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Psychotherapy in the Perspectives of Carl Jung and Ibn Qayyim: A Conceptual Comparison of the Soul and Healing Approaches

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Abstract : Modern life has been accompanied by forms of psychological distress that religiously grounded frameworks and secular psychology describe in different vocabularies. This study addresses a conceptual gap: comparative discussions of Carl Gustav Jung and Ibn Qayyim al-Jawziyyah often present the two thinkers asymmetrically and understate Jung's own engagement with religion. The purpose of this article is to compare, on textual grounds, how each thinker conceptualises the soul and the aims and means of psychological healing. The study uses a qualitative library method structured as a comparative conceptual and textual analysis, examining primary works by Jung and by Ibn Qayyim across five predefined dimensions: the anthropology of the person, the source of suffering, the goal of therapy, the primary resources of healing, and the status accorded to religion. The analysis finds the two frameworks to be partly commensurable and partly incommensurable: both treat the interior life as central to well-being and both give religious symbolism a serious role, yet they differ in the ontological status they assign to the soul and in whether religion functions as psychological symbol (Jung) or as revelatory and normative source (Ibn Qayyim). The study's contribution is a balanced conceptual map rather than a claim of clinical superiority; because the comparison is textual, it makes no assertion about comparative treatment outcomes. The findings suggest that Ibn Qayyim's psycho-spiritual anthropology offers distinctive conceptual resources for dialogue with analytical psychology, while both frameworks are best integrated with, rather than substituted for, professional mental-health care.

Keywords : *Analytical Psychology; Ibn Qayyim al-Jawziyyah; Islamic psychology; psycho-spiritual; psychotherapy.*

Abstrak : Kehidupan modern kerap disertai bentuk-bentuk tekanan psikologis yang dijelaskan secara berbeda oleh kerangka keagamaan dan psikologi sekuler. Artikel ini menjawab sebuah kesenjangan konseptual: pembahasan komparatif atas Carl Gustav Jung dan Ibnu Qayyim al-Jauziyyah kerap bersifat asimetris dan meremehkan keterlibatan Jung sendiri dengan agama. Tujuan penelitian ini adalah membandingkan, secara tekstual, bagaimana kedua tokoh mengonseptualisasikan jiwa serta tujuan dan sarana penyembuhan psikologis. Penelitian menggunakan metode kepustakaan kualitatif yang disusun sebagai analisis komparatif konseptual dan tekstual atas karya-karya primer Jung dan Ibnu Qayyim melalui lima dimensi yang ditetapkan di awal: antropologi manusia, sumber penderitaan, tujuan terapi, sumber daya penyembuhan, dan status agama. Analisis menemukan bahwa kedua kerangka sebagian dapat diperbandingkan dan sebagian tidak sepadan: keduanya menempatkan kehidupan batin sebagai pusat kesejahteraan dan sama-sama memberi peran serius pada simbol keagamaan, namun berbeda dalam status ontologis jiwa dan dalam apakah agama berfungsi sebagai simbol psikologis (Jung) atau sebagai sumber wahyu dan normatif (Ibnu Qayyim). Kontribusi kajian ini adalah peta konseptual yang berimbang, bukan klaim superioritas klinis; karena perbandingan bersifat tekstual, kajian ini tidak menyimpulkan perbandingan hasil terapi. Temuan menyarankan bahwa antropologi psiko-spiritual Ibnu Qayyim menyediakan sumber daya konseptual yang khas untuk berdialog dengan psikologi analitis, sementara kedua kerangka sebaiknya diintegrasikan dengan, bukan menggantikan, layanan kesehatan mental profesional.

Kata kunci : Psikologi Analitis; Ibn Qayyim al-Jauziyyah; Psikologi Islam; psiko-spiritual; Psikoterapi.

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1. INTRODUCTION

Along The dynamics of modern life have reshaped the ways people experience psychological well-being and distress. Rapid changes in culture and lifestyle can support human flourishing, yet they also generate new pressures on the interior life (Amaliya & Soleh, 2024). Commentators associate these pressures with the spread of hedonistic, pragmatic,

materialistic and individualistic orientations, in which spiritual values are easily neglected (Izzatunissa, 2023; Rahmatiah, 2017). It is analytically important, however, to distinguish between different states rather than placing them on a single undifferentiated continuum. Ordinary emotional distress, diagnosable mental disorders, severe mental illness, and what religious traditions describe as spiritual suffering are conceptually distinct, even where they overlap in lived experience. Contemporary mental-health scholarship treats anxiety or sadness as common human responses, reserves clinical categories for diagnosable conditions, and avoids stigmatising language for severe illness (Makarao, 2010). Framing the discussion in these terms keeps the comparison that follows conceptually precise.

Maintaining psychological health, on this view, involves more than the absence of symptoms. Daradjat, writing within an Islamic frame, describes mental health as the capacity to adjust to one's environment so that a harmonious and productive life becomes possible (Drajat, 1982). Such definitions already gesture toward the interior and value-laden dimensions of well-being that both modern psychology and Islamic thought seek to address, each in its own idiom.

Modern psychology is not a single position but an internally diverse field. Alongside classical psychoanalysis, it includes behavioural, humanistic, existential, transpersonal and explicitly spiritually integrated approaches, several of which take religion and meaning seriously (Ellen, 2014). Representing the discipline solely through a secular-materialist caricature would therefore be inaccurate. Within this landscape, Carl Gustav Jung occupies a distinctive place. Although often introduced through his early association with Sigmund Freud, Jung developed an analytical psychology whose central notion of *individuation* the integration of the conscious ego with the wider *Self* is oriented toward psychic wholeness and draws extensively on religious and symbolic material (Hopwood, 2023; Jung, 1987). Freud is relevant here only as background to Jung's departure from him, not as the object of comparison.

A second body of scholarship engages psychology from within Islamic thought. Some authors, such as Malik Badri, argue that mainstream modern psychology has been shaped by assumptions that sit uneasily with Islamic conceptions of the human being (Arroisi, Alfiansyah, et al., 2021). This is best read as one influential position within an ongoing conversation rather than as an uncontested description of the entire discipline; other scholars emphasise points of dialogue between contemporary psychology and Islamic psychology (Arroisi et al., 2024). A third strand examines classical Islamic psychology directly, including Ibn Qayyim al-Jawziyyah's account of the soul and of the heart's health, and its relevance to spiritual care (Mustafa, 2018; Putra et al., 2019). Prior comparative studies have paired Ibn Qayyim with modern thinkers for example, with Karen Horney (Amaliya & Soleh, 2024) showing the value of such comparisons while also revealing a recurring tendency to frame them asymmetrically.

Two gaps emerge from this literature. First, comparative treatments of Jung and Ibn Qayyim frequently understate Jung's own engagement with religion, reducing his rich vocabulary of psyche, Self, archetype and religious symbol to a supposed absence of spirituality. Second, such comparisons are often normatively predetermined, concluding in

advance that one framework is superior rather than mapping where the two are commensurable and where they are not. This article addresses both gaps. Its guiding question is: *how do Jung and Ibn Qayyim each conceptualise the soul and the aims and means of psychological healing, and in what respects are their frameworks comparable?* To keep the comparison disciplined, the analysis proceeds along five predefined dimensions: (1) the anthropology of the person; (2) the source of psychological suffering; (3) the goal of therapy; (4) the primary resources drawn upon in healing; and (5) the status accorded to religion.

The provisional argument developed here is that the two frameworks are partly commensurable and partly incommensurable. Both treat the interior life as central to well-being and both assign a serious role to religious symbolism, but they diverge in the ontological status they give the soul and in whether religion operates as psychological symbol or as revelatory and normative source. Because the study is textual rather than clinical, it advances a bounded conceptual comparison and makes no claim about comparative treatment outcomes.

2. RESEARCH METHOD

This study is a qualitative library research designed as a comparative conceptual and textual analysis. It belongs to the genre of comparative philosophical and intellectual-history studies rather than empirical or clinical research; accordingly, it makes conceptual rather than outcome-based claims. The unit of analysis is the concept specifically, each thinker's conception of the soul, of psychological suffering, and of healing as expressed in their texts.

The primary corpus for Jung comprises his own works available to the researcher, principally *Analytical Psychology: Its Theory and Practice*, *Modern Man in Search of a Soul*, and the Indonesian translation *Menjadi Diri Sendiri: Pendekatan Psikologi Analitis* (Jung, 1968, 1987, 2001). For Ibn Qayyim, the corpus comprises *Ighāthat al-Lahfān*, *Madārij al-Sālikīn*, *al-Rūḥ*, *al-Ṭibb al-Nabawī*, and *Shifāʾ al-ʿAlīl* (Al-Jawziyyah, 1974, 1985, 1416 AH, 1418 AH, 1420 AH). Works were selected because they are authoritative statements of each thinker's psychological and spiritual anthropology; secondary studies and commentaries were used only to contextualise and cross-check interpretation, and were kept distinct from the primary texts. Where Arabic and English editions and Indonesian translations were consulted, transliterated key terms were checked against the Arabic sense to reduce translation drift; passages whose wording could not be verified against the cited edition were paraphrased rather than quoted.

The comparison follows an explicit logic. Rather than treating the thinkers as free-standing summaries, the analysis extracts comparable passages under each of the five predefined dimensions listed in the introduction and places them side by side. Two analytical procedures were applied. *Content analysis* was used to identify and code passages according to these dimensions. *Comparative interpretive analysis* was then used to reconstruct the meaning of each concept within its own intellectual tradition before any cross-tradition comparison, so that terms such as *nafs*, *rūḥ* and *qalb* on one side and *psyche*, *Self* and

archetype on the other are not prematurely equated. Discourse analysis was not operationalised in this study and is therefore not claimed as a method.

To limit interpretive bias, similarities and differences were treated as findings to be demonstrated from the texts rather than assumed in advance; disconfirming passages as Jung's substantial writing on religion were actively sought and incorporated; and comparative claims were validated by returning to the primary sources and, where possible, corroborating them with independent secondary scholarship (Rohana & Syamsuddin, 2015). The analysis explicitly acknowledges the limits of commensurability where the two traditions operate with different underlying ontologies.

3. RESULTS

Conceptions of the Soul: Psyche and Nafs

The Psychology takes the inner life as its object, and its very name records this: the Greek *psyche* denotes soul, mind or spirit, and in Indonesian is rendered as *jiwa* (Sarwono, 1986; Situmorang, 2022). In the Arabic-Islamic tradition, the closest term is *al-nafs*, which carries at least two senses life, and the whole self or essence of a thing (al-Anshari, 1968). The *Encyclopedia of the Qurʾān* likewise lists a range of meanings for *al-nafs*, including soul, person, self, life, heart and mind (Rahardjo, 1996). Classical Muslim thinkers gave the term a substantive content: Ibn Ḥazm treated *al-nafs* as a non-physical reality that perceives, governs the body, reasons and bears moral responsibility, and in which emotions such as sorrow, joy and anger arise (Najati, 1993); al-Rāzī similarly held the soul to be distinct from the body and not perceptible to the senses (al-Razi, 2001; Arroisi et al., 2022). Ibn Sīnā, in *Aḥwāl al-Nafs*, described the soul as a spiritual substance that animates the body and, through it, acquires knowledge and comes to know its Creator (Sina, 2009).

Ibn Qayyim al-Jawziyyah works within this tradition but sharpens it. For him, *al-nafs* is a subtle reality distinct from the visible body a luminous substance that gives the body life and movement. He treats *al-nafs* and *al-rūḥ* (spirit) as differing in attribute rather than in underlying substance, and he identifies three qualitative states of the soul: *al-nafs al-muṭmaʾinnah* (the serene soul), *al-nafs al-lawwāmah* (the self-reproaching soul), and *al-nafs al-ammārah* (the soul inclined to evil) (Al-Jauziyyah, 1985). On this view the soul is ontologically real and God-given, occupying a higher rank than the body and acting as the driving force of human activity, even though soul and body are mutually dependent (Najati, 1993; Rahman, 1952)

The contrast with modern Western thought is often overstated, so it must be drawn carefully. It is true that some strands of Western science treated the soul as speculative and turned instead to observable behaviour (Mustafa, 2018). Freud, for example, spoke not of the soul but of the *personality*, analysed into the interacting agencies of *id*, *ego* and *superego* (Freud, 1927; Hall, 2000). Jung, however, cannot be assimilated to this displacement of the soul. Although he too used the term *psyche* rather than the theological *soul*, he treated the psyche as a real, self-regulating totality and wrote extensively about *soul-image*, religious symbol and the numinous. The difference between Ibn Qayyim and Jung is therefore not that

one affirms the soul and the other denies it, but that they assign different *ontological status* to the inner life: for Ibn Qayyim the soul is a created spiritual substance answerable to God, whereas for Jung the psyche is a phenomenological and psychological reality whose religious contents are interpreted as symbols of the process of individuation (Jung, 1987; Suryosumunar, 2019)

A conceptual map is therefore useful before any comparison. On the Islamic side, *nafs*, *rūḥ* and *qalb* (heart) name distinct but related aspects of one God-given interior reality. On the Jungian side, *psyche*, *ego*, *Self* and *archetype* name structures and dynamics of a self-regulating mental totality. Preserving these distinctions, rather than treating soul, mind, personality, psyche and Self as interchangeable is a precondition for a fair reading of either thinker.

Jung's Model of the Psyche and the Aims of Analytical Therapy

Jung's analytical psychology divides the personality into levels: *consciousness*, organised around the *ego*; the *personal unconscious*, with its *complexes*; and the *collective unconscious*, with its *archetypes* (Jung, 1968). Consciousness comprises the thoughts, feelings and sensations of which a person is aware and through which they engage the world. The ego organises consciousness and filters experience, giving the individual continuity and identity; without such filtering, consciousness would be overwhelmed (Jung, 1968). The personal unconscious holds material once conscious but since forgotten or repressed, organised into complexes clusters of feeling, thought and memory drawn together around an affective core (Jung, 2001). The collective unconscious, which Jung also called the transpersonal unconscious, is the inherited substratum of the psyche; its archetypes are innate patterns that shape how experience is organised and that surface as recurrent images and motifs (Jung, 1987).

For Jung, psychic energy (which he called *libido* in a broadened, non-sexual sense) flows between conscious and unconscious and between inner and outer reality; the psyche is a dynamic system that spontaneously seeks its own balance, and suffering arises from one-sidedness or imbalance between these contents (Budiraharjo, 1997; Jung, 1987). The goal of therapy is correspondingly integrative. Jung described the analytic process in four stages—*confession*, *elucidation*, *education* and *transformation* (Jung, 1968). In *confession*, the patient discloses and releases withheld or unconscious material. In *elucidation*, the therapist interprets the origins of neurotic patterns, often through the transference. In *education*, the patient is helped to translate insight into new habits and social adaptation. In *transformation*, the deepest stage, therapist and patient engage the individuation process itself, integrating previously unconscious aspects of the psyche toward the *Self*.

Crucially, religion is not external to this account. Jung wrote at length on religious experience, symbolism and the psychological function of religious traditions, and he regarded the encounter with the numinous as therapeutically significant. His treatment of religion is psychological and phenomenological rather than theological: he interprets God-images and religious symbols as expressions of the psyche's movement toward wholeness, without

adjudicating their metaphysical truth. Recognising this prevents the false binary in which Jung is cast as indifferent or hostile to the spiritual (Hopwood, 2023).

Ibn Qayyim's Model of the Person, Pathology, and Healing

Ibn Qayyim's psychotherapy rests on a structured model of the person that moves from the *nafs* to the *qalb* (heart) as the seat of spiritual health and disease (Arifin, 2008). He classifies hearts into three states: the *sound heart* (*qalb salīm*), which meets God securely; the *dead heart* (*qalb mayyit*), which cannot recognise or submit to truth; and the *sick heart* (*qalb marīḍ*), which oscillates between the two and may recover or decline depending on which tendency prevails (Al-Jauziyyah, 1974). This tripartite scheme is his model of *pathology*: it identifies the heart, not merely behaviour, as the locus where disorder takes hold.

The roots of a diseased or dead heart, for Ibn Qayyim, lie in four dispositions—ignorance of religious knowledge, injustice, appetite (*shahwah*) and anger (*ghaḍab*)—which, in excess or deficiency, generate further vices (Al-Jauziyyah, 1972; Na'im et al., 2006). Their common cause is the heart's estrangement from God, which leaves it restless (Nata, 2011). On this diagnosis, healing consists in reorienting the heart toward God so that it regains serenity (Putra et al., 2019).

Ibn Qayyim accordingly divides treatment into two categories (Mujib & Mudzakir, 2002). The first, *ṭibb sharʿī* (revealed or law-based medicine), addresses inward diseases such as ignorance, doubt and disordered desire, whose symptoms are not directly felt but are spiritually dangerous; its remedy is to follow prophetic guidance and example (Al-Jauziyyah, 1974). The second, *ṭibb ṭabīʿī* (natural medicine), addresses conditions whose symptoms are directly experienced anxiety, restlessness, sorrow and anger by removing their causes and cultivating new, wholesome habits (Al-Jauziyyah, 1974). A representative application is *Qurʾānic therapy*, in which listening to, reciting, understanding, reflecting upon (*tadabbur*) and enacting the Qurʾān is held to bring tranquillity to the soul, an efficacy Ibn Qayyim links to the reader's faith. Interpreters distinguish two senses of *shifāʾ* (healing) in this context: the healing of ignorance and spiritual disease, and the healing of bodily illness (Al-Jauziyyah, 1418).

Two qualifications are important for reading these claims responsibly. First, Ibn Qayyim's category of healing is primarily spiritual and moral formation, not a substitute for the diagnosis and treatment of medical or psychiatric conditions; conflating the two risks unsafe implications, including the suggestion that recovery depends solely on the strength of a patient's faith, which can generate blame. Second, on Ibn Qayyim's own terms, spiritual guidance and religious coping are best understood as complementary to, and integrable with, professional mental-health care rather than as replacements for it. Read this way, his account contributes a model of meaning and moral orientation that can accompany not override evidence-based treatment (Ying, 2009).

For Ibn Qayyim, the sound heart is finally sustained by living according to the Qurʾān and the Sunnah; a life cut off from this guidance he likens to a kind of death of the heart, from

which, in his framework, other harms follow (al-Taftazani, 1997; Al-Jauziyyah, 1974). This is a normative and theological claim about the good life, and it is presented here as such.

Table 1. Comparison of the Two Thinkers' Healing Approaches

Thinker	Method Category	Stages / Approach	Key Techniques	Role of Religion
Carl Jung	Four-stage analytic process	Confession; elucidation; education; transformation	Working with dreams and symbols; interpreting complexes and the transference; fostering individuation toward the Self	Engaged psychologically: religious symbols and the numinous are read as expressions of the psyche
Ibn Qayyim al-Jawziyyah	Two categories: sharʿī and ṭabīʿī medicine	Diagnose the heart (salīm / marīḍ / mayyit); remove causes of disease; reorient the heart to God	Prophetic guidance; Qurʾānic recitation and tadabbur; cultivating wholesome habits; strengthening faith	Constitutive: revelation (Qurʾān and Sunnah) is the authoritative source and criterion of healing

Table 1 summarises the two thinkers' healing approaches across method category, stages, key techniques and the role assigned to the religious dimension. It is offered as a conceptual summary of the textual analysis above, not as a ranking.

4. DISCUSSION

Reading Jung and Ibn Qayyim across the five predefined dimensions yields a comparison that is balanced rather than predetermined. On the *anthropology of the person*, both thinkers make the interior life central and both resist a purely somatic account of the human being; they differ in that Ibn Qayyim treats the *nafs*, *rūḥ* and *qalb* as a created spiritual substance answerable to God, whereas Jung treats the psyche as a self-regulating totality described in psychological terms. On the *source of suffering*, both locate disorder in the inner life: for Jung in the one-sidedness or imbalance between conscious and unconscious contents, for Ibn Qayyim in a heart estranged from God and disordered by ignorance, appetite and anger. On the *goal of therapy*, Jung aims at individuation and the integration of the Self, Ibn Qayyim at a sound heart (*qalb salīm*) turned to God goals that are formally parallel in seeking inner wholeness yet substantively distinct in their ultimate reference.

On the *primary resources* of healing, Jung draws on symbols, dreams and the analytic relationship, while Ibn Qayyim draws on the Qurʾān, the Sunnah, reason and lived experience. It is worth noting that Ibn Qayyim does not reduce healing to scripture alone: he explicitly values reason as a means of reflection and self-correction, and he recognises experiential and customary medical knowledge accumulated by different communities (Al-Jauziyyah, 1406,

1416). His framework thus admits multiple sources of knowledge, even as revelation remains authoritative for him.

The sharpest divergence is on the *status of religion*, and here earlier comparisons have often erred. It is inaccurate to describe Jung's approach as devoid of spiritual content. Jung wrote extensively on religion, the numinous and religious symbolism, and he regarded them as psychologically significant; his difference from Ibn Qayyim lies not in the presence or absence of the religious but in its epistemological treatment. Jung offers a *psychological interpretation of religion* reading God-images and symbols as expressions of the psyche whereas Ibn Qayyim offers a *faith-based ontology* in which revelation discloses a reality that is prior to and independent of the psyche (Hopwood, 2023; Jung, 1987). Recognising this distinction replaces a false binary (spiritual versus non-spiritual) with a more exact contrast (symbolic-psychological versus revelatory-ontological).

Figure 1 presents this comparison across the five dimensions in summary form. The critique associated with Malik Badri that modern psychology has often proceeded from assumptions foreign to Islamic anthropology should be read within this more careful framing (Arroisi, Amin, et al., 2021). It is one significant position in an ongoing debate, not a settled verdict on a diverse discipline, and it is most productive when paired with scholarship that identifies genuine points of dialogue between contemporary and Islamic psychology (Arroisi et al., 2024). Framed this way, the comparison becomes analytical rather than merely confirmatory.

Each framework has characteristic strengths and limits. Jung's method offers a differentiated model of unconscious dynamics and a disciplined therapeutic process, and its symbolic reading of religion allows it to engage the meaning of spiritual experience without requiring theological commitment an ecumenical reach that is also, from a confessional standpoint, a limitation. Ibn Qayyim's framework offers an integrated moral and spiritual anthropology in which well-being is tied to the orientation of the heart; its limits, for contemporary psychotherapy, include the historical and theological distance between his medical-spiritual context and modern clinical practice, and the fact that his texts were not written as, and cannot straightforwardly be applied as, a manualised clinical protocol. Neither observation establishes the superiority of one over the other.

The appropriate conclusion is therefore one of bounded complementarity. The spiritual dimension understood as a person's relationship to self, others and God can enrich how psychotherapy addresses meaning and moral orientation (Arroisi et al., 2022). At the same time, because this study is textual, it makes no claim about comparative clinical effectiveness; such claims would require outcome data that a conceptual comparison cannot provide. The practical implication is integrative: spiritually grounded resources of the kind Ibn Qayyim articulates are best deployed alongside, and in coordination with, professional mental-health care, while Jung's analytical framework offers one well-developed way of taking symbolic and religious material seriously within psychotherapy.

Table 2. A five-dimension conceptual comparison of Jung's and Ibn Qayyim's frameworks. The comparison presents Jung's psychological reading of religion rather than an absence of the spiritual.

Carl Gustav Jung (Analytical Psychology)	Dimension of Comparison	Ibn Qayyim al-Jawziyyah (Islamic Psycho-Spiritual)
Psyche as a self-regulating system (ego, personal & collective unconscious)	**Anthropology of the person**	Nafs, rūḥ & qalb as an ontological, God-given spiritual reality
Imbalance / one-sidedness between conscious & unconscious contents	**Source of suffering**	A diseased heart (qalb marīḍ): ignorance, desire, heedlessness of God
Individuation: integration of the Self	**Goal of therapy**	A sound heart (qalb salīm) turned to God
Symbols, dreams, the analytic relationship	**Primary resources**	Qur'ān, Sunnah, reason & lived experience
Religion read psychologically (numinous, God-image, symbol)	**Status of the religious**	Religion as revelatory ontology & normative source

5. CONCLUSION

This article compared, on textual grounds, how Carl Jung and Ibn Qayyim al-Jawziyyah conceptualise the soul and the aims and means of psychological healing, using five predefined dimensions: the anthropology of the person, the source of suffering, the goal of therapy, the primary resources of healing, and the status of religion. Rather than ranking the two frameworks, the study produced a balanced conceptual map. The two are commensurable in making the interior life central to well-being, in locating suffering within that inner life, and in taking religious symbolism seriously; they are incommensurable in the ontological status they assign the soul and in whether religion functions as psychological symbol (Jung) or as revelatory and normative source (Ibn Qayyim).

The study's contribution is twofold. Conceptually, it corrects a recurrent distortion by showing that Jung engaged religion substantively psychologically rather than theologically so that the real contrast is between a symbolic-psychological and a revelatory-ontological treatment of the spiritual, not between spirituality and its absence. Methodologically, it models a disciplined, dimension-by-dimension comparison in place of a predetermined hierarchy. Where the article speaks of a 'holistic' framework, it uses the term in a delimited sense: a model that explicitly integrates moral and spiritual orientation with the interior life. It does not use 'holistic' to assert superior clinical outcomes.

The findings carry a qualified implication for practice. Ibn Qayyim's psycho-spiritual anthropology offers distinctive conceptual resources for dialogue with analytical psychology and for spiritually sensitive care, while Jung's framework offers a developed way of engaging symbolic and religious material within psychotherapy. Both are best integrated with, rather

than substituted for, professional mental-health treatment; spiritual guidance and religious coping are complements to, not replacements for, evidence-based care.

This study has clear limitations. It is a textual and conceptual comparison, not an empirical or clinical one, and it therefore cannot speak to treatment effectiveness. Its corpus, though authoritative, is finite, and its reading of translated sources despite cross-checking remains interpretive. It also does not fully explore the cultural and social contexts that shape how such frameworks are received. Future research could operationalise the dimensions developed here into empirical studies of spiritually integrated psychotherapy, examine how Ibn Qayyim's concepts function in contemporary clinical and pastoral settings across cultures, and test, with appropriate outcome measures, the integrative model that this conceptual comparison can only propose.

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