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Quran-Based Spiritual Psychotherapy: Insights from Islamic Scholarship and Modern Psychology on Obsessive-Compulsive Disorder (*Was-Was*)

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Abstract: Obsessive-Compulsive Disorder (*was-was*) are psychological and spiritual concerns necessitating a comprehensive treatment strategy to alleviate obsessive, compulsive symptoms and emotional turmoil. This study seeks to evaluate the efficacy of Quran-based spiritual psychotherapy, incorporating components of *zikr*, prayers and *tazkiyah* (self-purification), in assisting Muslim patients in stress management and emotional equilibrium enhancement. The discussion concurrently addresses the incorporation of contemporary methodologies, such as Cognitive Behavioral Therapy (CBT) and Exposure and Response Prevention (ERP), to assess the compatibility of treatment with the cultural and religious beliefs of patients. A qualitative methodology was utilized by analyzing holy scriptures, contemporary literature, and perspectives from distinguished Islamic academics. The results demonstrate that the amalgamation of spiritual and contemporary therapy is successful in alleviating OCD symptoms and fortifies faith as a safeguard against spiritual disruptions. This study emphasizes that this comprehensive treatment paradigm provides an appropriate option for the Muslim population in tackling intricate mental health issues.

Keywords: Spiritual psychotherapy, Obsessive-compulsive disorder, Zikr, Holistic therapy, Qur'an

Introduction

The examination of the Quranic verses is intrinsically connected to *balaghah* and *i'jaz* which are essential components for comprehending the beauty and significance of Quranic language (Zakaria et al, 2022). When analyzed from a contemporary viewpoint, the phrase *was-was* is found to be intimately associated with a mental disorder currently referred to as Obsessive-Compulsive Disorder (OCD). This inquiry is essential as the language of the Quran possesses significant value and is pertinent in elucidating contemporary realities. This research facilitates the integration of religious knowledge with scientific inquiry in tackling mental health issues.

OCD is a psychological condition marked by persistent and involuntary obsessions and compulsions. Obsessions denote recurrent, unwelcome thoughts, impulses or pictures that frequently induce anxiety or distress. Conversely, compulsions are repetitive activities or cognitive processes executed in reaction to obsessions, intended to alleviate anxiety or avert adverse outcomes. Nonetheless, these acts frequently lack a rational correlation to the anxiety being evaded or are executed in excess. OCD symptoms generally concentrate on particular aspects including contamination (obsessions concerning cleanliness and compulsive cleaning), symmetry (obsessions about orderliness or alignment) and repetitive checking or mental rituals.

OCD can severely affect an individual's quality of life by consuming substantial time, disrupting daily routines, and inducing major mental discomfort (Katharine et al., 2013; Remmerswaal, et al., 2020). 20

Moreover, according to Moreno et al. (2023) other diseases associated with OCD encompass body dysmorphic disorder hoarding disorder, trichotillomania (hair-pulling disorder), and excoriation (skin-picking order) each characterized by persistent obsessions or compulsions that interfere with daily functioning. Body dysmorphic disorder is defined by an intense fixation on trivial or perceived imperfections in one's physical appearance frequently overlooked by others, resulting in behaviors such as mirror-checking, excessive grooming or soliciting reassurance from others. Hoarding disorder is characterized by an intense inability to dispose of or relinquish goods, regardless of their minimal or negligible worth, stemming from unreasonable anxieties about their potential future utility. This illness frequently leads to significant disarray that hinders daily activities. Trichotillomania is characterized by an irresistible compulsion to extract hair, frequently resulting in harm to the scalp, eyebrows or other regions of the body. Conversely, excoriation is compulsive skin-picking, resulting in self-inflicted wounds, frequently provoked by emotional conditions such as anxiety or stress. These illnesses are generally characterized by recurrent efforts to cease the behaviors although they prove difficult to regulate and frequently lead to considerable emotional turmoil and a reduced quality of life.

In Islam, *was-was* denotes the insidious whispering of Satan or persistent misgivings that beyond rational boundaries, especially about acts of worship. Surah al-Nās (114:4-5) of the Quran elucidates that Satan frequently "whispers malevolent thoughts into the hearts of humanity." These murmurs can induce persons to unduly ruminate on trivial issues, resulting in a diminished concentration on the core of worship. For example, individuals suffering from *was-was* may continually do ablution or prayer due to their uncertainty regarding the adequacy or perfection of their devotion. Islamic scholars characterize *was-was* as a perturbation that necessitates the reinforcement of one's faith, the practice of *zikr* and the regular invocation of supplications (*du'a*) to bolster the spirit against the sway of Satan (Windaningsih 2022).

In Islamic doctrine, *was-was* denotes subtle whispering or urges typically linked to diabolical influences or personal vulnerabilities. This phrase is often used in the Quran and hadith appearing in the Quran, including surah al-Nās and surah al-A'rāf which underscore the necessity for individuals to take refuge in Allah swt from the whispering of Satan. Islamic scholars, including Al-Qurtubi and Ibn Kathīr interpret *was-was* as the whispers of Satan that entice individuals to partake in detrimental or wicked behaviors. In contemporary psychology, *was-was* is frequently linked to Obsessive-Compulsive Disorder (OCD) when an individual endures uncontrollable repeating thoughts or actions that may affect their worship and faith. The resolution of OCD encompasses Islamic practices such as begging forgiveness and engaging in *zikr* in conjunction with contemporary therapies like Cognitive Behavioral Therapy (CBT) (Abdul Rahman et al, 2021).

The Islamic perspective on mental health concerns, especially within Muslim communities provides a comprehensive treatment that combines spiritual and psychological aspects. Islamic counseling and cognitive therapy can be effectively used to address OCD. This approach integrates Islamic principles such as *tawhid* and *tazkiyah* (self-purification), which underpin spiritual practices such therapeutic *zikr* and Quranic meditation. This method emphasizes alleviating OCD symptoms using cognitive strategies like cognitive restructuring while also fostering spiritual resilience in individuals. This technique benefits Muslim patients by aligning with their values, hence boosting therapy efficacy. This method enables patients to perceive their mental health difficulties within a wider spiritual framework, facilitating the construction of a more affirmative self-narrative. This therapy effectively diminishes anxiety and compulsions by amalgamating spiritual practices with cognitive strategies so enhancing emotional and spiritual well-being (Mujahidah et al, 2025).

Contemporary methodologies like cognitive behavioral therapy (CBT) and exposure and response prevention (ERP) are efficacious treatment modalities for OCD encompassing religious OCD, referred to as scrupulosity. These interventions assist patients in recognizing and altering thoughts and behaviors that induce distress. In the realm of religion, these procedures can be modified to conform to Islamic norms including the integration of religious components or the consultation of religious scholars. This method has demonstrated efficacy when patients are incrementally exposed to their obsessive stimuli in a regulated manner while being restrained from doing compulsive actions. Customizing treatments to incorporate patients' religious and

cultural beliefs improves the efficacy of these therapies and guarantees alignment with the religious principles upheld by the patients (Toprak & Özçelik 2024; De Abreu & Moreira 2022).

Methodology

This study used a qualitative methodology to investigate the correlation between the idea of *was-was*, OCD and religious treatment methods in Islam. This methodology was selected as it facilitates a comprehensive analysis of religious beliefs and their relationship to contemporary therapeutic practices.

1. Data Collection Method

Document analysis functions as the principal way of data collecting, concentrating on religious sources to comprehend the concept of OCD (*was-was*) in Islam. Core texts, including the Quran, hadith and scholarly tafsir, are examined comprehensively to ascertain the definitions, contexts, and consequences of *was-was* as articulated in Islam. In surah like al-Nās are analyzed to comprehend the influence of Satan on human cognition and conduct. Furthermore, the tafsir writings of scholars such as Ibn Kathīr, Al-Qurtubi and other exegetes are employed to elucidate the meaning of verses pertaining to *was-was*. This examination extends beyond religious sources to include modern viewpoints on Islamic counseling and therapy for OCD. This approach seeks to amalgamate religious concepts with contemporary treatments yielding a more comprehensive grasp of *was-was* and its effects on mental well-being.

2. Literature Review

This research encompasses the examination of contemporary literature including scientific publications, books and conference proceedings pertinent to OCD alongside Islamic counseling and cognitive treatment methodologies. Scientific publications are employed to acquire a comprehensive grasp of the symptoms, etiology and therapies of OCD via the lens of contemporary psychology. Books and proceedings offer multidisciplinary perspectives on the integration of contemporary therapies such as cognitive behavioral therapy (CBT) with religion-based methodologies. Focus is directed towards research that integrates spiritual and psychological aspects especially within Muslim communities. This literature review finds components of contemporary treatments that can be modified to conform to Shariah principles, resulting in a pertinent and comprehensive therapy methodology. This approach guarantees thorough results that correspond with the therapy requirements of Muslim patients.

3. Triangulation of Data

This study utilizes a data triangulation method by juxtaposing findings from religious texts and contemporary literature to guarantee the validity and trustworthiness of the results. Religious writings, including the Quran, hadith and academic tafsir are examined to comprehend the notion of *was-was* within the Islamic context, whilst contemporary literature offers scientific perspectives on OCD and its therapeutic methodologies. This comparison of the two sources elucidates the similarities, distinctions and interconnections between spiritual and scientific dimensions. This methodology facilitates the amalgamation of classic and contemporary viewpoints, yielding more comprehensive and pertinent results. The triangulation method improves the trustworthiness of the findings by eliminating dependence on a singular source, so reinforcing the theoretical and practical underpinnings of the research.

To enhance comprehension of this process, it can be visualised in figure 1 provided:

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Figure 1: Conceptual Framework

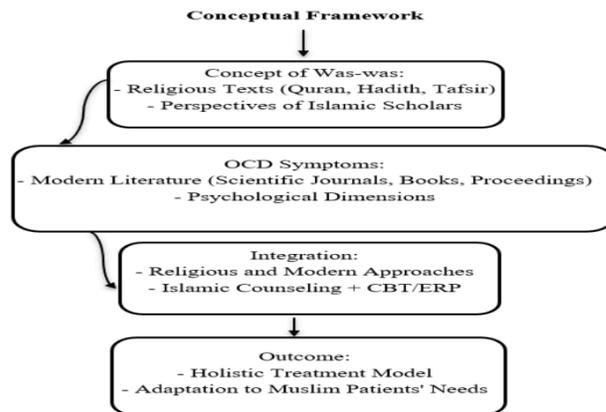


Figure 1 depicts the conceptual framework consisting of four primary components that elucidate the methodology of the study on the integration of the *was-was* concept with contemporary OCD treatment. The initial phase in this paradigm is comprehending the idea of *was-was* through the examination of religious scriptures, including the Quran, hadith and tafsir as interpreted by Islamic scholars. This methodology establishes a basis for comprehending *was-was* as a spiritual affliction characterized by detrimental whispers or urges that affect human cognition and conduct. Scholarly perspectives are employed to elucidate the relationship between *was-was* and faith as well as its perception as a test for spiritual fortification. This part seeks to create a robust religious framework for comprehending this disease from an Islamic viewpoint.

The subsequent phase entails analysing the manifestations of OCD via contemporary literature, encompassing scientific publications, books, and conference proceedings. The framework underscores the integration of religious methodologies with contemporary therapies, including Islamic counseling alongside cognitive behavioral therapy (CBT) and exposure and response prevention (ERP). The ultimate result of this framework is the creation of a comprehensive treatment paradigm that delivers excellent care from a scientific standpoint while addressing the spiritual demands of Muslim patients. This concept maintains equilibrium between scientific methodology and religious principles seeking to improve therapeutic efficacy while fostering the mental and spiritual health of patients.

Result and Discussion

This study investigates the correlation between *was-was* and obsessive-compulsive disorder (OCD) from the viewpoints of Islamic scholars and contemporary psychology. Focus is directed towards examining the interpretation of the concept of *was-was* in religious texts, while correlating it with OCD symptoms as elucidated in contemporary literature. This research offers a thorough perspective on how a holistic approach, merging spiritual and scientific components might be utilized to understand and treat this condition. Scholarly interpretations by figures such as Imam al-Tabari, al-Qurtubi, Ibn Kathīr and al-Razī establish a crucial basis

for comprehending *was-was* within a theological framework, whilst contemporary psychiatry offers scientific elucidations of OCD symptoms and their therapies.

1. The Concept of *Was-Was* and Its Association with OCD

In the books *Jāmi' al-Bayān fī Ta'wīl al-Qur'ān* and *Tafsīr al-Marāghī*, *was-was* is defined as insidious whispers from Satan intended to erode human faith and belief in Allah. This interpretation highlights that Satan capitalizes on individuals' own vulnerabilities to induce enduring misgivings within their hearts. These uncertainties cause individuals to unduly concern themselves with particular elements especially religious duties such as ablution and prayer. Al-Ṭobari elucidates that these whispers transcend basic spiritual occurrences, encompassing human psychology wherein affected individuals frequently experience doubt over their practices leading to the superfluous repetition of deeds. He asserts that *was-was* can result in a diminished concentration during worship and disturb an individual's emotional and spiritual equilibrium (Al-Ṭobari 1999; al-Marāghī 2001).

Moreover, in the text *Mafātih al-Ghayb*, *was-was* is defined as insidious whispers instigated by Satan to induce profound doubt in the hearts of individuals. He underscores that this disruption influences an individual's cognition leading them to excessively concentrate on inconsequential issues, especially during acts of worship. Al-Rāzī elucidates that *was-was* frequently induces individuals to question the efficacy of their worship, finally culminating in the superfluous repetition of rituals. This interpretation emphasizes that *was-was* is one of Satan's tactics to distract mankind from the true objective of worship, which is to attain closeness to Allah. To combat *was-was*, al-Razi recommends spiritual methods such enhancing *zikr*, participating in *du'a* and fortifying one's bond with Allah as a protective measure against this disturbance (al-Rāzī 2000; Ibnu Kathīr 2008).

Furthermore, in *Al-Jāmi' li Ahkām al-Qur'ān*, *was-was* is defined as a disruption characterized by heightened anxiety frequently arising during acts of worship. He says that Satan employs these doubts to hinder an individual's concentration during religious activities like as ablution and prayer. Al-Qurtubi elucidates that those afflicted by *was-was* frequently have uncertainty over the adequacy of their acts of worship, prompting them to reiterate those actions numerous times. If neglected, this disruption may lead to emotional turmoil and spiritual exhaustion. His interpretation emphasizes that *was-was* is both a spiritual phenomena and a psychological difficulty that obstructs an individual from attaining tranquility in their worship. He proposes that individuals should fortify their faith through *zikr* and *du'a* as a safeguard against Satan's disruptions (Al-Qurtubi 2006; Hamka 1999).

Furthermore, there exists a hadith concerning *was-was* in which the Prophet Muhammad pbuh offers counsel on addressing uncertainties, especially when inquiries pertain to the creation of Allah swt. In such circumstances, the Prophet pbuh recommended that one should seek refuge in Allah swt and refrain from considering such ideas. This counsel serves as a reminder of Satan's efforts to sow doubt in mankind and underscores the significance of spiritual fortitude through *dua* and *zikr* to counteract these disruptions. The subsequent hadith is narrated by Imam Al-Bukhari:

حَدَّثَنَا يَحْيَى بْنُ بُكَيْرٍ، حَدَّثَنَا اللَّيْثُ، عَنْ عُمَرَ بْنِ عَبْدِ رَبِّهِ، عَنِ ابْنِ شَهَابٍ، قَالَ: أَخْبَرَنِي عُزُومَةُ بْنُ الرَّبِيعِ، قَالَ أَبُو هُرَيْرَةَ، رَضِيَ اللَّهُ عَنْهُ، أَنَّ رَسُولَ اللَّهِ ﷺ قَالَ: يَا أَيُّهَا الشَّيْطَانُ أَحَدَكُمْ، فَيَقُولُ: مَنْ خَلَقَ كَذَا؟ مَنْ خَلَقَ كَذَا؟ حَتَّى يَقُولَ: مَنْ خَلَقَ رَبَّكَ؟ فَإِذَا بَلَغَهُ، فَلْيَسْتَعِذْ بِاللَّهِ وَلْيَنْتَهْ.

Meaning:

The Prophet Muhammad pbuh stated, "Satan will come to one of you and say, 'Who created this?'" from Abu Hurairah RA. "By whom was that created?" until he asks, "Who is your Lord?" When it reaches this point, he should seek refuge in Allah swt and put an end to such thoughts¹.

According to Al-ʿAsqalānī (2009) this hadith offers counsel on addressing *was-was* whispering from Satan by seeking refuge in Allah swt and refraining from engaging with such uncertainties. The hadith states that Satan poses unfounded inquiries, such as "Who created your Lord?" to undermine an individual's faith. The most effective method to combat these whispers is to fortify one's confidence in Allah swt and to abstain from participating in arguments or addressing inquiries that may perpetuate ongoing concerns. Moreover, Imam Al-Khattabi asserts that such discussions do not produce truth but rather amplify Satan's dominion over the human heart. He elucidates that inquiries of this nature which beyond rational boundaries undermine sound reasoning as the unity of Allah swt is an assertion impervious to the logic of creation. Consequently, he emphasizes the significance of eschewing superfluous disputes, fortifying faith, and perpetually finding solace in Allah swt to disrupt the cycle of uncertainties instigated by Satan. This methodology embodies a fundamental tenet of Islam aimed at preserving spiritual equilibrium and safeguarding faith from detrimental influences. In the context of OCD, these symptoms resemble obsessions characterized by intrusive and unwelcome thoughts including uncertainties over religious convictions or the idealization of worship. Individuals with OCD frequently experience anguish due to their inability to halt these intrusive thoughts as outlined in the hadith.

This hadith offers pragmatic advice for combating *was-was* by finding shelter in Allah swt through *du'a* and *zikr* in addition to halting the intrusive thoughts. This method corresponds with other contemporary therapeutic treatments, including cognitive behavioral therapy (CBT), which instructs patients to recognize obsessive thoughts and redirect their attention. This hadith is pertinent not just from a spiritual standpoint but also serves as a catalyst for scientific methodologies in tackling OCD.

The notion of *was-was* in Islam and its association with OCD illustrates that this condition comprises both spiritual and psychological aspects that are interrelated. According to the opinions of scholars like Imam al-Tabari, al-Qurtubi, Ibn Kathīr and al-Rāzī, *was-was* is perceived as a disruption stemming from Satanic whispering intended to undermine faith and instigate questions that surpass rational boundaries, especially concerning acts of devotion. These perspectives underscore that *was-was* transcends a simply religious concern profoundly influencing human emotions and conduct.

In contemporary psychology, the symptoms of *was-was* closely mirror traits of OCD, especially in the manifestation of scrupulosity characterized by obsessions over the perfection of worship and compulsions to repetitively execute specific behaviors. Consequently, comprehending *was-was* from both Islamic and contemporary scientific viewpoints establishes an essential basis for formulating a more comprehensive therapy strategy. This method can assist Muslim patients in properly managing OCD symptoms while also reinforcing their faith as a safeguard against satanic disturbances. The integration of religious and scientific methodologies is essential for the more efficient treatment of *was-was* and OCD (Awad 2019).

2. Quranic Spiritual Psychotherapy

Psychotherapy comes from psyche meaning soul and mind and therapy meaning treatment and healing. In Arabic, *nafs* means soul and self. Psychotherapy involves using psychological methods to heal and manage mental health issues. It includes several methods to improve well-being and treat emotional, cognitive and behavioral issues to overcome mental health challenges and achieve personal balance (Norhafizah et al, 2018).

The concept of Quran-based spiritual psychotherapy is thoroughly examined from a holistic viewpoint. The essay elucidates that the Quran and hadith provide diverse modalities of holistic therapy for the treatment of mental health illnesses. Included in this is psychotherapy via *zakat* which aids in purifying the soul from

¹ Al-Bukhārī, Sahih al-Bukhari, Kitab *Bada'u al-khalq*, Bab *Ṣifat iblīs wa jumūdih*, No 3276.

detrimental characteristics such as avarice and jealousy, while fostering harmonious social interactions. Moreover, prayer is emphasized as a therapeutic practice that encompasses spiritual, mental and bodily dimensions. The motions in prayer offer not only physical health advantages but also contribute to the tranquility of the soul. Practices such as *zikr* and *du'a* are seen as vital methods for attaining inner tranquility and mitigating tension. Moreover, fasting is highlighted as a means to cultivate self-discipline, fortify mental resilience, and improve social awareness of people in need. These methods not only address the symptoms of mental diseases but also reinforce faith, rendering Quran-based psychotherapy congruent with Islamic spiritual principles and pertinent for Muslim patients (Abdullah et al., 2022; Zulkifli, 2022; Mas'udi & Istiqomah, 2017).

Additionally, prayer, Quran recitation and *zikr* are three fundamental components of Islamic therapy that significantly influence an individual's mental and spiritual health (Mohd Sabri & Sarnon, 2018). Prayer functions as a conduit for approaching Allah swt, fostering inner tranquility and assisting persons in soothing their minds while enhancing emotional equilibrium. The movements of prayer have physiological advantages, including enhanced blood circulation and less muscle tension. Reciting the Quran serves as a therapy for afflictions of the heart and body as shown in Surah Yunus, verse 57, which asserts that the Quran is a cure and kindness for the faithful. Moreover, the practice of *zikr* enables individuals to redirect their attention from stress to spiritual consciousness, cultivating profound inner tranquility. Through the continual invocation of Allah's name, individuals can regulate adverse emotions like worry and dread, while fostering positive thinking and optimism. The integration of these three components in Islamic therapy offers a comprehensive strategy that tackles mental symptoms while simultaneously reinforcing religion, rendering it a powerful instrument for surmounting many life obstacles (Tahir & Husna, 2023).

Zikr, *du'a* and *tazkiyah* are integral components of Islamic psychotherapy. *Zikr*, as a method of recalling Allah, aids in soothing the spirit and alleviating worry. *Du'a* functions as a conduit for contact with Allah, imparting a sense of tranquility and optimism to individuals. *Tazkiyah*, the purifying of the soul, entails the cleansing of the heart from detrimental qualities, consequently improving mental and spiritual well-being. The incorporation of these factors into therapy can assist patients in attaining improved emotional and mental equilibrium (Rozak & Sari, 2021; Syuhrawardi, 2024).

Cognitive Behavioral Therapy (CBT) linked with Islamic values merges contemporary psychology ideas with religious tenets to tackle mental health disorders. Islamic CBT integrates components such as faith in Allah, *zikr*, *du'a* and additional religious rituals into the therapeutic process. This method facilitates the conversion of irrational thinking into rational ones by utilizing Quranic verses and hadith, thereby enhancing the patient's spiritual connection with Allah swt. This therapy has demonstrated efficacy in alleviating symptoms of anxiety, depression and OCD. By customizing this intervention to align with the cultural and religious beliefs of Muslim patients, Islamic CBT not only facilitates the recovery from mental health illnesses but also augments the emotional and spiritual well-being of patients (Alif, 2024).

Furthermore CBT has also been used to incorporate Islamic spiritual aspects like *tawakkal* (dependence on Allah) to assist patients accept their life situations with serenity and reduce stress and anxiety. *Zikr* is a mindfulness-based relaxation and attention-shifting practice. Quranic verses like surah al-Ra'd verse 28, which emphasizes inner tranquility through Allah's remembrance, help sufferers achieve emotional and mental balance. This adaptation includes cultural and spiritual elements, making the therapy more meaningful for Muslim patients and improving outcomes and therapeutic effectiveness. The Quran's *tawakkal* and patience teachings also work in this way. Patients' belief in Allah's decree is built on verses like surah al-Talaq, which states that Allah will satisfy those who rely on Him. This reduces depression and helps individuals confront life's problems without anxiety. Islamic CBT uses spiritual practices like *du'a* to build the patient's bond with Allah, making them more sure that they can overcome their issues. This complete therapy targets mental disorder symptoms and improves patients' spiritual and emotional well-being by merging Islamic spiritual beliefs with current CBT (Ismiati, 2024).

Zikr the recollection of Allah is a spiritual activity that significantly influences emotional stability and an individual's mental well-being. During *zikr*, focus shifts from temporal concerns to spiritual contemplation, aiding in the suppression of bad emotions and the cultivation of positive thoughts. This illustrates that *zikr* can

alleviate stress, worry and rage, while concurrently fostering inner calm. *Zikr* improves an individual's capacity to navigate life's obstacles by internalizing spiritual ideals, including devotion to Allah swt. This technique not only calms the heart but also enhances emotional regulation, fostering greater patience and optimism in confronting adversities. Moreover, *zikr* exerts physiological effects including the reduction of blood pressure and the regulation of heart rate thereby enhancing general mental and physical well-being. Within Islamic psychotherapy *zikr* is employed as a relaxation and meditation method to enhance emotional stability and assist patients in managing severe stress and anxiety (Latif, 2022; Engel & Salma, 2024).

Furthermore, *zikr* treatment has demonstrated efficacy in regulating emotions, specifically in mitigating stress, anxiety, and emotional instability. *Zikr* as a spiritual practice, functions as a relaxation technique that shifts an individual's focus from negative thoughts to spiritual consciousness, facilitating the attainment of inner tranquility. This illustrates that *zikr* can alleviate stress by affecting brain function specifically in the cerebral cortex which governs emotional regulation. This therapy improves an individual's capacity for positive thinking, moderates emotional responses and fosters healthier interpersonal interactions. An experimental investigation confirmed the efficacy of *zikr* therapy by comparing participants' emotional serenity before and after *zikr* training revealing significant enhancements in emotional stability. This method alleviates stress symptoms while establishing a robust spiritual basis to assist persons in managing psychological issues more effectively (Anggraeni et al., 2014; Sulastri et al., 2024).

According to Rustina & Fakhruddin (2023) *zikr* as a fundamental aspect of therapy, aids in soothing the mind, alleviating anxiety, and improving emotional resilience. Research indicates that the practice of *zikr* can modulate blood pressure, alleviate stress and foster a deep sense of optimism. In the realm of OCD, Islamic therapeutic components instruct patients to regulate obsessive thoughts by repetitively reciting *kalimat thayyibah* (words of remembering), paralleling relaxation strategies in contemporary therapy. This comprehensive method not only alleviates mental health symptoms but also fortifies the patient's faith, establishing a robust spiritual basis to surmount life's problems. In summary, Islamic therapy provides an efficacious approach to mental health concerns by harmonizing spiritual and psychological dimensions.

In conclusion, this illustrates that Islamic treatment, which includes components such as prayer, Quran recitation, *du'a* and *zikr* is a helpful method for treating mental health illnesses like *was-was* and (OCD). This therapy assists clients in shifting their attention from unreasonable compulsive thoughts to soothing spiritual meditations within the framework of *was-was*. Pray functions as a direct conduit for communication with Allah, fostering inner tranquility and emotional equilibrium through the reflection on its movements and recitations. The recitation of the Quran serves as a treatment for the afflictions of the heart and soul as articulated in surah Yunus verse 57 and surah al-Isrā' verse 82, which characterize the Quran as a healing and mercy for the faithful. It indirectly cultivates the soul to maintain patience in all circumstances, ultimately facilitating a greater connection to Allah swt (Bahar & Md. Sham, 2023).

3. Integration of Religious and Contemporary Therapeutic Approaches

The integration of religious and contemporary therapy offers a comprehensive strategy for tackling mental health illnesses including *was-was* and OCD. Religious rituals, such as prayer, *zikr*, *du'a* and Quran recitation, provide a spiritual aspect that enhances contemporary methods such as cognitive behavioral therapy (CBT) and exposure and response prevention (ERP). This method utilizes spiritual principles to soothe the heart and soul, whereas contemporary treatment offers empirical techniques to assist patients in recognizing and altering illogical thought processes. In the context of OCD, *zikr* assists in diverting attention from obsessive thoughts, which frequently constitute a key symptom of this condition. CBT instructs patients to identify obsessive thoughts and compulsive habits, substituting them with more logical and rational reasoning. This methodology is further reinforced by spiritual components like as *zikr* and *du'a* which offer emotional sustenance and inner tranquility (Rahman et al., 2018).

According to Yulianto & Zain (2018) and Kartika Shofiah & Rajab (2025) integration of Islamic psychotherapy and contemporary methodologies merges the advantages of two disparate frameworks the psycho-spiritual aspect and empirical psychological techniques. Islamic psychotherapy underscores spiritual dimensions, including faith, worship, *du'a* and *tasawuf* activities, which assist individuals in attaining inner

tranquility and spiritual fortitude. Conversely, contemporary psychotherapy utilizes methods such as cognitive behavioral therapy (CBT), which aids patients in recognizing and altering illogical cognitive habits. The integration of these two approaches enables individuals to address their mental health concerns more comprehensively. This integration is seen in the therapy of OCD patients with scrupulosity (an fixation with perfection in worship), where *zikr* and *du'a* are employed to soothe their hearts while CBT is utilized to reframe their thoughts around perfectionism. In this therapy framework, spiritual components offer emotional reinforcement and internal equilibrium, whereas contemporary methodologies assist patients in systematically managing their symptoms. This integration enhances therapy efficacy and aligns with individuals' religious values, providing a more holistic approach to mental health concerns.

According to Ayob et al. (2024), incorporation of prayer as a therapeutic modality introduces a distinctive aspect to contemporary treatments. Prayer facilitates mental tranquility through rhythmic motions and deep breathing, akin to relaxation methods employed in cognitive behavioral therapy (CBT). Quranic recitations offer spiritual encouragement and hope, assisting patients in feeling more empowered in the face of life's difficulties. This integration promotes therapeutic efficacy and ensures treatment alignment with the patient's religious values hence increasing acceptability and sustainability. This method illustrates that integrating religion and contemporary therapy can produce more holistic and successful results in treating intricate mental health issues like *was-was* and OCD. The merging of spiritual psychotherapy with contemporary methods has demonstrated considerable effectiveness in addressing diverse mental health disorders. This integrative approach combines spiritual components with modern psychotherapy methods, providing a more thorough answer for an individual's mental health.

Furthermore, from the standpoint of Sufi practices, the integration of Sufism and modern psychotherapy is apparent in the synthesis of spiritual practices such as *zikr*, *muhasabah* and *tawakkal* with contemporary psychological therapeutic techniques. This illustrates that aspects of Sufism assist patients in cultivating inner tranquility through *zikr* which operates comparably to relaxation methods in contemporary therapy. *Zikr* serves as a mechanism to shift focus from unpleasant thoughts to spiritual contemplation, assisting individuals in alleviating tension and anxiety. *Muhasabah* or self-reflection is employed in Sufism to facilitate individuals in comprehending the underlying reasons of their psychological disorders, paralleling the principles of cognitive behavioral therapy (CBT) which aids patients in recognizing and modifying illogical thought patterns. Simultaneously, *tawakkal* enhances the patient's confidence in Allah's decree, alleviating tension linked to a perceived lack of control. This corresponds with methods for enhancing emotional resilience in contemporary settings. This integration employs a comprehensive strategy that combines spiritual practices with contemporary procedures addressing symptoms while enhancing the patient's faith and inner resilience. This method has demonstrated efficacy in alleviating symptoms of anxiety and despair while bolstering mental resilience (Husna & Khodijah, 2024).

This integration enhances contemporary therapy with spiritual components wherein scientific methodologies such as CBT methodically assist patients in recognizing and altering detrimental thought patterns. Contemporary treatment offers a definitive framework for tackling mental problems, whereas spiritual therapy introduces an enduring aspect of emotional and spiritual equilibrium. The efficacy of this integration resides in its capacity to thoroughly address the mental, emotional and spiritual dimensions of patients rendering it more holistic and pertinent for communities that emphasize religious values. This method not only expedites rehabilitation but also improves mental resilience and emotional stability providing a more holistic strategy for addressing intricate psychological issues.

In summary, the integration of spiritual therapies including *zikr*, *muhasabah* and *tawakkal* with contemporary psychotherapy methods like cognitive behavioral therapy (CBT) has demonstrated efficacy in mitigating mental health disorders such as anxiety and depression. Spiritual therapy alleviates emotional discomfort using a spiritual methodology, providing clients with inner tranquility and a profound feeling of purpose in life. Within Sufism, techniques such as *zikr* facilitate mental tranquility, *muhasabah* promotes reflective reflection, and *tawakkal* mitigates worry by enhancing reliance on Allah. This method enables patients to perceive life's hardships as a journey of personal development while strengthening their spiritual bond with God.

Conclusion

Quran-based spiritual psychotherapy, combined with contemporary methods like ³⁷ cognitive behavioral therapy (CBT) and exposure and response prevention (ERP), constitutes an effective comprehensive strategy for treating OCD and *was-was*. Practices such as *zikr*, *du'a* and *tazkiyah* not only alleviate mental health symptoms but also fortify the faith of Muslim patients, endowing them with spiritual tenacity to confront life's adversities. The integration of spiritual and scientific aspects proves highly beneficial in tackling mental health concerns while respecting individuals' cultural and religious beliefs.

This study is significant for its contribution to the Muslim community, especially in offering a comprehensive therapy model. This concept is rooted in scientific methodologies and simultaneously caters to the spiritual requirements of patients, enhancing its relevance and acceptance. Moreover, the study offers recommendations for mental health practitioners to modify contemporary methodologies to better correspond with the religious and cultural frameworks of their clients. This integration may facilitate collaboration among psychologists, Islamic scholars, and therapy professionals to create more complete and culturally appropriate treatment models for the Muslim population.

Future study should empirically and clinically evaluate the efficacy of this treatment model. Direct research with OCD patients can enhance the identification of effective therapeutic components and assess its efficacy across many cultural and religious contexts. Moreover, research might target particular demographics, such as teens, women and those under social pressures to assess the efficacy of this method in more defined settings.

Furthermore, documenting further case studies of patients who have received this holistic therapy would yield deeper insights into its administration and effects. This research may serve as a foundation for the implementation of this therapeutic paradigm in larger healthcare facilities including Islamic hospitals and counseling centers that prioritize spiritual methodologies. This would enhance the integration of religious and scientific aspects in mental health care at both national and global scales.

This comprehensive therapy methodology may also be extended to tackle additional mental health concerns, including sadness and anxiety sometimes associated with spiritual imbalances. Enhancing awareness of the efficacy of this method is essential, particularly via educational initiatives and training programs for mental health practitioners. Ongoing research and application of this therapeutic technique can address mental health issues and foster the emergence of a society that is emotionally cognitively and spiritually healthy.

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