

Implementation of Psychotherapeutic in Islamic Education

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Abstract. Issues regarding mental disorders have recently arisen, which has motivated this investigation. Some members of the newer generation, known as Gen-Z, are confronted with this issue. The majority of individuals who are affected do not exhibit any sensitivity to the disorder they are experiencing. Consequently, it is the responsibility of educators, including parents and instructors, to assist in the identification or raising awareness of the symptoms of mental disorders in their children. Furthermore, psychotherapy is one of the potential solutions to this issue. Psychotherapy is more than just a cure; it is also a means of preventing and constructing personality. The method of this study is a literature method through searching for various related references. The theoretical framework used by Abu Zayd Al-Balkhi's psychotherapy theory. Some mental disorders that need to be watched out for are if the following symptoms appear a) emotions in the form of frequent and uncontrollable anger and sadness, b) obsessions of compulsions, and c) unwarranted and excessive panic. Therefore, psychotherapy in Islamic education is important because these symptoms can interfere with their lives. Psychotherapy in Islamic education can be applied in two ways, namely external and internal. External techniques include talking therapy with Qur'ani communication techniques. Internal techniques can be carried out in three stages, namely: a) *takhalli*, in the form of Muhasabah, dhikr, prayer, fasting; b) *tahalli*, in the form of Internalization of God's best names (*asmaul husna*) and the nature of prophet (*shifatunnabi*), c) *tajalli*, character development of gratitude, patience, surrender to God, self-acceptance.

1 Background

The structure and dynamics of individuals' lives have undergone significant transformations as a result of contemporary society's rapid advancement. Hawari have shown that modernization affects psychosocial dimensions [1]. Psychosocial symptoms include changes in lifestyle, family dynamics, the rise of a secular and permissive societal framework, and an augmented materialistic perspective on life. Additionally, religious values and familial discord contribute to the prevalence of contemporary social issues [2].

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The intensification of conflicts and the deterioration of spiritual-religious values contribute to the prevalence of psychosocial issues [2]. Nasr indicates that spiritual crises ultimately permeate an individual's social existence [3]. Symptoms of isolation, heightened anxiety, and despair exhibit diverse types of crises [4]. External influences, such as the detrimental effects of social media, substantiate this. This tendency contributes to the exacerbation of mental health problems and has emerged as a concern. Rajab underscored that multi-crisis mental health challenges necessitate responses from multiple stakeholders [5].

Recently, mental health issues in adolescents and children have garnered global health attention due to their correlation with functional impairment, distress, discrimination, stigma exposure, and even probable mortality [6]. According to World Health Organization (WHO) records from 2024, teenagers frequently encounter nutritional diseases, tobacco exposure, air pollution, and mental health issues [7]. The National Adolescent Mental Health survey indicates that 15.5 million teenagers (35%) encounter mental health issues, while 2.5 million (5.5%) suffer from mental diseases [7]. The National Research and Innovation Agency's research revealed that adolescents accounted for 46.63% of Indonesia's 2,112 suicide cases from 2012 to 2023 [8].

The behavioral-emotional disorder results in responses that significantly deviate from the normative standards and values associated with age, ethnicity, or culture [9]. If an individual displays psychopathological signs that cause several difficulties in daily functioning, they are considered to have an emotional disorder [6]. Moreover, disruptive behaviors are recurring actions that hinder the learning process or social interactions [6]. Children exhibiting behavioral and emotional disorders may display impulsivity, compulsive actions, social disengagement, mood fluctuations, and suicide ideation [10].

The therapeutic approach is one of the options provided by counseling and psychotherapy [11]. Psychotherapy and counseling are both modalities of treatment for the psyche [12]. Despite the existence of various definitions, some individuals do not differentiate between the two. The author employs the term psychotherapy based on two considerations: *first*, the British Association for Counseling and Psychotherapy defines therapy and counseling identically [12]; *second*, certain literature pertaining to mental health predominantly utilizes the term psychotherapy. Rassool corroborates this, indicating that certain Islamic therapists or clinical services favor the term psychotherapy [12].

Psychotherapy in healthcare significantly mitigates post-treatment depression and enhances self-esteem [13]. Moreover, psychotherapy aids patients in self-discovery, provides an optimistic outlook on the future, facilitates the identification of their specific psychopathology, and assists in formulating practical measures and potential remedies. From a cultural perspective, every cultural group should incorporate the principles and methodologies of psychotherapy and counseling [14]. Given the advantages of psychotherapy outlined above, it is clear that such therapy is essential within the framework of Islamic education, which includes formal, informal, and non-formal settings. Psychology, psychotherapy, and mental health are interrelated components that offer a highly interwoven framework [5]. Malik Badri underlined that psychology, and its components are essential in Islamic educational institutions [15].

Subandi emphasized the importance of psychotherapy in Islamic education, pointing out that religious authorities, including religious educators, have implemented this therapeutic process [16]. Educational stakeholders and individuals suffering from mental problems fail to adequately acknowledge the necessity of psychotherapy within Islamic education. The study's findings indicated that merely 2.6% of adolescents among the total survivors in this age group utilized mental health services to address their emotional and behavioral issues in the preceding 12 months [17]. The Indonesia National Adolescent Mental Health Survey (I-NAMHS) reveals that approximately 38.2% of adolescent caregivers opt for health services

provided by schools. More than two-fifths of the remaining individuals choose for self-diagnosis [17].

Various literary evidence supports the notion that Indonesian society, with its multicultural and diverse demographics, demonstrates diversity in assistance requests. When individuals contract the flu, some seek costly treatment in Singapore, and others allow it to resolve spontaneously. Concerning mental diseases, a limited number of Indonesians consult psychiatrists for minor mental stress; however, a significant portion of the population enduring severe depression does not promptly seek assistance [14].

It is crucial to address psychotherapy within Islamic education, as this subject has received minimal attention in academic discussions. Researchers have conducted numerous studies on psychotherapy in the past. Istiani and Zaduqisti explores the role of theistic spiritual practices in Islamic counseling and psychotherapy, which includes hypnotherapy [18]. Secondly, Abidin conducted a study that focuses on Islamic psychotherapy methods for autistic Muslim children [19]. The study revealed that psychotherapy methods applicable to autistic children include prayer and dhikr.

This study constitutes a form of qualitative research employing a literature review methodology. The research is theoretical in nature, utilizing literature as the data source and classifying it into primary and secondary data. Journal articles and books that examine psychotherapy, particularly Islamic psychotherapy, are examples of primary data. Secondary data employs existing material, such as journal articles and books, to substantiate the research topic. This study's theoretical framework employs the psychotherapy theory of Abu Zayd Al-Balkhi. Abu Zayd Al-Balkhi proposed the notion of psychotherapy with cognitive behavioral approaches or procedures [20].

According to Miles and Huberman's framework, the data processing procedure proceeds in phases, starting with data collection, followed by data reduction, data display, and concluding with interpretation [21]. Content analysis is the method used to analyze data. Budd, Thorpe, and Donahw define the content analysis as a methodical and systematic research methodology for examining the significance of a message and its mode of expression [22]. This study examines the significance and implications of therapeutic documents for drawing inferences relevant to Islamic education.

2 Finding and Discussion

2.1 The Understanding of Mental Disorders

It is essential to acknowledge that one nation may not classify a disorder as a mental illness. A nation's designation of a condition as a "mental disorder" may be regarded as a cultural construct [23]. Suicide ranks as one of the most critical mental health challenges in our culture. We implement many steps to avert this incidence, especially among those with depression and the youth demographic. Nevertheless, suicides in Japan have become a frequent phenomenon in the country. Aokigahara Forest in Japan is a region often frequented by persons seeking to end their life.

Mental disorders are conditions that affect an individual's thoughts, emotions, behaviors, and cognitive processes [24]. Al-Balkhi defines mental phenomena as elements that rapidly vary in intensity, encompassing emotions such as anger, worry, and fear [25]. Elements underpin this comprehension, as they pertain to the physical realm. Al-Balkhi thinks that physical ailments can affect or exacerbate mental issues in individuals. An extremely angry person may cause their body to tremble. Psychopathology refers to this condition.

JP. Chaplin defined psychopathology as a branch of psychology dedicated to the study of mental disorders and other unusual phenomena [26]. Psychopathology is a prevalent mental illness among individuals. Certain factors include materialistic, hedonistic, and egotistical lives [27]. Aaron T. Beck described several psychopathological symptoms, including depression, paranoia, obsession, mania, and anxiety disorders [28]. Beck posits that psychopathological disorders and psychological stressors emerge from interconnected intrinsic, physiological, developmental, and environmental influences [28].

Human behavior has altered under intricate situations. Some individuals seek to obscure their problems and personal affairs, but others opt to reveal them on social media. Excessive self-disclosure on social media may result in various repercussions. Both the offender and the witness undergo the impact. Individuals exhibiting such conduct may cultivate psychological issues, such as exhibitionism or excessive self-aggrandizement. Concurrently, it may provoke envy and excessive adoration among spectators for the subject being seen.

We urge educators to identify the indicators or manifestations linked to individuals with a mental disease. This acknowledgment and understanding are advantageous for forecasting the onset of mental disorders. Comprehending the manifestations of mental disorders functions as a means to mitigate their effects. A thorough understanding of mental disorders can enable individuals to comprehend the complexities of these ailments and aid themselves or others in securing suitable assistance and treatment [24].

Al-Balkhi classifies the manifestations of mental disorders into four categories: a) wrath (*ghadab*), b) fear and phobia (*fazaa'*), c) sadness and depression (*jazaa'*), d) preoccupation (*waswas al-sadr*) and self-dialogue (*hadith al-nafs*) [20]. Al-Balkhi asserts that worry is fundamental to all these symptoms [29]. Anxiety may present as panic or terror, usually subsequent to sensations of anxiety or worry [29]. Haque asserted that the symptoms of dread and depression identified by al-Balkhi correspond with those outlined in the DSM-5 [20].

Hussein Rassool cited the symptoms of mental disorders as delineated in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). The symptoms include a) phobias, b) PTSD (Post-Traumatic Stress Disorder), c) depression, d) self-harm and suicide ideation, e) eating disorders, and f) obsessive-compulsive disorder (OCD) [12]. Jalaluddin identified supplementary mental diseases, including a) jealousy, b) greed, c) anxiety, d) loquacity, e) dishonesty, f) disparagement of others, g) backbiting, h) stinginess, i) arrogance, and j) excessive fury [30]. In the subsequent image, the author can depict all of the previously described symptoms:

Table 1. The Symptoms of Mental Disorders as Identified by Abu Zayd Al-Balkhi, Ibn Qayyim al-Jauziyah, and DSM-5

Abu Zayd Al-Balkhi	Ibnu Qayyim al-Jauziyyah	Jalaluddin	DSM-5	
Anger and rager	Anger	Excessive wrath		
Sadness and depression	Sadness	Anxiety	PTSD, Depression	
Fear and phobia	Anxiousness			Phobia
Obsession		Greed		OCD
		Deceit		Self-harm and Suicide ideation
		Disparagement of others		Eating Disorders
		Backbiting		
		Stinginess		
Arrogance				
Loquacity				

According to the above given perspectives, commonly acknowledged indicators of mental disorders encompass anger, depression, and anxiety. Anxiety disorders can also be induced by external factors, especially the ubiquitous influence of social media. Moreover, technology addiction causes individuals to become lazy in their endeavors and waste time, potentially leading to the disregard of religious observances.

2.2 Implementation of Psychotherapy in the Context of IE

Counseling or psychotherapy can treat mental disorders arising from the previously stated causes. The author's previous statements suggest that the selection of psychotherapy in this discussion is based on a variety of factors. *Initially*, Rassool indicated that the British Association for Counseling and Psychotherapy defines psychotherapy and counseling in the same manner [12]. *Secondly*, Hartini and Ariana assert that psychotherapy involves more than just verbal sessions [31]. Consequently, spoken sessions have been the primary method of administering counseling. *Third*, certain literature concerning mental health often utilizes the word psychotherapy instead of counseling [12]. Various considerations compel the author to choose psychotherapy.

This debate employs Abu Zayd Al-Balkhi's therapeutic technique in the execution of psychotherapy in IE. Al-Balkhi stated that there are two treatment modalities: internal techniques and exterior techniques. Haque noted that Al-Balkhi was a precursor in psychotherapy employing cognitive behavioral therapy techniques [20]. Al-Balkhi posits that the primary origin of psychiatric problems is a warped mind and advocates for cognitive therapy integrated with a spiritual approach to their treatment [20]. The two modalities of cognitive behavioral therapy are internal and external. To address the psychological illnesses that afflict him, internal treatment employs self-idealism. External therapy is the use of other people's counsel to alleviate and assist with an individual's psychological [25].

Internal therapy is a method of support for people with psychological disorders. Individuals possess self-defense mechanisms when confronted with various illnesses. Simultaneously, external therapy involves depending on the counsel and direction of others. Every individual, when confronted with a condition, presumes the assistance of others. Individual capacities and convictions can guide the execution of internal treatment in a variety of ways. Simultaneously, external therapy necessitates the presence of reliable individuals who are perceived as capable of providing assistance during a psychiatric crisis.

The author asserts that both internal and external therapy for overcoming mental problems is equivalent to *tazkiyatun nafs*. According to Al-Ghazali's Sufism, *tazkiyatun nafs* are divided into three phases: *takhalli*, *tahalli*, and *tajalli*. The three steps originate not from an examination of Islamic psychotherapy, but rather from a method of self-purification within the study of Sufism. *Takhalli* refers to purging the soul of desires and negative attributes. The *tahalli* stage involves the cultivation of virtuous and admirable traits within the psyche. We must address psychological disorders and symptoms before moving on to the subsequent stage. The subsequent phase is referred to as *tajalli*. The *Tajalli* stage entails the revelation of divine secrets. Each of these stages can incorporate diverse psychotherapy techniques from both Islamic and Western traditions.

Various domains of Islamic education may implement this phase. The author aims to limit the application of this phase in both formal and non-formal educational institutions. Formal Islamic education occurs in established institutions, including schools, *madrasas*, Islamic boarding schools, and universities. In addition to being a formal institution, the formality finds its foundation in a methodical and structured administrative framework. Islamic educational institutions have formalized the practice of psychotherapy and counseling, commonly referred to as counseling advice. *Takhalli* refers to the void or absence of all

manifestations of sin and ugliness within oneself [5]. The therapy approach grounded in Islamic principles advocates for individuals to consistently cleanse and purify themselves. An individual's cleanliness and purity facilitate the assimilation of positive traits. The practice of repentance achieves the *tahalli* step. The act of repentance necessitates earnestness (*mujahadah*) from the offender. When an individual seeks to ameliorate the illnesses and symptoms he experiences, the initial step is to engage in contemplation. This can occur when an educator encourages students to reflect.

Implementing this reflective practice is critical for individuals to identify errors and factors that contribute to mental issues. However, a teacher, *murshid*, or parent may also initiate the contemplation phase. A guidance counselor typically conducts the application process in formal Islamic education. Nevertheless, not all pupils are inclined to disclose their issues to the teacher. Consequently, instructors might encourage children with mental health issues to seek assistance from the counselor or therapist typically provided at the school. Incidental activities like prayer or *dhikr* can facilitate the *takhalli* stage achieved through reflection. Subandi asserted that the *dhikr* technique is a highly effective strategy during the *takhalli* stage, particularly when employed in conjunction with the *Latifah* theory. The *Latifah* idea posits that some regions of the human body have nerve nodes that serve as the focal points of the human subtle body [16].

Formal educational institutions are highly likely to regulate or influence these activities. The *dhikr* technique will exert significant influence in a conducive environment. Simultaneously, the practice of habituation can facilitate the implementation of *dhikr* within the family. The fasting phase significantly influences the cleansing process. Fasting provides mental health benefits and insights. Fasting in psychotherapy aims to regulate disruptive behaviors. Earnest fasting cultivates self-discipline in an individual. Establishing a habitual practice allows fasting treatment to be integrated into official Islamic education. Fasting practices can be implemented systematically. For example, a family agenda includes collective observance of *sahor* and *iftar*, which are sunnah practices. Every Monday and Thursday, the Yogyakarta MPD Educational Institution holds study sessions and communal *iftars* for all fasting students.

The *tahalli* stage represents a phase of self-improvement achieved via the assimilation of virtuous attributes. This stage aims to cultivate virtuous traits (*akhlaqul karimah*) in an individual [16]. Subandi identifies various therapeutic strategies, including the *Asmaul Husna* internalization methodology, the apostle's example technique, and the human relationship development technique (*hablumminannas*) [16]. Several educational institutions, including the Salman Al-Farisi Foundation's kindergartens and elementary schools, consistently use the initial technique, reciting the *asmaul husna* and its meanings each morning. We can systematically implement the apostle's exemplary technique in a classroom or household setting.

The *tahalli* stage also aims to implement virtuous ethics within the framework of interpersonal relationships. Humans manifest the names of God (*Asmaul Husna*) and the traits of the apostles in a relational mechanism with other beings. People not only absorb the names of God (*Asmaul Husna*) through reading and memorizing, but they can also incorporate them into a structured agenda. The name *ar-Rahman ar-Rahim* promotes kindness, empathy, friendship, and the avoidance of negative behaviors such as vandalism. Similarly, we can implement the apostle's exemplary methodology through either conversational therapy or a structured agenda. If executed consistently and intentionally, a behavioral pattern will emerge as anticipated.

The *Tajalli* stage, which results from the preceding two phases, is the final stage. This stage occurs when an individual has progressed through the preceding two stages, resulting in a sense of attachment and dependency on Allah. When an individual reaches this stage, they will display virtues such as patience, gratitude, submission to God, humility, and others.

The *Tajalli* stage represents a refinement and enhancement of an individual's spirituality. The cultivation of spirituality will enable an individual at this stage to foster positive relationships with both God and humanity. Execution of the *tajalli* level within the educational framework is undoubtedly challenging for many to attain. Individuals who have consistently completed the preceding two stages are capable of reaching this stage.

An educator, serving as both a teacher and a parent, is very likely to attain spiritual maturity through practice and mentorship. An educator with spiritual maturity will readily offer students beneficial influences and examples. Advice and instruction infused with nobility and virtuous principles will more readily resonate with the soul. The Prophet Muhammad (peace be upon him), a human with the highest moral standards, embodies *tajalli* to the fullest. Historical records show that the character of the Prophet Muhammad (peace be upon him) influenced numerous individuals who were formerly non-believers, leading them to embrace Islam.

This principle is important for preachers and teachers who push for effective strategies like wisdom (*hikmah*), good advice (*al-mauizhah hasanah*), constructive debate or argument (*mujadala*), and setting a good example (*al-qudwah al-hasanah*) [32]. Jung proposed psychotherapy as a means of prevention, healing, and personality development. Al-Balkhi's therapy, Al-Ghazali's *tazkiyatun nafs*, and Carl Jung's psychotherapy exhibit a correlation among them. We can structure this if we articulate it as a table.

Table 2. *Table of Psychotherapy Framework and Its Implementation in Islamic Education*

Spiritual Cognitive therapy on Abu Zayd Al-Balkhi	Internal			External		
	Takhalli	Tahalli	Tajalli	Takhalli	Tahalli	Tajalli
Tazkiyatun nafs on Al-Ghazali	Takhalli	Tahalli	Tajalli	Takhalli	Tahalli	Tajalli
Psychotherapy on Carl G. Jung	Curative	Preventive	Constructive	Curative	Preventive	Constructive
Implementation in the IE	Muhasabah Dhikr Prayer Fasting	Internalization of asmaul husna	Development of gratitude, patience. Surrender to God, Self acceptance	Intense guidance or Counseling	Intense dialogue, modelling	Optimalization of the role of Khalif of the world
		Internalization of shifatunnabi				

The table above clarifies that Jung's psychological framework for psychotherapy can also comprehend the application of Islamic education within the Sufism framework. We can alternatively describe the phase of self-purification (*takhalli*) as the phase of healing. The fundamental premise is that the existence of a cleaning signifies the prior presence of filth. The existence of a cure presupposes the prior occurrence of a sickness. Al-Jauziyyah attributes mental illness or liver disease to a contaminant [33]. Similarly, the condition of the corporeal, unclean human body might lead to disease [25]. The *Tahalli* is mostly associated with the notion of prevention. Simultaneously, Subandi referred to it as the development stage [16]. The *Tahalli* is associated with the restoration of virtuous attributes and traits in the soul upon discharge.

The author claims that populating or cultivating the principal characters serves as a safeguard against the intrusion of mental diseases into the psyche. This resembles an individual ingesting wholesome and nutritious meals following a cleanse to reduce pollutants and prevent ailments. The *tajalli* stage serves a constructive purpose. According to Rajab,

the *tajalli* is the outcome of the preceding two steps, *takhalli* and *tahalli*. Ingrained patience, gratitude, sincerity, and surrender to God will illuminate the soul with spiritual light. The *tajalli* represents the pinnacle of human consciousness. Rajab elucidated that *tajalli* constitutes a reconstructive and restorative aspect of human personality [5].

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