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Beyond Religious Coping: Reconstructing Al-Ghazali's Concept of Tawakal into a Psychospiritual Healing Model for Chronic Anxiety

Tistigar Sansayto [1*], Jarman Arroisi [2], Era Fazira Siregar [3], and Masriyah Sunada Wadi [4].

[1] Darussalam Gontor University, Indonesia; email: tistigarsansayto@unida.gontor.ac.id
[2] Darussalam Gontor University, Indonesia; email: jarman@unida.gontor.ac.id
[3] Darussalam Gontor University, Indonesia; email: erafazira1902@gmail.com
[4] Hassan II University of Casablanca, Morocco; email: masriyah.sunada-etu@etu.univh2c.ma

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Abstract : Chronic anxiety has become an increasingly significant mental health challenge, while existing studies have predominantly conceptualized tawakkul as a religious coping strategy without systematically explaining its underlying psychospiritual mechanism. This study aims to reconstruct Al-Ghazali's concept of tawakal into a comprehensive psychospiritual healing framework for addressing chronic anxiety and to examine its theoretical implications for contemporary Islamic psychotherapy. This study employed a qualitative library research design using conceptual analysis. The primary data source was Al-Ghazali's Iḥyāʾ ʿUlūm al-Dīn, particularly Kitāb al-Tawḥīd wa al-Tawakkul, supported by contemporary literature on Islamic psychology, Islamic psychotherapy, and mental health. Data were collected through systematic document analysis and analyzed using thematic content analysis combined with conceptual synthesis. The findings reveal that tawakal is a structured psychospiritual process consisting of five interconnected stages: Tawhid Reinforcement, Cognitive Reorientation, Responsible Human Effort (Ikhtiyār), Tafwīḍ, and Ṭumaʾnīnah. These stages were synthesized into the Al-Ghazali's Tawakal-Based Spiritual Healing (ATSH) Model, which explains how theological beliefs facilitate cognitive transformation, emotional regulation, behavioural engagement, and spiritual restoration in reducing chronic anxiety. The proposed model provides a conceptual foundation for the development of culturally and spiritually responsive Islamic psychotherapy and may inform future counselling, spiritual care, and Muslim mental health interventions. The originality of this study lies in reconstructing Al-Ghazali's classical thought into a systematic psychospiritual healing model, thereby bridging classical Islamic scholarship with contemporary Islamic psychotherapy and providing a theoretical framework for future empirical research.

Keywords : *chronic anxiety; Islamic psychotherapy; psychospiritual healing; tawakal; Al-Ghazali.*

Abstrak : Kecemasan kronis merupakan salah satu tantangan kesehatan mental yang semakin meningkat, sementara penelitian terdahulu umumnya

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masih memosisikan tawakal sebagai strategi koping religius tanpa menjelaskan mekanisme psikospiritualnya secara sistematis. Penelitian ini bertujuan merekonstruksi konsep tawakal menurut Al-Ghazali menjadi kerangka penyembuhan psikospiritual yang kompre hensif untuk mengatasi kecemasan kronis serta menjelaskan implikasi teoretisnya terhadap pengembangan psikoterapi Islam kontemporer. Penelitian ini menggunakan desain penelitian kualitatif dengan pendekatan studi kepustakaan (library research) dan analisis konseptual. Sumber data utama adalah Iḥyāʾ ʿUlūm al-Dīn, khususnya Kitāb al-Tawḥīd wa al-Tawakkul, yang didukung oleh literatur kontemporer mengenai psikologi Islam, psikoterapi Islam, dan kesehatan mental. Data dikumpulkan melalui analisis dokumen secara sistematis dan dianalisis menggunakan analisis isi tematik yang dipadukan dengan sintesis konseptual. Hasil penelitian menunjukkan bahwa tawakal merupakan proses penyembuhan psikospiritual yang tersusun atas lima tahapan yang saling berkaitan, yaitu penguatan tauhid (Tawhid Reinforcement), reorientasi kognitif (Cognitive Reorientation), ikhtiar (Responsible Human Effort), tafwīḍ, dan ṭumaʾnīnah. Kelima tahapan tersebut disintesis menjadi Al-Ghazali's Tawakal-Based Spiritual Healing (ATSH) Model, yang menjelaskan bagaimana keyakinan teologis membentuk transformasi kognitif, regulasi emosi, keterlibatan perilaku, dan pemulihan spiritual dalam mengurangi kecemasan kronis. Model ini memberikan landasan konseptual bagi pengembangan psikoterapi Islam yang responsif terhadap nilai budaya dan spiritual, serta menjadi dasar bagi penelitian empiris dan pengembangan intervensi kesehatan mental berbasis Islam di masa mendatang. Kebaruan penelitian ini terletak pada rekonstruksi pemikiran klasik Al-Ghazali menjadi model penyembuhan psikospiritual yang sistematis sehingga menjembatani khazanah intelektual Islam klasik dengan perkembangan psikoterapi Islam kontemporer.

Kata kunci : *Al-Ghazali; kecemasan kronis; penyembuhan psikospiritual; psikoterapi Islam; tawakal.*

Corresponding Author:
Tistigar Sansayto
Darussalam University
tistigarsansayto@unida.gontor.ac.id

1. INTRODUCTION

Chronic anxiety has become one of the most pressing global mental health challenges, affecting individuals across different age groups and socio-cultural backgrounds. According to the World Health Organization, approximately 359 million people worldwide were living with anxiety disorders in 2021, representing around 4.4% of the global population, making anxiety disorders among the most prevalent mental health conditions globall (World Health Organization, 2025a). Furthermore, the first year of the COVID-19 pandemic resulted in an estimated 25% increase in the global prevalence of anxiety and depression, reflecting the substantial psychological impact of prolonged uncertainty, social isolation, and economic

disruption (World Health Organization, 2025b). Recent analyses based on the Global Burden of Disease Study also demonstrate that the burden of anxiety disorders has continued to increase, with prevalence, incidence, and disability-adjusted life years (DALYs) showing an upward trend across many countries and population groups (Chen & al., 2025; Wang et al., 2025). These findings indicate that chronic anxiety is no longer merely an individual psychological concern but has evolved into a significant global public health issue requiring comprehensive and multidimensional intervention strategies.

Chronic anxiety is one of the most common and widespread mental disorders in the modern world (Mulyana, 2015). Characterized by excessive worry, difficulty sleeping, restlessness, and thoughts that constantly imagine the worst, this disorder significantly interferes with a person's quality of life (Nolen-Hoeksema, 2014). According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), Generalized Anxiety Disorder (GAD) is a form of anxiety that is persistent, difficult to control, and often has no obvious external cause (Association, 2013). And nowadays many people who overcome mental problems or how to heal them use the Western concept of healing, which is without spiritual involvement. Various psychological and psychiatric approaches such as cognitive-behavioral therapy, exposure therapy, and drug use have been used in its treatment. However, many patients report that medical intervention alone is not enough to address the emotional and spiritual roots of this disorder (Frankl, 2006). In fact, spiritual mental healing is the healing of the heart so that the servant gets closer to Allah (Arroisi & Hutama, 2024)).

Recent studies have increasingly acknowledged the contribution of spirituality and Islamic psychotherapy to improving mental health among Muslim populations. For example, a systematic review by Akib et al. (2025) concluded that Islamic psychotherapy demonstrates considerable potential in enhancing spiritual well-being and supporting psychological recovery through the integration of Islamic values into therapeutic practice. (Saputra et al., 2022). Likewise, Haramain and Afiah (2024), through a systematic review of Islamic psychotherapy, reported that contemporary research has predominantly focused on integrating Islamic principles with Western therapeutic approaches, particularly Cognitive Behavioral Therapy (CBT), while empirical studies consistently indicate positive effects on anxiety reduction, emotional regulation, and psychological resilience. Furthermore, recent research has shown that Islamic spiritual practices, including tawakkul, dhikr, and prayer, contribute to reducing anxiety and strengthening positive religious coping among Muslim individuals (Rassool & Owens, 2025). These findings reflect a growing recognition that mental health should be understood through a more holistic perspective, in which psychological well-being is closely interconnected with spiritual well-being. Consequently, the Islamic Mental Health and Religious Approaches (IMRA) framework has emerged as an important paradigm that integrates theological, spiritual, and psychological dimensions in mental health care. IMRA is grounded in the premise that human beings possess an inseparable physical, psychological, and spiritual nature, and therefore psychological healing cannot be fully achieved without addressing the individual's relationship with Allah and the purification of the soul (Haque et al., 2015; Husnar et al., 2017). This perspective is consistent with the classical Islamic understanding that the soul (nafs) occupies a central position in shaping human behaviour, emotional stability, and overall psychological well-being (Arroisi, 2023).

Among the prominent Muslim scholars who extensively elaborated the relationship between spirituality and mental well-being, Abu Hamid Al-Ghazali provides one of the most comprehensive conceptualizations. In Iḥyāʾ ʿUlūm al-Dīn, Al-Ghazali argues that anxiety originates not merely from external pressures but primarily from excessive attachment to

worldly affairs, domination of human desires, and weak reliance upon Allah (Al-Ghazali, 2005). Accordingly, tawakal is understood not as passive resignation, but as a dynamic psychospiritual process that begins with strengthening tawḥīd, continues through sincere human effort (ikhtiyār), and culminates in complete entrustment of outcomes (tafwīḍ) to Allah, ultimately leading to inner tranquility (ṭumaʾnīnah) (Al-Ghazali, 2005). Although contemporary scholarship increasingly recognizes the therapeutic value of tawakkul within Islamic psychotherapy, most studies continue to conceptualize it primarily as a religious coping strategy, a component of Islamic psychotherapy, or a general spiritual practice, without reconstructing Al-Ghazali's original thought into a systematic psychospiritual healing model that explains the sequential relationship between tawḥīd, cognitive reorientation, ikhtiyār, tafwīḍ, and ṭumaʾnīnah in alleviating chronic anxiety. This conceptual gap highlights the need for a more comprehensive theoretical framework rooted in classical Islamic scholarship while remaining relevant to contemporary mental health discourse.

In response to this conceptual gap, the present study aims to reconstruct Al-Ghazali's understanding of *tawakal* into a systematic psychospiritual healing model for chronic anxiety through a qualitative conceptual analysis of *Iḥyāʾ ʿUlūm al-Dīn*. Rather than merely describing *tawakal* as a religious virtue or coping strategy, this study seeks to explain its underlying psychospiritual mechanisms, formulate the Al-Ghazali's Tawakal-Based Spiritual Healing Model (ATSH Model), and demonstrate its theoretical contribution to the advancement of contemporary Islamic psychotherapy. In doing so, the study provides a conceptual bridge between classical Islamic scholarship and modern mental health discourse while offering a foundation for future empirical research on Islamic psychospiritual interventions.

Drawing upon Al-Ghazali's psychospiritual philosophy and contemporary literature on Islamic psychotherapy, this study argues that *tawakal* should not be understood merely as an act of religious surrender or a general coping strategy for psychological distress. Rather, it is proposed that *tawakal* constitutes a structured psychospiritual process through which theological conviction shapes cognitive appraisal, behavioural engagement, emotional regulation, and ultimately psychological well-being. Accordingly, this study assumes that reconstructing Al-Ghazali's concept of *tawakal* into a systematic conceptual framework will provide a more comprehensive explanation of how Islamic spirituality contributes to alleviating chronic anxiety than existing religious coping perspectives. This argument forms the conceptual basis for developing the Al-Ghazali's Tawakal-Based Spiritual Healing Model (ATSH Model) as an integrative framework linking classical Islamic thought with contemporary Islamic psychotherapy (Al-Ghazali, 2005; Keshavarzi & Haque, 2013; Koenig, 2012).

2. RESEARCH METHOD

The unit of analysis in this study is Al-Ghazali's conceptualization of *tawakal* as presented in *Iḥyāʾ ʿUlūm al-Dīn*, particularly *Kitāb al-Tawḥīd wa al-Tawakkul*. Rather than examining individuals or clinical cases, this study focuses on the textual construction of *tawakal* as a psychospiritual concept and its relevance to chronic anxiety. The analysis emphasizes theological principles, psychospiritual mechanisms, and conceptual relationships embedded in Al-Ghazali's discussion of *tawakal*, which subsequently serve as the basis for formulating the Al-Ghazali's Tawakal-Based Spiritual Healing Model (ATSH Model) (Al-Ghazali, 2005).

This study employed a qualitative research design using a library research approach combined with conceptual analysis. A qualitative approach was selected because the objective of the study was to interpret meanings, reconstruct concepts, and explain relationships among ideas rather than to measure variables quantitatively (Creswell &

Creswell, 2018). Library research was considered appropriate because the primary object of investigation consists of classical texts and scholarly literature, enabling researchers to critically examine, interpret, and synthesize conceptual knowledge from documentary sources (Zed, 2018). Furthermore, conceptual analysis was employed to identify, classify, and reconstruct the essential dimensions of *tawakal* into a coherent psychospiritual healing framework.

The study utilized both primary and secondary sources. The primary source was Al-Ghazali's *Iḥyāʾ ʿUlūm al-Dīn*, particularly *Kitāb al-Tawḥīd wa al-Tawakkul*, which served as the principal object of textual analysis (Al-Ghazali, 2005). Secondary sources consisted of peer-reviewed journal articles, scholarly books, and academic publications discussing Al-Ghazali's thought, *tawakal*, Islamic psychotherapy, Islamic psychology, religious coping, and chronic anxiety. Priority was given to publications indexed in reputable international databases and accredited national journals to strengthen the conceptual interpretation and ensure the relevance of contemporary perspectives.

Data were collected through systematic document analysis. Relevant texts concerning *tawakal* were identified, selected, and documented from the primary source before being categorized according to recurring themes. Supporting literature from contemporary Islamic psychology and psychotherapy was subsequently reviewed to contextualize Al-Ghazali's thought within current academic discourse. Document analysis enables researchers to obtain meaningful information from written sources through systematic examination and interpretation of textual evidence (Bowen, 2009).

The collected data were analyzed using thematic content analysis combined with conceptual synthesis. Initially, relevant textual units were coded according to recurring themes identified in Al-Ghazali's discussion of *tawakal*. These codes were subsequently organized into broader conceptual categories representing theological foundation, cognitive transformation, behavioural commitment, spiritual surrender, and emotional restoration. Thematic analysis was employed because it facilitates the systematic identification, analysis, and interpretation of patterns within qualitative data (Braun & Clarke, 2022). Finally, the relationships among these conceptual categories were synthesized into the Al-Ghazali's Tawakal-Based Spiritual Healing Model (ATSH Model), representing the principal analytical outcome of this study.

3. RESULTS

The Concept of Tawakal in Al-Ghazali's Thought

The textual analysis of Iḥyāʾ ʿUlūm al-Dīn, particularly *Kitāb al-Tawḥīd wa al-Tawakkul*, demonstrates that Abu Hamid al-Ghazali conceptualizes *tawakal* as a spiritual station (*maqām*) founded upon the perfection of *tawḥīd* rather than merely an attitude of passive resignation. Al-Ghazali explains that genuine *tawakal* arises when an individual firmly believes that Allah alone is the absolute cause (*al-Musabbib*) governing benefit and harm, while human effort (*ikhtiyār*) remains an obligatory part of religious responsibility. Accordingly, reliance upon Allah does not negate human endeavour; instead, it reorients the heart from dependence on worldly causes (*asbāb*) toward complete trust in divine decree after all reasonable efforts have been undertaken (Al-Ghazali, 2005). This textual finding further reveals four fundamental characteristics of *tawakal*: (1) certainty (*yaqīn*) in Allah's promise, (2) recognition of human limitations before divine power, (3) surrender of outcomes while maintaining lawful effort, and (4) inner tranquillity (*ṭumaʾnīnah*) as the psychological

consequence of complete reliance upon Allah. These four elements indicate that *tawakal* is presented by Al-Ghazali as an integrated psychospiritual construct that combines cognitive belief, spiritual awareness, behavioural commitment, and emotional stability. This interpretation is consistent with contemporary studies which argue that Al-Ghazali's understanding of *tawakal* represents an epistemological framework linking faith, causality, and human agency rather than fatalistic passivity (Keshavarzi & Haque, 2013; Nakamura, 2008). Moreover, recent empirical evidence has shown that trust in God (*tawakkul*) is associated with lower levels of anxiety and psychological distress among Muslim populations, indicating that the classical formulation proposed by Al-Ghazali continues to possess theoretical relevance for contemporary Islamic mental health studies.

To facilitate a clearer understanding of the textual findings, the main concepts identified from Al-Ghazali's discussion on tawakal are synthesized into a conceptual matrix. This visualization summarizes the essential dimensions of tawakal extracted from Kitāb al-Tawḥīd wa al-Tawakkul, enabling readers to observe the relationship between the theological foundation, psychospiritual process, and its implications for managing chronic anxiety.

Table 1. Conceptual Synthesis of Tawakal According to Al-Ghazali

Concept	Textual Findings from *Iḥyā' 'Ulūm al-Dīn*	Psychospiritual Meaning
Tawḥīd	Allah is the sole source of benefit and harm.	Strengthens absolute dependence upon Allah rather than worldly causes.
Ikhtiyār (Human Effort)	Human beings are obligated to exert maximum effort before relying on Allah.	Encourages responsibility while avoiding passivity.
Tafwīḍ (Entrusting Affairs to Allah)	Outcomes are fully entrusted to Allah after all lawful efforts have been completed.	Reduces excessive worry about uncertain outcomes.
Yaqīn (Certainty)	Strong conviction in Allah's wisdom and promise forms the basis of tawakal.	Builds cognitive confidence and spiritual resilience.
Ṭuma'nīnah (Inner Tranquility)	Genuine tawakal results in peace of heart and emotional stability.	Produces psychological calmness and reduces anxiety.

The findings presented in Table 1 indicate that Al-Ghazali's concept of *tawakal* is not limited to the notion of surrendering to Allah, but rather represents a comprehensive psychospiritual process. The textual evidence demonstrates that *tawakal* begins with a firm belief in the oneness and sovereignty of Allah (*tawḥīd*), continues through sincere human effort (*ikhtiyār*), and culminates in complete trust (*tafwīḍ*) and inner tranquillity (*ṭumaʾnīnah*). These interconnected elements show that *tawakal* is a dynamic spiritual attitude that integrates cognitive conviction, behavioural responsibility, and emotional stability. Therefore, Al-Ghazali positions *tawakal* as an active process of strengthening the relationship between humans and Allah rather than merely accepting circumstances without effort.

The textual analysis reveals several important patterns. First, Al-Ghazali consistently places *tawḥīd* as the theological foundation of *tawakal*, indicating that trust in Allah cannot be separated from the belief that all benefit and harm originate solely from Him. Second, the concept of *tawakal* always appears alongside human effort (*ikhtiyār*), suggesting that surrender to Allah is preceded by maximum endeavour rather than passive resignation. Third, every component of *tawakal* ultimately leads to *ṭumaʾnīnah* (inner tranquillity), indicating

that psychological calmness is presented as the spiritual consequence of complete reliance upon Allah. Finally, the identified concepts form a coherent sequence beginning with faith, followed by effort, surrender, and ending with emotional stability. This pattern suggests that Al-Ghazali conceptualizes *tawakal* as a structured psychospiritual process rather than as an isolated theological doctrine. Consequently, the preliminary finding of this study indicates that *tawakal* functions as an integrated framework capable of connecting theological belief with psychological well-being.

The findings indicate that Al-Ghazali conceptualizes *tawakal* as a structured psychospiritual framework that extends beyond a theological doctrine into a practical mechanism for regulating human cognition, emotion, and behaviour. Rather than emphasizing passive submission, the textual evidence demonstrates that *tawakal* requires the integration of faith (*tawḥīd*), responsible human effort (*ikhtiyār*), trust in divine decree (*tafwīḍ*), and the attainment of inner tranquillity (*ṭumaʾnīnah*). This sequence suggests that psychological well-being, particularly the reduction of chronic anxiety, is achieved through a gradual transformation of the individual's perception of uncertainty, shifting from excessive reliance on worldly causes toward complete confidence in Allah's wisdom and providence.

Furthermore, these findings provide a broader understanding of chronic anxiety from Al-Ghazali's perspective. Anxiety is interpreted not merely as an emotional disturbance, but as a manifestation of spiritual imbalance arising from weakened trust in Allah and excessive attachment to worldly outcomes. Consequently, the concept of *tawakal* functions not only as a spiritual virtue but also as a psychospiritual process that restores harmony between belief, behaviour, and emotional experience. This interpretation contributes to the understanding that the healing of chronic anxiety, within Al-Ghazali's framework, should address both the psychological and spiritual dimensions of the individual, thereby offering a comprehensive conceptual foundation for Islamic psychospiritual healing.

Psychospiritual Mechanism of Tawakal in Reducing Chronic Anxiety

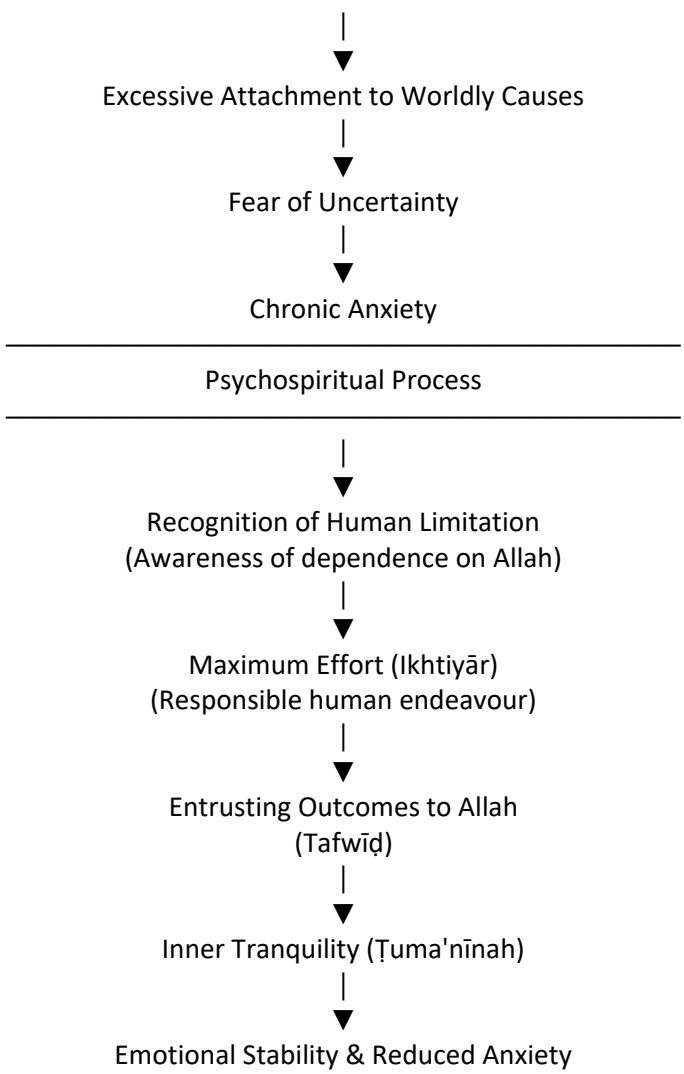
The textual analysis of *Iḥyāʾ ʿUlūm al-Dīn*, particularly *Kitāb al-Tawḥīd wa al-Tawakkul*, reveals that Al-Ghazali formulates *tawakal* as a sequential psychospiritual process through which the human soul gradually attains inner tranquillity. Rather than presenting *tawakal* as an isolated spiritual virtue, Al-Ghazali describes it as a dynamic transformation beginning with the recognition of human limitations before Allah, followed by sincere human effort (*ikhtiyār*), complete entrustment of all outcomes to Allah (*tafwīḍ*), and culminating in a state of serenity (*ṭumaʾnīnah*) that liberates the heart from excessive fear and uncertainty (Al-Ghazali, 2005). Within this framework, anxiety is interpreted as arising from excessive attachment to worldly causes (*asbāb*) and the illusion that human beings possess full control over future events. Consequently, *tawakal* redirects this orientation by strengthening absolute confidence in Allah as the ultimate disposer of all affairs while maintaining the obligation to strive through lawful means.

The analysis further indicates that each stage of this psychospiritual process performs a distinct psychological function. Recognition of human limitation reduces unrealistic perceptions of self-control; *ikhtiyār* encourages responsible action without passivity; *tafwīḍ* releases excessive emotional attachment to uncertain outcomes; and *ṭumaʾnīnah* represents the psychological consequence of complete reliance upon Allah. These interconnected stages demonstrate that Al-Ghazali's concept of *tawakal* operates as a mechanism of cognitive, emotional, behavioural, and spiritual regulation rather than merely an expression of religious devotion (Al-Ghazali, 2005). This finding is consistent with contemporary Islamic psychology,

which describes *tawakkul* as an adaptive religious coping strategy that enhances emotional resilience and psychological well-being among Muslim individuals (Keshavarzi & Haque, 2013).

To further illustrate the psychospiritual process identified through the textual analysis, the findings are synthesized into a conceptual flowchart. This visualization demonstrates the sequential mechanism through which tawakal transforms cognitive perception, emotional regulation, and spiritual awareness, ultimately contributing to the reduction of chronic anxiety.

Figure 2. Psychospiritual Mechanism of Tawakal According to Al-Ghazali



The findings presented in Figure 2 demonstrate that *tawakal* functions as a gradual psychospiritual process rather than an instantaneous response to psychological distress. The textual analysis indicates that Al-Ghazali structures this process through four interconnected stages: recognizing human limitations before Allah, performing maximum effort (*ikhtiyār*), entrusting all outcomes to Allah (*tafwīḍ*), and ultimately attaining inner tranquillity (*ṭumaʾnīnah*). These stages illustrate that the reduction of chronic anxiety is not achieved by eliminating life's uncertainties, but by transforming the individual's orientation from dependence on worldly causes toward complete trust in Allah. Consequently, *tawakal* is

portrayed as an active spiritual process that harmonizes faith, behaviour, and emotional experience within a unified framework(Al-Ghazali, 2005).

The analysis identifies several consistent patterns within Al-Ghazali's psychospiritual framework. First, the mechanism of *tawakal* always begins with a transformation of cognition, in which individuals recognize the limitations of human control and reaffirm Allah as the ultimate disposer of all affairs. This cognitive shift becomes the foundation for reducing excessive fear and uncertainty. Second, Al-Ghazali consistently emphasizes that *tawakal* never eliminates human responsibility. Instead, reliance upon Allah is preceded by lawful effort (*ikhtiyār*), indicating that spiritual trust and personal responsibility operate simultaneously rather than independently. Third, the process culminates in *ṭumaʾnīnah*, suggesting that emotional stability is not treated as the starting point but as the outcome of a mature spiritual journey. Fourth, the identified sequence reveals that every stage of *tawakal* contributes to restoring balance between theological belief, behavioural action, and emotional regulation. These recurring patterns suggest that Al-Ghazali conceptualizes *tawakal* as a systematic psychospiritual mechanism capable of transforming anxiety into inner tranquillity through an integrated process of faith and action.

The findings imply that Al-Ghazali's understanding of *tawakal* extends beyond its traditional theological meaning and offers a coherent framework for explaining how spiritual values influence psychological well-being. The identified mechanism demonstrates that chronic anxiety is not merely associated with external life pressures but is closely related to an individual's perception of control, dependence, and trust. Within this framework, *tawakal* functions as a process of cognitive reorientation, emotional regulation, and spiritual strengthening, enabling individuals to reinterpret uncertainty through the perspective of divine providence rather than fear. This interpretation enriches the understanding of Islamic psychospiritual healing by demonstrating that emotional recovery is achieved through the integration of faith, responsible action, and complete reliance upon Allah. Therefore, the psychospiritual mechanism identified in this study provides an analytical basis for conceptualizing *tawakal* as a structured healing process that addresses both the psychological and spiritual dimensions of chronic anxiety.

Conceptual Framework of Tawakal as a Spiritual Healing Model

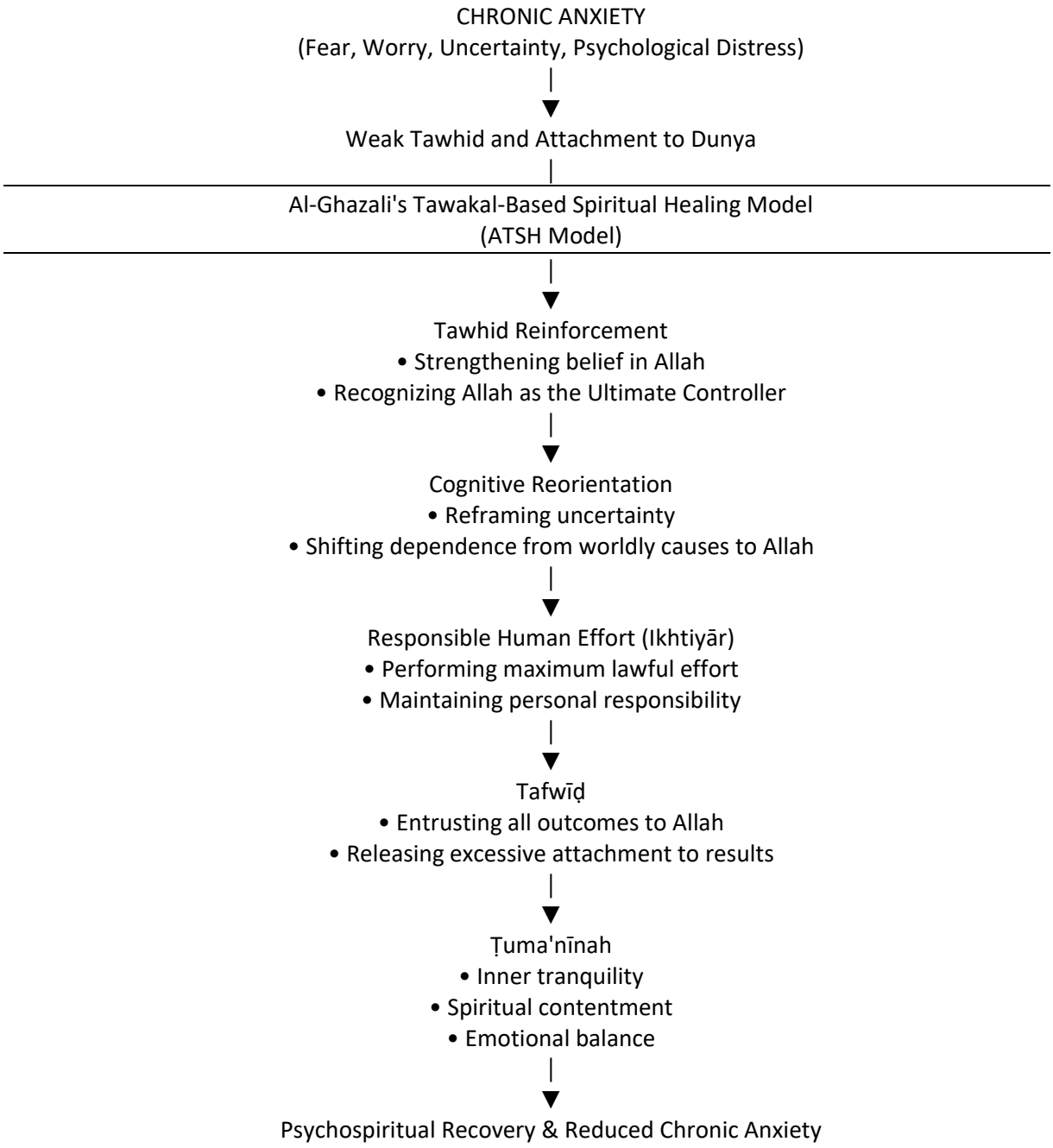
The synthesis of the textual findings reveals that Al-Ghazali's concept of *tawakal* can be systematically organized into a conceptual framework of spiritual healing for chronic anxiety. Rather than presenting *tawakal* as an isolated religious virtue, the analysis demonstrates that Al-Ghazali formulates an integrated healing process consisting of four interrelated dimensions: (1) theological foundation, (2) cognitive transformation, (3) behavioural commitment, and (4) psychospiritual outcome. The theological foundation is established through *tawḥīd*, whereby individuals acknowledge Allah as the ultimate source of all power and control (Al-Ghazali, 2005). This belief subsequently transforms cognitive perceptions by shifting one's orientation from excessive dependence on worldly causes toward trust in divine providence. The behavioural dimension is reflected in the obligation to perform maximum effort (*ikhtiyār*) while surrendering the final outcome to Allah (*tafwīḍ*). Finally, this integrated process culminates in the attainment of *ṭumaʾnīnah* (inner tranquillity), which represents the ultimate psychospiritual outcome of *tawakal* and serves as the foundation for reducing chronic anxiety(Al-Ghazali, 2005).

The conceptual synthesis further indicates that these four dimensions do not function independently but form a continuous healing pathway. The process begins with strengthening

theological awareness, followed by restructuring cognitive beliefs, encouraging responsible behavioural engagement, and ultimately restoring emotional and spiritual balance. This sequential relationship suggests that Al-Ghazali's understanding of *tawakal* constitutes a comprehensive psychospiritual healing model in which spiritual faith becomes the primary catalyst for cognitive, behavioural, and emotional transformation. Consequently, chronic anxiety is understood not only as a psychological condition but also as a manifestation of disrupted spiritual orientation that requires holistic restoration through the integrated practice of *tawakal* (Al-Ghazali, 2005).

To synthesize the findings obtained from the textual analysis, this study formulates a conceptual framework that illustrates the sequential process of spiritual healing through *tawakal*. The framework integrates the theological, cognitive, behavioral, and emotional dimensions identified in Al-Ghazali's thought into a unified healing model for chronic anxiety.

Figure 3. Al-Ghazali's Tawakal-Based Spiritual Healing Model (ATSH Model)



The conceptual framework presented in Figure 3 demonstrates that the findings of this study can be systematically integrated into a unified spiritual healing model, namely Al-Ghazali's Tawakal-Based Spiritual Healing Model (ATSH Model). The model illustrates that the healing process of chronic anxiety is achieved through a sequential psychospiritual pathway rather than through a single spiritual practice. The process begins with strengthening *tawḥīd* as the theological foundation, followed by cognitive reorientation that shifts one's dependence from worldly causes to Allah, continued by responsible human effort (*ikhtiyār*), complete entrustment of outcomes to Allah (*tafwīḍ*), and finally leading to *ṭumaʾnīnah* as the ultimate state of inner tranquillity. These interconnected stages indicate that *tawakal* functions as a holistic process that integrates theological belief, cognitive transformation, behavioural commitment, and emotional restoration within a single conceptual framework.

The conceptual synthesis reveals several recurring patterns. First, the healing process consistently begins with strengthening theological awareness (*tawḥīd*), indicating that spiritual recovery originates from correcting one's understanding of Allah's absolute sovereignty rather than merely addressing emotional symptoms. Second, the framework demonstrates a gradual transformation from internal cognition to external behaviour, suggesting that changes in belief are followed by responsible action before emotional recovery can be achieved. Third, *tafwīḍ* consistently appears as the transitional stage connecting human effort with spiritual acceptance, indicating that surrender in Al-Ghazali's thought is an active process that follows, rather than replaces, human endeavour. Fourth, the final outcome of the framework is not merely the reduction of anxiety, but the attainment of *ṭumaʾnīnah*, which represents a stable psychospiritual condition characterized by emotional balance, spiritual contentment, and complete trust in Allah. These recurring patterns suggest that the ATSH Model is organized as a sequential and interdependent healing framework in which each stage contributes to the achievement of psychospiritual recovery.

The formulation of the ATSH Model provides a broader understanding of *tawakal* beyond its conventional interpretation as an individual act of religious devotion. The findings indicate that Al-Ghazali's concept of *tawakal* can be understood as a structured psychospiritual healing framework that systematically explains the relationship between theological belief, cognitive transformation, behavioural responsibility, and emotional well-being. This model demonstrates that the reduction of chronic anxiety is not solely achieved by alleviating psychological symptoms but by restoring the individual's spiritual orientation through a gradual process of strengthening faith, reshaping perceptions of uncertainty, encouraging responsible action, and cultivating complete reliance upon Allah.

Furthermore, the ATSH Model contributes conceptually to the development of Islamic psychospiritual studies by organizing Al-Ghazali's scattered discussions on *tawakal* into a coherent analytical framework. Rather than merely describing the virtues of *tawakal*, this study synthesizes its theological and psychological dimensions into a sequential healing model that can serve as a conceptual reference for future research in Islamic psychotherapy, spiritual counselling, and Muslim mental health. Accordingly, the ATSH Model extends the understanding of *tawakal* from a normative religious concept to a systematic framework for explaining psychospiritual healing in the context of chronic anxiety.

The principal contribution of this study lies in the formulation of the Al-Ghazali's Tawakal-Based Spiritual Healing Model (ATSH Model), which synthesizes Al-Ghazali's concept of *tawakal* into a structured psychospiritual framework for understanding chronic anxiety. Unlike previous studies that predominantly discuss *tawakal* as a spiritual virtue or religious coping strategy, the ATSH Model presents a sequential conceptual framework consisting of

theological foundation, cognitive transformation, behavioural commitment, spiritual surrender, and emotional restoration. This conceptual synthesis provides a new analytical perspective for future theoretical development and empirical investigation in the field of Islamic psychotherapy.

Conceptual Implications of the ATSH Model for Contemporary Islamic Psychotherapy

The synthesis of the textual analysis indicates that the Al-Ghazali's Tawakal-Based Spiritual Healing Model (ATSH Model) possesses strong conceptual relevance for the development of contemporary Islamic psychotherapy. The model demonstrates that *tawakal* functions as a structured psychospiritual process integrating theological conviction, cognitive transformation, behavioural responsibility, spiritual surrender, and emotional restoration. Rather than treating anxiety solely as a psychological disorder, the ATSH Model conceptualizes chronic anxiety as a multidimensional condition involving both psychological distress and spiritual imbalance. Consequently, the proposed framework offers an integrative perspective in which psychological recovery is achieved through the harmonious interaction of faith, cognition, behaviour, and emotional regulation grounded in Islamic teachings (Al-Ghazali, 2005).

The analysis further reveals that the ATSH Model provides several conceptual components that are applicable within contemporary Islamic psychotherapy. The first component is Tawhid Reinforcement, which strengthens an individual's spiritual worldview as the foundation of psychological resilience. The second component, Cognitive Reorientation, encourages individuals to reinterpret uncertainty and adversity through trust in Allah rather than excessive fear of future outcomes. The third and fourth components, Responsible Human Effort (Ikhtiyār) and Tafwīḍ, establish a balanced relationship between personal responsibility and complete reliance upon Allah, preventing both passivity and excessive self-dependence. Finally, Ṭumaʾnīnah represents the desired psychospiritual outcome, characterized by emotional stability, inner peace, and spiritual well-being. Collectively, these findings indicate that the ATSH Model extends beyond a theological explanation of *tawakal* by providing a systematic conceptual framework that can inform the development of Islamic psychotherapeutic approaches addressing chronic anxiety.

To illustrate the conceptual implications of the ATSH Model, the identified psychospiritual components are mapped into their potential contributions to contemporary Islamic psychotherapy. This conceptual mapping demonstrates how each stage of the ATSH Model may inform psychotherapeutic objectives and therapeutic processes within an Islamic framework.

Table 2. Conceptual Implications of the ATSH Model for Contemporary Islamic Psychotherapy

ATSH Model Component	Psychospiritual Function	Implication for Islamic Psychotherapy
ATSH-1 Tawhid Reinforcement	Strengthens belief in Allah and spiritual awareness	Builds spiritual resilience and therapeutic motivation.
ATSH-2 Cognitive Reorientation	Reframes fear, uncertainty, and negative perceptions	Encourages adaptive cognitive restructuring based on Islamic values.
ATSH-3 Responsible Human Effort (*Ikhtiyār*)	Promotes active coping and personal responsibility	Supports behavioural activation while preventing passivity.
ATSH-4 Tafwīḍ	Releases excessive attachment to outcomes	Helps clients develop acceptance, trust, and emotional regulation.

ATSH Model Component	Psychospiritual Function	Implication for Islamic Psychotherapy
ATSH-5 Ṭumaʾnīnah	Produces inner peace and emotional balance	Facilitates long-term psychospiritual well-being and recovery.

The findings presented in Table 2 indicate that the Al-Ghazali's Tawakal-Based Spiritual Healing Model (ATSH Model) offers conceptual implications for the development of contemporary Islamic psychotherapy. The model demonstrates that each psychospiritual component of *tawakal* contributes to different therapeutic functions, ranging from strengthening spiritual beliefs and restructuring cognitive perceptions to encouraging responsible behaviour and achieving emotional stability. These findings suggest that the ATSH Model provides a systematic conceptual framework through which Islamic values can be integrated into psychotherapeutic processes without neglecting the psychological, behavioural, and spiritual dimensions of the individual.

The analysis reveals four major patterns emerging from the conceptual mapping. First, every component of the ATSH Model is interconnected, indicating that psychospiritual healing is achieved through a continuous and sequential process rather than isolated therapeutic interventions. Second, theological elements, particularly *tawḥīd* and *tafwīḍ*, consistently function as the foundation for cognitive and emotional transformation, suggesting that spiritual beliefs play a central role in the healing process. Third, the framework emphasizes a balance between active human responsibility (*ikhtiyār*) and complete reliance upon Allah, demonstrating that Islamic psychotherapy should promote both personal agency and spiritual trust rather than passive acceptance. Fourth, the final outcome of the model extends beyond symptom reduction by emphasizing *ṭumaʾnīnah* as a state of sustainable psychospiritual well-being. These recurring patterns indicate that the ATSH Model provides a holistic conceptual structure that integrates theological principles with psychological functioning in addressing chronic anxiety.

The findings imply that the ATSH Model contributes a new conceptual perspective to the development of contemporary Islamic psychotherapy by organizing Al-Ghazali's understanding of *tawakal* into a systematic therapeutic framework. Rather than viewing *tawakal* solely as a religious virtue or a personal coping strategy, this study demonstrates that it may be conceptualized as a multidimensional psychospiritual process encompassing theological conviction, cognitive transformation, behavioural commitment, emotional regulation, and spiritual restoration. This conceptual organization expands the understanding of how Islamic values may inform therapeutic approaches to chronic anxiety while preserving the integrity of Al-Ghazali's original thought.

Furthermore, the ATSH Model provides a theoretical foundation for future development in Islamic psychotherapy by identifying essential psychospiritual components that can guide the design of culturally and religiously appropriate interventions for Muslim populations. Although the present study is conceptual in nature, the framework offers a structured basis for subsequent empirical studies aimed at validating, refining, and applying the model in counselling, psychotherapy, and other mental health services grounded in Islamic principles. Consequently, the ATSH Model not only contributes to the reinterpretation of Al-Ghazali's thought but also enriches the theoretical discourse on psychospiritual healing within contemporary Islamic psychology.

4. DISCUSSION

The present study demonstrates that Al-Ghazali's concept of *tawakal* extends beyond its conventional understanding as an act of spiritual surrender and can be systematically interpreted as a psychospiritual healing process for chronic anxiety. Through textual analysis of *Iḥyāʾ ʿUlūm al-Dīn*, this study identified a sequential relationship between the reinforcement of *tawḥīd*, cognitive reorientation, responsible human effort (*ikhtiyār*), entrustment of outcomes to Allah (*tafwīḍ*), and the attainment of *ṭumaʾnīnah* as the ultimate psychospiritual outcome. Based on these findings, the study formulated the Al-Ghazali's Tawakal-Based Spiritual Healing Model (ATSH Model), which organizes Al-Ghazali's scattered discussions on *tawakal* into a coherent conceptual framework. The model suggests that chronic anxiety should not only be understood as a psychological disturbance but also as a condition associated with disrupted spiritual orientation, thereby requiring an integrated approach that addresses both psychological and spiritual dimensions (Al-Ghazali, 2005).

The findings of this study provide several practical implications for the development of contemporary Islamic psychotherapy. The Al-Ghazali's Tawakal-Based Spiritual Healing Model (ATSH Model) offers a structured conceptual framework that may assist mental health professionals, Islamic counsellors, and spiritual care practitioners in integrating Islamic spiritual values into therapeutic practice. By organizing *tawakkul* into sequential psychospiritual stages, the model provides a clearer understanding of how theological beliefs may support cognitive, behavioural, emotional, and spiritual adjustment among Muslim individuals experiencing chronic anxiety.

Furthermore, the ATSH Model may serve as a conceptual guide for designing culturally and religiously appropriate psychotherapeutic interventions. The five interconnected stages of the model Tawhid Reinforcement, Cognitive Reorientation, Responsible Human Effort (*Ikhtiyār*), Tafwīḍ, and Ṭumaʾnīnah may assist therapists in facilitating clients' spiritual awareness while maintaining psychological responsibility and active coping. This perspective is consistent with contemporary developments in Islamic psychotherapy, which emphasize that psychological interventions for Muslim clients should incorporate religious beliefs and spiritual practices as integral components of mental health care rather than merely complementary resources (Awaad & Ali, 2015; Keshavarzi & Haque, 2013)

In addition, the ATSH Model has the potential to contribute to the development of educational programs, spiritual counselling, and community-based mental health services within Muslim societies. The model may provide a theoretical reference for integrating Islamic spiritual principles into preventive mental health education, psychoeducation, and faith-based counselling programs. Although the present study does not evaluate the clinical effectiveness of the proposed model, its systematic conceptual structure offers a foundation for developing intervention protocols and culturally sensitive therapeutic approaches that can be examined through future empirical research.

The findings of this study invite a broader reflection on the relationship between spirituality and mental health in contemporary Muslim society. The increasing prevalence of chronic anxiety indicates that psychological interventions alone may not fully address the multidimensional nature of mental distress, particularly among individuals whose worldview and coping behaviours are strongly influenced by religious beliefs. In this context, Al-Ghazali's understanding of *tawakal* offers an alternative perspective by emphasizing that psychological recovery is closely associated with the restoration of spiritual orientation, trust in Allah, and balanced human effort. This reflection suggests that spiritual resources should not be viewed merely as complementary elements but as meaningful dimensions that may enrich holistic mental health care for Muslim populations.

From a practical perspective, the Al-Ghazali's Tawakal-Based Spiritual Healing Model (ATSH Model) may serve as a conceptual reference for the development of Islamic psychotherapy, spiritual counselling, and faith-based mental health education. The sequential stages proposed in the model can assist practitioners in integrating theological reflection with cognitive, behavioural, and emotional interventions while remaining consistent with Islamic values. In addition, the model may be utilized in educational settings to strengthen students' resilience, in religious institutions to support community-based counselling programs, and in healthcare settings as a framework for providing culturally and spiritually sensitive psychosocial support for Muslim patients experiencing chronic anxiety.

The conceptual framework developed in this study also has implications for future policy and professional practice. Institutions involved in mental health services, Islamic counselling, and professional education may consider incorporating psychospiritual competencies into training programs for counsellors, psychologists, chaplains, and other mental health practitioners serving Muslim communities. Such initiatives may encourage interdisciplinary collaboration between Islamic scholarship and mental health sciences, thereby supporting the development of culturally responsive and spiritually informed mental health services. Nevertheless, these implications should be understood as conceptual recommendations derived from textual analysis and therefore require further empirical validation before being implemented in clinical practice or institutional policy.

5. CONCLUSION

This study demonstrates that Al-Ghazali's concept of tawakal extends beyond its conventional interpretation as an act of spiritual surrender and can be understood as a structured psychospiritual healing process for chronic anxiety. Through textual analysis of Iḥyāʾ ʿUlūm al-Dīn, the study identified that tawakal consists of interconnected stages encompassing Tawhid Reinforcement, Cognitive Reorientation, Responsible Human Effort (Ikhtiyār), Tafwīḍ, and Ṭumaʾnīnah. These stages collectively explain how spiritual beliefs may influence cognitive, behavioural, emotional, and spiritual dimensions in reducing chronic anxiety. Accordingly, the findings indicate that Al-Ghazali's understanding of tawakal provides a comprehensive conceptual foundation for integrating spirituality into the understanding of psychological well-being.

The principal contribution of this study lies in the formulation of the Al-Ghazali's Tawakal-Based Spiritual Healing Model (ATSH Model), which systematically reconstructs Al-Ghazali's classical thought into a coherent psychospiritual healing framework. Unlike previous studies that primarily discussed tawakkul as a religious coping strategy or spiritual virtue, the ATSH Model explains the sequential relationship between theological belief, cognitive transformation, behavioural commitment, spiritual surrender, and emotional restoration. This conceptual framework enriches the theoretical discourse on Islamic psychotherapy by offering a structured explanation of the psychospiritual mechanisms through which tawakal may contribute to alleviating chronic anxiety.

Although the ATSH Model is developed through qualitative textual analysis and therefore remains conceptual, it provides a theoretical foundation for future empirical research in Islamic psychotherapy and Muslim mental health. Future studies are encouraged to examine the empirical validity of the proposed framework through quantitative, qualitative, or mixed-methods research, as well as to explore its applicability in counselling, psychotherapy, spiritual care, and other culturally responsive mental health interventions for Muslim communities..

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About the Contributor(s)

Dr. Tistigar Sansayto is a lecturer and researcher in the field of Islamic Psychology at Universitas Darussalam Gontor, Ponorogo, Indonesia. His research focuses on Islamic Psychology, Islamic Theology (Aqidah), and Islamic Philosophy. He has also conducted studies on the thoughts and intellectual contributions of various Muslim philosophers and prominent Indonesian scholars (ulama). Through his academic work, he contributes to the development of Islamic intellectual traditions and the advancement of research in Islamic studies.
Email: tistigarsansayto@unida.gontor.ac.id

Assoc. Prof. Dr. Jarman Arroisi is a lecturer and researcher in the field of Islamic Psychology at Universitas Darussalam Gontor, Ponorogo, Indonesia. His research primarily focuses on Islamic Psychology, Islamic Theology (Aqidah) and Philosophy, psychological concepts developed by Muslim scholars and philosophers, as well as counseling. He has made significant contributions to the development of Islamic Psychology through both teaching and scholarly research, and remains actively engaged in advancing the field through academic and research activities.
Email: jarman@unida.gontor.ac.id

Era Fazira Siregar is a graduate student at Universitas Darussalam Gontor, Ponorogo, Indonesia, specializing in Islamic Theology (Aqidah) and Philosophy. Her research interests focus on Sufism, spirituality, Islamic Psychology, and the intellectual contributions of Indonesian Muslim scholars (ulama) as well as Muslim philosophers. Her academic work explores the intersection of Islamic thought, spiritual development, and psychological well-being.
Email: erafazira1902@gmail.com

Masriyah Sunada Wadi, Lc., MA, is a doctoral student at Hassan II University of Casablanca, Kingdom of Morocco. Her research interests focus on Islamic Theology, Islamic Law and Islamic Thought. She remains actively engaged in development of Islamic education for women and children, while her academic works contribute to scientific exchange between Morocco and Indonesia.
Email: masriyah.sunada-etu@etu.univh2c.ma

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