable inner tranquility) represent distinct but complementary mechanisms of emotional regulation. Saputra et al.'s (2025) three-phase

resilience model—adversity → sakinah stabilization → thuma'ninah transformation—provides a framework for understanding how Qur'anic practices facilitate both immediate affect regulation and long-term psychological resilience.

Mapping to psychological theories:

- Emotion regulation theory: Sakinah functions as an acute emotion regulation strategy (analogous to distraction, reappraisal, or soothing), while thuma'ninah represents trait-level emotional stability.
- Stress and coping theory: Sakinah provides crisis stabilization (emotion-focused coping), while thuma'ninah reflects successful adaptation and growth (meaning-focused coping).
- Polyvagal theory: Sakinah may activate parasympathetic nervous system responses (social engagement, calming), while thuma'ninah reflects sustained vagal tone and stress resilience.

Clinical implications: Interventions can target both acute stabilization (through dhikr, prayer, Qur'anic recitation to invoke sakinah) and long-term resilience building (through sustained spiritual practice, cognitive reframing, and meaning-making to cultivate thuma'ninah). The distinction between acute and durable tranquility can guide treatment planning and outcome assessment.

4.1.3 Domain 3: Sabr and Tawakkul as Cognitive-Behavioral Coping Strategies

Sabr (patience, perseverance) and tawakkul (trust in God) represent active, adaptive coping strategies that involve both cognitive reappraisal and behavioral persistence. The Qur'anic presentation of sabr emphasizes purposeful endurance accompanied by continued effort, hope, and faith, rather than passive resignation (Surah Al-Baqarah 2:153; Surah Al-Inshirah 94:5-6). Tawakkul involves cognitive reappraisal of stressors through the lens of divine wisdom and ultimate control, reducing catastrophic thinking and promoting adaptive coping (Surah Al-Talaq 65:3).

Mapping to psychological theories:

- Cognitive Behavioral Therapy (CBT): Sabr and tawakkul involve cognitive restructuring (challenging catastrophic thinking, reappraising stressors as tests or opportunities for growth) and behavioral activation (maintaining goal-directed behavior despite distress).
- Acceptance and Commitment Therapy (ACT): Tawakkul aligns with acceptance of uncontrollable circumstances and commitment to values-based action; sabr reflects psychological flexibility and willingness to experience discomfort in pursuit of meaningful goals.

c. Stress inoculation training: Sabr involves building tolerance for distress through graduated exposure and cognitive preparation, similar to stress inoculation protocols.

Clinical implications: Sabr and tawakkul can be explicitly integrated into CBT and ACT protocols for Muslim clients. Therapists can use Qur'anic verses and narratives to facilitate cognitive restructuring, promote acceptance, and encourage values-based action. Homework assignments can include reflection on Qur'anic models of sabr (e.g., Prophet Ayyub) and practice of tawakkul through prayer and cognitive reappraisal exercises.

4.1.4 Domain 4: Dhikr as a Mindfulness-Equivalent Practice

Dhikr (remembrance of God) shares structural similarities with mindfulness meditation including focused attention, present-moment awareness, and non-reactive observation while maintaining distinct theological and intentional dimensions. Zakiyah's (2025) concept of "Qur'anic spiritual mindfulness" emphasizes God-awareness, transcendental meaning, and moral intentionality as distinguishing features.

Mapping to psychological theories:

a. Mindfulness-based interventions: Dhikr involves attentional focus, emotional regulation, and cognitive defusion similar to MBSR and MBCT, but with theocentric rather than secular framing.

b. Attention training: Dhikr practices (e.g., repetitive recitation of divine names or phrases) train sustained attention and reduce mind-wandering, similar to concentration meditation.

c. Self-compassion: Dhikr practices that emphasize divine mercy and forgiveness (e.g., "Ar-Rahman, Ar-Rahim") may cultivate self-compassion and reduce self-criticism.

Clinical implications: Dhikr can be offered as a culturally congruent alternative to secular mindfulness for Muslim clients. Structured dhikr protocols can be developed for specific clinical populations (e.g., anxiety, depression, trauma) with clear instructions, duration, and outcome measures. Therapists should assess clients' familiarity with and attitudes toward dhikr practices and provide psychoeducation on their psychological mechanisms.

4.1.5 Domain 5: Qur'anic Narrative (Qasas) as Meaning-Making and Post-Traumatic Growth

Qur'anic narratives provide models for coping with adversity, moral decision-making, and spiritual growth. The story of Prophet Ayyub exemplifies post-traumatic growth through sabr, tawakkul, and meaning-making (Khodijah *et al.*, 2025). Surah Yunus

offers a framework for educative-preventive, curative, cognitive-preservative, and affective-spiritual therapeutic dimensions (Sukandar *et al.*, 2024).

Mapping to psychological theories:

a. Narrative therapy: Qur'anic narratives can be used to help clients construct coherent, meaningful life stories that integrate suffering and growth.

b. Post-traumatic growth (PTG): Qur'anic narratives model the five domains of PTG identified by Tedeschi and Calhoun (1996): personal strength, new possibilities, relating to others, appreciation of life, and spiritual change.

c. Meaning-centered therapy: Qur'anic narratives provide sources of meaning, purpose, and hope, central to logotherapy and meaning-centered approaches.

Clinical implications: Therapists can use Qur'anic narratives as therapeutic resources, inviting clients to identify with prophetic models, extract moral and psychological lessons, and apply them to their own challenges. Bibliotherapy using Qur'anic stories can be integrated into treatment plans. Group therapy formats can include discussion of Qur'anic narratives and shared meaning-making.

4.2 Integration with Evidence-Based Psychological Modalities

The QFPH model systematically integrates Qur'anic domains with four evidence-based psychological modalities:

4.2.1 Integration with Cognitive Behavioral Therapy (CBT)

Qur'anic concepts map onto core CBT components:

a. Cognitive restructuring: Sabr and tawakkul involve challenging catastrophic thinking and reappraising stressors; Qur'anic verses provide alternative cognitions (e.g., "With hardship comes ease," Surah Al-Inshirah 94:5-6).

b. Behavioral activation: Qur'anic emphasis on action despite distress (e.g., prayer, charity, social connection) aligns with behavioral activation protocols.

c. Exposure: Sabr involves building distress tolerance through graduated exposure to challenges, similar to exposure therapy principles.

Several scholars have developed Islamic CBT models (Hamdan, 2008; Syed Zainal Ariff, 2025; Mujahidah *et al.*, 2024), demonstrating feasibility and preliminary efficacy. The QFPH model extends these efforts by providing a comprehensive, multi-domain framework grounded in systematic Tafsir analysis.

4.2.2 Integration with Acceptance and Commitment Therapy (ACT)

Qur'anic concepts align closely with ACT's six core processes:

- a. Acceptance: Tawakkul involves acceptance of divine decree and uncontrollable circumstances.
- b. Cognitive defusion: Dhikr practices facilitate defusion from distressing thoughts through attentional redirection.
- c. Present-moment awareness: Dhikr cultivates present-moment God-awareness.
- d. Self-as-context: The nafs model distinguishes the observing self (nafs al-lawwamah) from the impulsive self (nafs al-ammarah).
- e. Values: Qur'anic ethics and akhlaq provide a comprehensive values framework.
- f. Committed action: Sabr involves committed action in pursuit of values despite distress.

The QFPH model suggests that ACT protocols can be adapted for Muslim clients by explicitly framing acceptance, defusion, and values in Qur'anic terms, enhancing cultural congruence and therapeutic alliance.

4.2.3 Integration with Positive Psychology

Qur'anic emphasis on gratitude (shukr), hope (raja'), character strengths (akhlaq), and flourishing (nafs al-mutma'innah) resonates with positive psychology's focus on well-being, virtue, and optimal functioning (Seligman, 2011). The QFPH model incorporates positive psychology interventions:

- a. Gratitude practices: Qur'anic verses on gratitude (e.g., Surah Ibrahim 14:7) can frame gratitude journaling and reflection exercises.
- b. Strengths identification: Islamic character strengths (e.g., sabr, shukr, tawakkul, ihsan) can be assessed and cultivated.
- c. Meaning and purpose: Qur'anic teachings on life purpose (e.g., worship, stewardship, moral development) provide existential meaning.

4.2.4 Integration with Mindfulness-Based Interventions

Dhikr practices share structural similarities with mindfulness meditation while maintaining distinct theological dimensions. The QFPH model proposes "Qur'anic spiritual mindfulness" (Zakiyah, 2025) as a culturally congruent alternative to secular mindfulness, incorporating:

- a. Focused attention: Repetitive recitation of divine names or phrases (e.g., "SubhanAllah," "Alhamdulillah," "Allahu Akbar").
- b. Open monitoring: Awareness of God's presence in all experiences.
- c. Loving-kindness: Reflection on divine mercy and compassion (e.g., "Ar-Rahman, Ar-Rahim").

Structured dhikr protocols can be developed with clear instructions, duration, and outcome measures, suitable for empirical validation.

4.3 Mechanisms of Action

The QFPH model proposes several mechanisms through which Qur'anic practices may facilitate psychological healing:

- a. Cognitive reappraisal: Qur'anic teachings provide alternative interpretations of stressors, reducing catastrophic thinking and promoting adaptive coping.
- b. Emotional regulation: Dhikr, prayer, and Qur'anic recitation activate parasympathetic nervous system responses, reducing physiological arousal and promoting calm.
- c. Meaning-making: Qur'anic narratives and teachings provide frameworks for understanding suffering, finding purpose, and constructing coherent life stories.
- d. Social support: Islamic practices (e.g., communal prayer, charity) foster social connection and support, buffering against stress.
- e. Behavioral activation: Qur'anic emphasis on action (e.g., prayer, charity, social engagement) counters avoidance and withdrawal.
- f. Spiritual connection: Practices that cultivate awareness of and relationship with God provide existential meaning, hope, and comfort.

These mechanisms are consistent with established psychological theories and suggest multiple pathways through which the QFPH model may exert therapeutic effects.

4.4 Clinical Operationalization

The QFPH model can be operationalized into structured treatment protocols with the following components:

4.4.1 Assessment Phase

- a. Nafs assessment: Evaluate client's current nafs state (ammarah, lawwamah, mutma'innah) to inform case conceptualization.
- b. Spiritual history: Assess religious background, beliefs, practices, and attitudes toward integrating spirituality in therapy.
- c. Presenting problems: Identify symptoms, stressors, and functional impairments using standardized measures.

4.4.2 Psychoeducation Phase

- a. QFPH model overview: Introduce the five core domains and their psychological mechanisms.
- b. Qur'anic concepts: Provide education on relevant Qur'anic concepts (nafs, sakinah, sabr, tawakkul, dhikr) with verses and Tafsir insights.

c. Integration rationale: Explain how Qur'anic practices complement evidence-based psychological techniques.

4.4.3 Intervention Phase

a. Cognitive restructuring: Use Qur'anic verses and teachings to challenge maladaptive cognitions and promote adaptive reappraisals.

b. Dhikr practice: Introduce structured dhikr protocols tailored to presenting problems (e.g., anxiety, depression, trauma).

c. Behavioral activation: Encourage engagement in Qur'anic-prescribed activities (prayer, charity, social connection) as behavioral experiments.

d. Narrative work: Use Qur'anic narratives (e.g., Prophet Ayyub) to facilitate meaning-making and post-traumatic growth.

e. Values clarification: Identify and commit to values grounded in Qur'anic ethics and akhlaq.

4.4.4 Consolidation Phase

a. Relapse prevention: Develop maintenance plans incorporating ongoing spiritual practices.

b. Community integration: Connect clients with supportive religious communities and resources.

c. Outcome assessment: Evaluate symptom reduction, functional improvement, and spiritual well-being using validated measures.

4.5 Empirical Evidence and Limitations

Preliminary empirical evidence supports the efficacy of Islamically integrated psychotherapies. Çınaroğlu *et al.*'s (2023) meta-analysis of 13 studies reported overall positive effects, though with variability in study quality and outcome measures. Case studies and pilot trials have demonstrated feasibility and acceptability of Islamic CBT, dhikr-based interventions, and Qur'anic counseling approaches (Hamdan, 2008; Musleh, 2017; Mujahidah *et al.*, 2024; Mohd Sanadi *et al.*, 2025).

However, significant limitations remain:

a. Limited high-quality RCTs: The evidence base lacks large-scale, well-controlled trials comparing Qur'an-integrated therapies to standard treatments across diagnostic categories.

b. Heterogeneity: Existing studies vary widely in populations, interventions, and outcome measures, limiting meta-analytic synthesis.

c. Mechanism studies: Few studies have examined mechanisms of action through mediation analyses or experimental designs.

d. Cultural specificity: Most studies focus on specific cultural contexts (e.g., Middle East, Southeast Asia), limiting generalizability to diverse Muslim populations.

e. Therapist training: Lack of standardized training programs for therapists in Qur'anic psychotherapy limits implementation.

4.6 Theoretical Contributions

The QFPH model makes several theoretical contributions:

a. Systematic integration: It is the first framework to systematically integrate multi-school Tafsir analysis with four distinct evidence-based psychological modalities (CBT, ACT, mindfulness, positive psychology).

b. Multi-domain architecture: The five-domain structure provides a comprehensive, coherent framework that addresses cognitive, emotional, behavioral, spiritual, and narrative dimensions of healing.

c. Operationalization: The model offers structured, clinically applicable components suitable for treatment manual development and empirical validation.

d. Cultural congruence: By grounding interventions in Qur'anic teachings and Tafsir scholarship, the model enhances cultural and spiritual congruence for Muslim clients, potentially improving engagement, alliance, and outcomes.

4.7 Clinical Implications

The QFPH model has several clinical implications:

a. Enhanced cultural competence: Clinicians working with Muslim clients can use the framework to integrate clients' religious beliefs and practices into treatment, enhancing therapeutic alliance and engagement.

b. Treatment adaptation: Existing evidence-based protocols (CBT, ACT, mindfulness) can be adapted using QFPH principles to increase cultural congruence without sacrificing empirical rigor.

c. Training and supervision: The model provides a structured framework for training clinicians in Qur'anic psychotherapy, including didactic content, case conceptualization tools, and intervention techniques.

d. Community-based interventions: The model can inform community-based mental health programs in mosques, Islamic centers, and Muslim organizations, leveraging existing spiritual resources and social networks.

4.8 Directions for Future Research

Future research should address the following priorities:

a. Randomized controlled trials: Conduct high-quality RCTs comparing QFPH-based interventions to standard treatments across diagnostic categories (depression, anxiety, trauma, OCD).

- b. Mechanism studies: Examine proposed mechanisms (cognitive reappraisal, emotional regulation, meaning-making, social support) through mediation analyses and experimental designs.
- c. Dose-response studies: Investigate optimal frequency, duration, and intensity of Qur'anic practices (dhikr, prayer, recitation) for therapeutic benefit.
- d. Neurobiological studies: Use neuroimaging and psychophysiological methods to examine neural and autonomic correlates of Qur'anic practices.
- e. Cultural adaptation studies: Examine how the QFPH model can be adapted for diverse Muslim populations (e.g., different cultural backgrounds, levels of religiosity, sectarian affiliations).
- f. Training and dissemination: Develop and evaluate training programs for clinicians in QFPH-based interventions, assessing competence, fidelity, and outcomes.
- g. Measurement development: Develop and validate measures of Qur'anic constructs (nafs states, sakinah, thuma'ninah, sabr, tawakkul) for use in research and clinical practice.

4.9 Ethical Considerations

Several ethical considerations are relevant to the QFPH model:

- a. Client autonomy: Therapists must respect clients' autonomy in deciding whether and how to integrate religious content into therapy. The model should be offered as an option, not imposed.
- b. Competence: Therapists using the QFPH model should have adequate training in both evidence-based psychological interventions and Islamic theology/Tafsir to ensure competent, ethical practice.
- c. Avoiding harm: Therapists must be cautious not to reinforce maladaptive religious beliefs (e.g., excessive guilt, fatalism) or to pathologize normative religious experiences.
- d. Cultural humility: Therapists should approach Muslim clients with cultural humility, recognizing diversity within Muslim communities and avoiding stereotypes.
- e. Boundaries: Therapists should maintain appropriate professional boundaries, distinguishing therapeutic roles from religious authority or spiritual guidance.

5. CONCLUSION

This study proposed a Qur'anic Framework for Psychospiritual Healing (QFPH) that systematically integrates classical and contemporary Tafsir scholarship with evidence-based psychological

theories including Cognitive Behavioral Therapy, Acceptance and Commitment Therapy, mindfulness-based interventions, and positive psychology. The framework is grounded in a systematic literature review and identifies five core psychospiritual domains:

- (1) the tripartite nafs model as psychological architecture,
- (2) sakinah and thuma'ninah as emotional regulation mechanisms,
- (3) sabr and tawakkul as cognitive-behavioral coping strategies,
- (4) dhikr as a mindfulness-equivalent practice, and
- (5) Qur'anic narrative as a vehicle for meaning-making and post-traumatic growth.

The QFPH model offers a theoretically grounded, culturally sensitive approach to mental health that honors both the empirical rigor of contemporary psychology and the spiritual depth of Qur'anic guidance. By providing structured, operationalizable components, the model facilitates clinical implementation and empirical validation. Preliminary evidence supports the feasibility and acceptability of Islamically integrated psychotherapies, though high-quality randomized controlled trials are needed to establish efficacy and elucidate mechanisms of action.

The QFPH model addresses a critical gap in mental health care for Muslim populations, who constitute nearly a quarter of the global population yet often face barriers to accessing culturally congruent services. By integrating Qur'anic wisdom with contemporary psychological science, the model offers a pathway toward healing that respects clients' religious identities, enhances therapeutic alliance, and promotes holistic well-being encompassing psychological, spiritual, and moral dimensions.

Future research should focus on rigorous empirical validation, mechanism studies, cultural adaptation, and training and dissemination efforts to realize the full potential of the QFPH model in improving mental health outcomes for Muslim communities worldwide.

6. Research Novelty

This study makes several novel contributions to the literature on Islamic psychotherapy and culturally adapted mental health interventions:

- a. First systematic multi-school Tafsir integration: This is the first study to systematically integrate classical and contemporary Tafsir scholarship from multiple exegetical schools (e.g., Shihab's Tafsir al-Misbah, Hamka's Tafsir al-Azhar, semantic analyses of key terms) into a unified psychotherapeutic

framework. Previous studies have typically relied on isolated Qur'anic verses or single Tafsir sources without comprehensive exegetical grounding.

b. Multi-modality integration: Unlike prior frameworks that focus on a single therapeutic modality (e.g., Islamic CBT), the QFPH model systematically integrates four distinct evidence-based psychological approaches – CBT, ACT, mindfulness-based interventions, and positive psychology demonstrating conceptual convergence across multiple therapeutic traditions and providing clinicians with a flexible, multi-modal toolkit.

c. Five-domain psychospiritual architecture: The identification and articulation of five core psychospiritual domains (nafs model, sakinah/thuma'ninah, sabr/tawakkul, dhikr, Qur'anic narrative) provides a comprehensive, coherent theoretical architecture that addresses cognitive, emotional, behavioral, spiritual, and narrative dimensions of healing. This multi-domain structure is more comprehensive than existing models, which typically focus on one or two domains.

d. Operationalization for clinical practice: The QFPH model provides detailed operationalization, including assessment protocols, psychoeducation content, intervention techniques, and consolidation strategies. This level of clinical detail is rare in the literature and facilitates immediate implementation and empirical validation. Structured session components and treatment manuals can be developed directly from the framework.

e. Mechanism specification: The model explicitly identifies and articulates six mechanisms of action (cognitive reappraisal, emotional regulation, meaning-making, social support, behavioral activation, spiritual connection) through which Qur'anic practices may facilitate psychological healing. This mechanistic clarity enables hypothesis-driven research and mediation analyses to test proposed pathways.

f. Semantic Tafsir methodology: The incorporation of semantic Tafsir analysis (e.g., Saputra et al.'s 2025 Izutsu-based analysis of sakinah and thuma'ninah) represents a methodological innovation, bringing linguistic and conceptual precision to the identification of Qur'anic psychological constructs and their differentiation from related terms.

g. Post-traumatic growth integration: The explicit integration of Qur'anic narrative (particularly the story of Prophet Ayyub) with Tedeschi and Calhoun's post-traumatic growth model represents a

novel application of PTG theory to Islamic contexts, providing a culturally grounded framework for trauma recovery and meaning-making.

h. Qur'anic spiritual mindfulness: The articulation of "Qur'anic spiritual mindfulness" as a distinct construct that shares structural features with secular mindfulness while maintaining theological and intentional distinctiveness offers a culturally congruent alternative for Muslim clients and addresses concerns about decontextualization of mindfulness practices.

i. Comprehensive literature synthesis: The systematic review synthesized 35 peer-reviewed sources spanning multiple languages (English, Arabic, Indonesian), disciplines (psychology, Islamic studies, Tafsir), and methodologies (empirical, theoretical, exegetical), providing the most comprehensive synthesis of Qur'anic psychotherapy literature to date.

j. Scopus-standard empirical framework: The model is designed with empirical validation in mind, providing clear constructs, operationalized interventions, and testable hypotheses suitable for high-quality randomized controlled trials and publication in Scopus-indexed journals. This research-ready design distinguishes it from purely theoretical or practice-based models.

These novel contributions position the QFPH model as a significant advancement in the field of Islamic psychotherapy and culturally adapted mental health interventions, with potential to improve mental health outcomes for Muslim populations globally while contributing to broader conversations about spiritually integrated psychotherapy and cultural adaptation of evidence-based treatments.

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