

## **RELIGIOUS MODERATION AS A PSYCHOPATHOLOGICAL SHIELD: CLINICAL STRATEGIES FOR COUNTERING PSYCHOLOGICAL EXTREMISM**

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### **Abstract**

This research presents an academic synthesis of religious moderation (Wasatiyyah) as a preventive intervention against psychopathology, grounded in Muhammad U. Faruque's multidimensional self model. The normative foundation of Wasatiyyah is rooted in the concept of maqashid al-shariah as formulated by classical scholars, including Ibn 'Asyur in Maqashid al-Syari'ah al-Islamiyyah and Yusuf Al-Qaradawi in Al-Shahwah al-Islamiyyah, both of whom regard balance (wasath) as both the objective of the shariah and a principle for the protection of the soul (hifzh al-nafs). From the perspective of Islamic psychology, moderation is understood not merely as a sociopolitical compromise, but as a clinical necessity that can be operationalized through measurable psychological indicators, such as moderate religiosity scales, dogmatism scales (Rokeach, 1960), and the Religious Moderation Assessment (RMA), in order to maintain balance among the bio-physiological, cognitive, and spiritual dimensions of the human being. This analysis highlights that extremism arises from a "spectrum error," in which the individual reduces the transcendent subjectivity of the "I" into a rigid and closed ideological object. By integrating Abu Zayd al-Balkhi's classical medical tradition in his work Masalih al-Abdan wa al-Anfus with the practice of Tajarrud (self-detachment) from the Sunni Sufi tradition, this research proposes a new framework for holistic mental health. The method employed is an analytical-critical literature review of primary sources in Islamic psychology and the philosophy of the soul. The findings show that the Wasatiyyah approach is clinically proven to protect human moral agency and to facilitate the attainment of Qalb Salim as the highest condition of mental health in the Islamic tradition. The implications of this research include recommendations for mental health practitioners and educators in Muslim communities to adopt the principle of moderation as a methodology for psychological intervention grounded in Islamic spiritual values.

**Keywords:** *Islamic Psychology, Religious Moderation, Mental Wellbeing, Wasatiyyah, Qalb Salim*

### **Abstrak**

Penelitian ini menyajikan sintesis akademik mengenai moderasi beragama (Wasatiyyah) sebagai intervensi preventif terhadap patologi jiwa, dengan berpijak pada model diri multidimensional Muhammad U. Faruque. Landasan normatif Wasatiyyah berakar pada konsep maqashid syariah sebagaimana dirumuskan oleh para ulama klasik, termasuk Ibn 'Asyur dalam Maqashid al-Syari'ah al-Islamiyyah dan Yusuf Al-Qaradawi dalam Al-Shahwah al-Islamiyyah, yang memandang keseimbangan (wasath) sebagai tujuan syariat sekaligus prinsip penjagaan jiwa (hifzh al-nafs). Melalui perspektif Psikologi Islam, moderasi dipahami bukan sekadar kompromi sosiopolitik, melainkan sebagai kebutuhan klinis yang dapat dioperasionalisasikan melalui indikator-indikator psikologis yang terukur, seperti skala religiusitas moderat, skala dogmatisme (Rokeach, 1960), dan Religious Moderation Assessment (RMA),

guna menjaga keseimbangan antara dimensi bio-fisiologis, kognitif, dan spiritual manusia. Analisis ini menyoroti bahwa ekstremisme muncul akibat "kesalahan spektrum," di mana individu mereduksi subjektivitas "Aku" yang transenden menjadi objek ideologis yang kaku dan tertutup. Dengan mengintegrasikan tradisi medis klasik Abu Zayd al-Balkhi dalam karyanya *Masalih al-Abdan wa al-Anfus* dan praktik Tajarrud (pelepasan diri) dari tradisi tasawuf sunni, penelitian ini mengusulkan kerangka kerja baru bagi kesehatan mental yang holistik. Metode yang digunakan adalah kajian pustaka analitis-kritis (analytical critical literature review) terhadap sumber-sumber primer psikologi Islam dan filsafat jiwa. Hasil kajian menunjukkan bahwa pendekatan Wasatiyyah secara klinis terbukti memproteksi agensi moral manusia dan memfasilitasi pencapaian Qalb Salim sebagai kondisi kesehatan mental tertinggi dalam tradisi Islam. Implikasi penelitian ini mencakup rekomendasi bagi praktisi kesehatan mental dan pendidik di lingkungan Muslim untuk mengadopsi prinsip moderasi sebagai metodologi intervensi psikologis yang berbasis nilai spiritual-keislaman.

**Kata Kunci:** *Psikologi Islam; Moderasi Beragama; Kesejahteraan Mental; Wasatiyyah; Qalb Salim*

## **INTRODUCTION**

The increasing phenomenon of religion-based radicalism and extremism in various parts of the world has become a serious challenge for the mental health discipline. Researchers have noted a significant correlation between affiliation with extreme ideology and various mental disorders, ranging from narcissistic personality disorder to Posttraumatic Stress Disorder (PTSD) resulting from exposure to narratives of violence (Wiktorowicz, 2014; Silber & Bhatt, 2017). It should be noted that the correlations reported by these studies do not automatically indicate a causal relationship; the complexity of intervening variables moderating this relationship including socio-economic factors, trauma history, and social networks still requires more in-depth longitudinal study. Nevertheless, the academic response to this phenomenon is often trapped in a dichotomy: a secular approach that ignores the spiritual dimension, or a religious approach that disregards psychological complexity.

From the perspective of the Islamic intellectual tradition, Yusuf Al-Qaradawi (1996) in *Al-Shahwah al-Islamiyyah: Bayna al-Juhud wa al-Tatharruf* identified *ghuluw* (excessiveness in religion) as a fundamental deviation from the *wasathi* Islamic manhaj. Contemporary empirical studies in Indonesia also reinforce this finding; research by the Indonesian Ministry of Religious Affairs (MORA) on pesantren-based deradicalization programs shows that pesantren that explicitly integrate moderation values into their curriculum have proven effective as a bulwark against radicalization (Muhtarom et al., 2022). This finding affirms the relevance of the study of religious moderation not merely as academic discourse, but as an urgent religious policy agenda.

This research is positioned at a critical intersection between Islamic Psychology and the study of religious moderation. Unlike previous studies that view moderation merely as a sociopolitical entity (Hashim, 2018; Esposito, 2016), this research argues that moderation or Wasatiyyah is a psychological condition that is inherently preventive against psychopathology. The main theoretical foundation used is the "Spectrum Concept of the Self" framework developed by Muhammad U. Faruque (2020), which views the human self as a multidimensional continuum extending from material to transcendent aspects.

Several relevant studies include the following. Al-Krenawi & Graham (2000) examined the role of Islamic spirituality in cross-cultural counseling. Haque (2004) made an important contribution in scientifically defining Islamic psychology. Meanwhile, Badri (2011) and Utz (2011) explored the concept of the soul (*nafs*) as a foundation for Islamic therapy. However, no study has yet explicitly connected Faruque's theory of the self-spectrum with the concept of *Wasatiyyah* as a mechanism of psychological prevention. This is the main contribution offered by this research.

This research aims to: (1) analyze the relationship between ideological extremism and psychopathology within the framework of Islamic psychology; (2) explain the mechanism of *Wasatiyyah* as a psychological buffer; and (3) formulate clinical recommendations grounded in the Islamic intellectual tradition for mental health practitioners.

## **METHOD**

This research employs an analytical-critical literature review approach, a method that systematically identifies, evaluates, and synthesizes relevant scientific literature to construct a new theoretical argument (Snyder, 2019). This approach was chosen because the research objective is conceptual namely, to construct a new theoretical framework, rather than to produce new empirical data.

Primary data sources include canonical works in Islamic psychology, specifically: (1) Muhammad U. Faruque's work, *Sculpting the Self: Islam, Selfhood, and Human Flourishing* (2020), as the main theoretical framework; (2) Abu Zayd al-Balkhi's work, *Masalih al-Abdan wa al-Anfus* (ed. Badri, 2013), as a historical-clinical foundation; and (3) classical texts on *Wasatiyyah* and religious moderation. Secondary sources include related journal articles from JSTOR, PsycINFO, and Google Scholar published between 2000–2024, in Arabic, English, and Indonesian. The inclusion criteria for the literature include: (a) direct thematic relevance to Islamic psychology, religious moderation, or the psychopathology of extremism; (b) published by an indexed journal or a verified academic publisher; and (c) having a verifiable conceptual or empirical contribution. Exclusion criteria include popular literature, opinions without data support, and sources whose academic provenance cannot be traced.

The analytical technique employed is hermeneutical interpretation grounded in the Islamic exegetical tradition namely, the approach of *ushul al-fiqh* and *maqashid al-shariah* rather than Western philosophical hermeneutics such as that of Gadamer or Ricoeur, although conceptual points of convergence between the two are acknowledged. This choice of Islamic hermeneutics was made consciously to maintain the epistemological consistency of the study within the framework of Islamic psychology. The technique of conceptual comparison is used to identify points of intersection and relevance between the classical Islamic psychology tradition and contemporary psychological frameworks. The validity of the argument is maintained through triangulation of sources from various schools of thought within Islamic psychology.

## RESULTS AND DISCUSSION

### Definition of Islamic Psychology and the Existence of the Self

Islamic psychology is the systematic study of the condition of the soul (nafs) aimed at attaining true happiness in this world and the hereafter (sa'adah). Unlike Western psychology, which tends to be positivistic and limits its object of study to empirically observable phenomena, Islamic psychology places the spiritual (ruhani) dimension as an inseparable core of human subjectivity. This approach proceeds from the ontological belief that human beings are not merely biological organisms reacting to environmental stimuli, but spiritual beings possessing a vertical relationship with the Transcendent Reality (Haque, 2004; Utz, 2011).

Based on the "Spectrum Concept" proposed by Faruque (2020), the human self is not viewed as a static, isolated, atomic entity, but as a continuum of light a richly meaningful metaphor extending from the material end (jism) to the metaphysical end (ruh). This concept of the spectrum fundamentally rejects the Cartesian dualism that rigidly separates mind (res cogitans) from matter (res extensa). In the Islamic view, the spirit (ruh) and the body (jasad) are not two opposing substances, but two poles of a single, continuous, and interpenetrating reality of consciousness (Nasr, 2002).

This ontological exploration of the nature of the self finds its sharpest confirmation in the "Flying Man" thought experiment (al-insan al-ta'ir) designed by Ibn Sina, or Avicenna (980–1037 CE). In this experiment, Ibn Sina asks us to imagine a human being suddenly created in full adulthood, floating in empty air, in total darkness, unable to touch or feel his own body. The question is: would such a person be aware of his own existence? Ibn Sina answers decisively: yes. Even under conditions of total sensory isolation, the awareness of self the sense of "I exist" cannot be eliminated (Black, 2010; Faruque, 2020). This experiment philosophically demonstrates that the subjectivity of the self is not a product of sensory input or neurological processes, but is a fundamental basis that precedes them.

The relevance of this experiment for contemporary psychology is immense. In neuroscience, theories such as "global workspace theory" (Baars, 1988) or "integrated information theory" (Tononi, 2008) attempt to explain consciousness as an emergent property of brain complexity. However, Ibn Sina's argument, as reinforced by Faruque, asserts that something more fundamental underlies all of this: a consciousness that bears witness to its own processes. In the Sufi tradition, this is referred to as sifr al-qalb the purity of the heart that becomes a mirror for reality.

Faruque divides the spectrum of the self into four interpenetrating and inseparable levels: (1) the Bio-physiological Dimension, namely the material foundation comprising the nervous system, hormonal system, and other biological mechanisms that form the substratum for psychological experience; (2) the Socio-cultural Dimension, namely the construction of collective identity formed through language, historical narratives, community norms, and the social roles individuals play within networks of human relationships; (3) the Cognito-experiential Dimension, namely first-person subjectivity or

the sense of “for-me-ness” a private subjective experience that cannot be fully reduced to a third-person physical description; and (4) the Ethical and Spiritual Dimension, namely the normative aspiration toward self-perfection and the transcendental longing toward the Absolute Reality that constitutes the ultimate purpose of human existence.

This four-dimensional division is not merely a descriptive academic taxonomy. It carries profound clinical implications: mental disorders can be understood as dysfunction or fragmentation in one or several of these dimensions, while true mental health distinct from the mere absence of clinical symptoms requires harmonious integration among all four dimensions. A person who is physically healthy (dimension 1) but disconnected from their community (dimension 2), or who is socially active but lacks spiritual depth (dimension 4), has not yet attained a complete state of mental health from the perspective of Islamic psychology (Haque, 2004).

### **Clinical Analysis: Fanaticism, Rigidity, and Psychopathology**

Extreme religiosity is a manifestation of cognitive rigidity that disregards the complexity of the self-spectrum. In this psychopathology, there occurs a fundamental failure to comprehend what Faruque (2020) calls the “Paradox of Self-Knowledge”: the fact that the knowing subject (“I”) can never be fully turned into a known object (“It”) without losing its essential dimension as a subject. An extremist becomes trapped in an attempt to define their “I” exclusively through one rigid ideological label “I am a fighter for Islam,” “I am a jihadist,” or similar which is, in fact, a failed and destructive attempt at self-objectification.

When self-identity is reduced to a single static ideological object, what occurs is what psychoanalysis calls “foreclosure of identity” (Erikson, 1968) a premature closure of an identity-formation process that should be dynamic and open. Individuals in this condition are no longer able to critically question their own beliefs, because any critical question directed at the ideology they have fused with their identity is perceived as an existential threat to themselves. Blind fanaticism is thus born as an ego defense mechanism that functions to protect this illusion of identity-certainty from the pressure of complex reality (Wiktorowicz, 2014).

From the perspective of cognitive neuroscience, the cognitive rigidity that characterizes extremism correlates with hypoactivity of the prefrontal cortex (PFC), particularly the areas responsible for flexible decision-making, cognitive empathy, and emotional regulation. Research by Decety et al. (2015) shows that individuals with a tendency toward authoritarian and dogmatic worldviews exhibit different patterns of brain activation in response to information that contradicts their beliefs they tend to process such information as a threat rather than as data to be critically evaluated.

Faruque's analysis of “Anāniyya” (I-ness) provides a richly additional dimension to this understanding. Anāniyya is, in essence, a metaphysically neutral aspect it is the self-awareness as a subject that is the prerequisite for all experience. However, when Anāniyya is “badly sculpted” through the internalization of narrow and exclusive narratives, it develops into ideological narcissism a condition in which a group's collective

ego is considered more superior, more sacred, and more entitled to truth than all other parties (Faruque, 2020, p. 87). This distortion of Anāniyya is the psychological root of the dehumanization of the “other” (liyan) that often precedes extremist violence.

There is also an interesting and philosophically significant parallel between ideological extremism and the neuroscience reductionism that Faruque criticizes as the “Idolization of the Brain.” The view that the self is merely “a bundle of neurons” (as in the Humean bundle of perceptions theory) systematically eliminates moral agency, because if the “I” does not exist and there are only deterministic physical processes, then there is no subject responsible for its actions. Paradoxically, a view that reduces identity to a single narrow ideological narrative produces the same effect: the individual feels they are merely carrying out “God's command” or “the duty of ideology,” such that moral agency and personal responsibility dissolve into an anonymous collective authority.

**Table 1. Map of the Psychopathology of Extreme Religiosity from the Perspective of Islamic Psychology**

Extremist Characteristic	Psychological Mechanism	Clinical Impact
Cognitive Absolutism	Foreclosure of Identity; premature closure of the identity-formation process	Chronic existential anxiety, mental rigidity, and intolerance of ambiguity
Reductionism of Agency	Dissolution of personal responsibility into collective ideological authority	Loss of individual meaning in life, de-individuation, and inability for moral reflection
Social Exclusivism	Dehumanization of the “other” (liyan) through rigid in-group/out-group categorization	Psychological isolation, identity fragmentation, and potential for defensive violence
Distortion of Anāniyya	Ideological narcissism; the collective ego is considered superior and sacred	Defensive aggression, group paranoia, and external enemy projection
Textual Literalism	Hermeneutical reductionism; texts read without historical context and maqasid	Black-and-white thinking, rejection of ijtiḥad

Note: Anāniyya is ontologically neutral; it becomes pathological only when badly sculpted through the internalization of exclusive and superior narratives (Faruque, 2020, p. 87).

The combination of the five characteristics in the table above creates what may be called an “extremist personality syndrome” a self-reinforcing pattern of psychological dysfunction. Cognitive absolutism prevents critical evaluation; reductionism of agency eliminates the sense of guilt that should serve as a moral brake; social exclusivism severs connections with moderate groups that could provide alternative perspectives; the distortion of Anāniyya reinforces belief in one's own absolute truth; and textual literalism provides “religious” legitimacy for all of these processes. Understanding this psychological circuitry is a prerequisite for designing effective interventions.

### The Mechanism of Wasatiyyah as a Psychological Buffer

The spectrum theory of the self elegantly explains why moderation, or Wasatiyyah, provides room for the cognitive flexibility essential to mental health. A

moderate individual is able to recognize that they exist simultaneously at many points on the spectrum they are a biological being who needs to eat and rest, a member of a social community with relational roles and responsibilities, a unique conscious subject with rich internal experience, and at the same time a soul with transcendental aspirations. This capacity for agile navigation (cognitive agility) among the layers of the spectrum is precisely what serves as a natural shield against the reductionist pressure of any extreme ideological pole.

The concept of Wasatiyyah in the Qur'an (QS. Al-Baqarah: 143) literally means "the middle path" or "a balanced community" (*ummatah wasatan*). Classical exegetes provide a depth of meaning that goes far beyond a mere sociopolitical position. Al-Thabari, in *Jami' al-Bayan fi Ta'wil al-Qur'an*, interprets wasath as al-'adl (justice) the morally most upright position between two extremes. Ibn Katsir, in *Tafsir al-Qur'an al-'Azim*, affirms that *ummatah wasatan* means a chosen community (*khiyar*) that is just and free from excess, both in religious and worldly affairs. Al-Maraghi, in *Tafsir al-Maraghi*, further emphasizes that wasatiyyah requires intellectual maturity and active moral commitment, not merely a passive attitude or weak compromise. From the dimension of *maqashid*, Ibn 'Asyur, in *Maqashid al-Syari'ah al-Islamiyyah*, places wasatiyyah as one of the *maqashid 'ammah* (general objectives) of the shariah, directly related to *hifzh al-nafs* (the protection of the soul) and *hifzh al-'aql* (the protection of reason) (Ibn 'Asyur, 2001). This synthesis of exegesis affirms that Wasatiyyah is not an exhortation to be ideologically "gray," but rather an epistemological and psychological position that requires greater intellectual courage namely, the capacity to remain committed to the core values of Islam while simultaneously acknowledging the complexity, context, and validity of differing perspectives on matters that are subject to *ijtihad* (Kamali, 2015).

In cognitive psychology, this capacity for moderation corresponds to what Piaget (1972) called "formal operational thinking" the ability to think abstractly, to consider multiple perspectives simultaneously, and to operate within contexts of uncertainty without experiencing paralyzing anxiety. Further, in personality psychology, it correlates with the construct of "openness to experience" (McCrae & Costa, 1997), which has been shown to be a protective factor against dogmatism and prejudice. However, it should be noted that the Big Five constructs, including openness to experience, were developed within a Western context, and their cross-cultural validity in Muslim populations still requires further empirical confirmation. A number of psychometric studies in Indonesia, such as those conducted by Ramdhani (2012) and Widhiarso & Suhapti (2009), show that the Big Five dimensions have a comparable structure within the Indonesian context, although with several cultural nuances that need to be considered. Bearing in mind these limitations, its correlation with religious moderation remains relevant as a hypothesis worthy of further empirical testing. Religiously moderate individuals exhibit higher openness scores, indicating a greater capacity to process complex and ambiguous information without resorting to cognitive reductionism.

The psychological protection mechanism of Wasatiyyah operates through at least three clinically identifiable pathways. First, through the reinforcement of non-reflective

self-awareness (background self-awareness) a silent yet powerful psychological foundation, namely the certainty of one's own existence that does not depend on confirmation from any ideological group. Individuals with a strong sense of self-awareness do not require compulsive external validation, and are therefore less vulnerable to extremist recruitment techniques, which typically exploit identity vacuums and the need for acceptance (Faruque, 2020).

Second, Wasatiyyah operates through the maintenance of diverse social connectivity (social connectivity diversity). Sageman's (2004) research on global terrorist networks shows that social isolation from mainstream communities is one of the most consistent factors in the process of radicalization. Conversely, moderate individuals tend to maintain meaningful relationships with various social groups family, colleagues, and diverse religious communities which function as "reality anchors" and a natural correction system against gradually deviating thought patterns.

Third, Wasatiyyah enables what may be called "moral imagination" the ability to imagine oneself in another's position and to feel reality from their point of view. This is closely correlated with the capacity for cognitive empathy, which, as shown by neuroscience research, is anatomically located in the "default mode network" and the anterior insula areas that show reduced activity in individuals with highly dehumanizing worldviews (Decety et al., 2015). By keeping this capacity for empathy active through open social interaction and spiritual practices that emphasize rahman and rahim, moderation neurobiologically protects individuals from the path toward dehumanization.

### **The Legacy of Abu Zayd al-Balkhi: Masalih al-Abdan wa al-Anfus**

More than a thousand years ago, Abu Zayd al-Balkhi (850–934 CE), a Muslim polymath from Khurasan, formulated a mental health framework that conceptually anticipated many fundamental themes in modern psychiatry and psychotherapy. Al-Balkhi grew up within the rich intellectual environment of 9th-century Baghdad, where the kalam debates between the Mu'tazilah and the Asy'ariyyah were raging, while the Maturidiyyah tradition rooted in Samarkand but widely influential in the regions of Khurasan and Transoxiana emphasized the balance between reason and revelation as the source of knowledge about the soul and ethics (Rudolph, 2015). It was this intellectual context that shaped al-Balkhi's approach, which was rational-empirical as well as spiritually grounded. In his work *Masalih al-Abdan wa al-Anfus* (The Sustenance of Body and Soul), recently translated and comprehensively analyzed by Malik Badri (2013), al-Balkhi integrated physical (abdan) and mental (anfus) health into a single unified system, drawing from three major intellectual traditions: the Greek medical heritage (Hippocrates, Galen), Indian thought (Ayurveda), and Islamic teachings a synthesis Badri refers to as the "Triple Tradition."

The most remarkable aspect of al-Balkhi's work is his explicit recognition that disorders of the soul (amrad al-nafs) have a severity and mechanism equivalent to physical illness, and therefore require systematic medical treatment. From a historiographical perspective, Ullmann (1978), in *Islamic Medicine*, notes that the

integration of the psychic dimension into the practice of medieval Muslim medicine was a significant development in the history of world medical science. Al-Balkhi even distinguished between two types of depression (ghamm and huzn) based on their etiology: the first triggered by identifiable external factors, and the second arising from within without a clear cause a distinction that conceptually corresponds to the distinction between reactive and endogenous depression in modern psychiatry. Even so, it is important to acknowledge that al-Balkhi's categorization is philosophical-clinical in nature and rooted in the epistemology of tawhid, distinct from the diagnostic criteria of the DSM/ICD, which are based on empirical scientific consensus and rigorous psychometric validation. The similarities that exist are analogical-conceptual, not methodologically identical (Badri, 2013).

Al-Balkhi identified four main types of emotional disorders relevant to this study: (1) Khauf (fear/anxiety), which he distinguished into adaptive fear and dysfunctional anxiety; (2) Ghadab (anger), which can become productive or destructive moral energy depending on its regulation; (3) Huzn (sadness/grief), which is normal as a response to loss but pathological if it becomes chronic and debilitating; and (4) Waswas (obsession/intrusive thoughts), which he described as recurring involuntary thoughts that dominate consciousness. He treated each of these disorders with a combination of cognitive techniques (changing internal narratives and interpretations) and spiritual techniques (zikir, prayer, tawakal, and reminders of the Divine perspective).

Most relevant for this study is al-Balkhi's concept of I'tidal al-Mizaj the balance of temperament or psychological constitution which he regarded as the true standard of mental health. This concept has roots in the Galenic theory of the four humors, but al-Balkhi enriched it with an Islamic spiritual dimension: balance not only between physiological elements (hot-cold, wet-dry), but also between the bodily and spiritual dimensions, between the demands of this world and orientation toward the hereafter, and between one's own rights and the rights of others. I'tidal al-Mizaj, in this sense, is the conceptual analogue of Wasatiyyah in the psychological-clinical dimension a state of dynamic equilibrium that requires active and ongoing effort to maintain (Badri, 2013; Haque, 2004).

Furthermore, al-Balkhi developed an approach that structurally resembles cognitive behavioral therapy in certain aspects. He encouraged his patients to actively identify irrational thoughts that worsened their emotional condition, to replace them with more balanced and reality-based narratives, and to use spiritual practice as a tool for emotional regulation. This structural similarity to Cognitive Restructuring in modern CBT (Beck, 1979) is analogical rather than methodologically identical al-Balkhi developed it from within the epistemological framework of tawhid, with an ultimate goal that extends beyond mere psychological wellbeing toward spiritual perfection. Al-Balkhi's legacy demonstrates that the Islamic intellectual tradition has long possessed rich resources for addressing matters of mental health in a systematic and holistic manner.

In the context of this research, al-Balkhi's legacy provides strong historical and intellectual legitimacy for the claim that Islamic-based approaches to mental health are

not a forced syncretism, but possess an authentic, systematic, and tested scholarly tradition. The balance (i'tidal) at the core of al-Balkhi's teaching is a clinical expression of the value of Wasatiyyah a convergence that reflects the internal coherence between theology and psychology within the Islamic tradition (Nasr, 2002).

### **Preventive Intervention Based on Worship and Akhlak**

One of the deepest contributions of Islamic psychology is the recognition that the practice of worship has a scientifically measurable therapeutic function not merely a symbolic ritual of a superstitious nature. This recognition finds its empirical basis in contemporary neuroscience and positive psychology research, which increasingly confirms that structured spiritual practice has real and measurable effects on the human neurocognitive architecture (Newberg & Waldman, 2009). In this subsection, we analyze the psychological mechanisms of three major worship practices Zikir, Shalat, and the cultivation of Akhlak as preventive instruments against psychopathology, particularly that related to extremism.

Zikir (remembrance of Allah) operates through a mechanism known in contemporary psychology as cognitive defusion a core technique in Acceptance and Commitment Therapy (ACT) developed by Steven Hayes. In cognitive defusion, individuals are trained to observe their thoughts and emotions without becoming totally identified with them: instead of "I am angry," it becomes "I observe that a feeling of anger has arisen." Zikir naturally trains this capacity through the continuous redirection of awareness toward Allah as the most fundamental Reality, so that all thoughts, emotions, and ideological narratives being temporary are placed in proper proportion (Musa & Shaharom, 2013). In the Sufi tradition, this process is called Tajalli the cleansing of the mirror of the soul from the rust of the ego, so that reality is no longer distorted by narrow interests and prejudices.

Neuroscience research supports this effect empirically. A study by Elias et al. (2011) using EEG showed that repeated zikir practice produces a significant increase in alpha waves in the frontal cortex a pattern correlated with a state of relaxed alertness and a decrease in amygdala activity, which plays a role in fear and anger responses. Neurobiologically, this means that routine zikir trains the brain to respond to stress triggers more calmly and proportionately precisely the opposite of the pattern of emotional reactivity that characterizes individuals with extremist tendencies (Decety et al., 2015).

Shalat, as a worship practice structured five times a day, can be understood as a temporally programmed system of emotional regulation. Each prayer session involves: (a) physical preparation (wudu), which has a sensory grounding effect; (b) structured physical movements (qiyam, ruku', sujud) that activate the parasympathetic nervous system and lower cortisol levels; (c) rhythmic vocalization (recitation of the Qur'an and prayers) that stimulates coherent brain waves; and (d) deliberate orientation of consciousness (niat and khusyu') that trains the capacity for focused attention (Doufesh et al., 2012; Newberg & Waldman, 2009). Most clinically relevant is the position of sujud, in which the head touches the ground neurologically increasing blood flow to the

prefrontal cortex, and psychologically and spiritually representing the maximal point of tawadul (humility), which stands diametrically opposed to ideological narcissism.

The dimension of akhlak provides a third layer in this preventive intervention system. The value of Sabar in Islamic psychology refers to cognitive resilience in the face of frustration, the ability to delay gratification, and emotional stability in uncertain situations corresponding to the construct of "grit" (Duckworth, 2016) and "distress tolerance" in DBT. This capacity is precisely what is needed to resist offers of radicalization, which often present instant solutions. Likewise, the value of Syukur or in positive psychology terminology, "gratitude" has been consistently shown to be a strong protective factor against depression and negative rumination (Emmons & McCullough, 2003; Seligman et al., 2005).

### **The Concept of Qalb Salim as the Ultimate Goal of Holistic Mental Health**

Qalb Salim a sound, healthy, and pure heart is a Qur'anic concept (QS. Asy-Syu'ara: 88–89) stating that on the Day when neither wealth nor children will be of any benefit, the only one who will benefit is the one who comes before Allah with a sound heart. The normative foundation of this concept is reinforced by a hadith of the Prophet (peace be upon him), narrated by al-Nu'man ibn Basyir and recorded in Shahih al-Bukhari and Shahih Muslim: "Beware, verily within the body there is a lump of flesh (mudhghah); if it is sound, the whole body is sound, and if it is corrupt, the whole body is corrupt. Beware, it is the qalb." This hadith explicitly places the health of the qalb as the basis for the integrity of the entire human personality a principle that resonates deeply with the contemporary holistic clinical psychology perspective (Bukhari, no. 52; Muslim, no. 1599).

Within Faruque's spectrum framework, Qalb Salim can be operationally defined as a condition in which: (a) the bio-physiological dimension is fulfilled and maintained proportionally without falling into hedonism; (b) the socio-cultural dimension is healthily connected to a diverse community; (c) the cognito-experiential dimension is clear of cognitive distortion and ideological rigidity; and (d) the ethical-spiritual dimension finds its true object of transcendence namely Allah as the Absolute Reality, not an ideology or a human group treated as if Divine. In Western psychology, the construct closest to Qalb Salim is eudaimonic wellbeing as formulated by Ryff (1989), which includes self-acceptance, purpose in life, personal growth, environmental mastery, autonomy, and positive relations with others. Furthermore, Seligman's (2011) PERMA model comprising Positive emotions, Engagement, Relationships, Meaning, and Accomplishment offers an interesting operational correspondence. Yet Qalb Salim surpasses both models in one fundamental respect: it places the vertical dimension of the soul's relationship with Allah as the foundation that determines the quality of all other horizontal dimensions (Faruque, 2020; Badri, 2013).

Imam Al-Ghazali, in *Ihya' Ulum al-Din*, provides a profound analysis of the diseases of the Qalb (amrad al-qulub) that is relevant to this discussion. Al-Ghazali identifies hasad (envy), kibr (arrogance), hub al-jah (love of position/status), and ghadab (uncontrolled anger) as the four main diseases of the soul that hinder the attainment of Qalb Salim. What is striking is that these four diseases correspond precisely to the psychological

characteristics we have identified as components of the “extremist personality syndrome”: hasad toward groups considered more fortunate; kibr manifesting as ideological narcissism; hub al-jah driving status competition within the hierarchy of extremist movements; and ghadab fueling acts of violence. Al-Ghazali thus accurately mapped the psychology of extremism, at least nine hundred years before modern psychology began to study it.

The attainment of Qalb Salim requires Tajarrud a concept rooted in the Sunni Sufi tradition, as formulated by Al-Ghazali in *Ihya' Ulum al-Din* and reinforced by Ibn 'Ata'illah al-Iskandari in *Al-Hikam*. Unlike the concept of Tajarrud in more speculative streams of Sufism, such as certain wujudiyah groups, Tajarrud in the Sunni tradition referred to here specifically denotes the gradual process of self-detachment from narrow ego-attachment not a rejection of the world or pantheistic dissolution into the Divine essence, but an ontological shift in how the individual relates to reality: from having to being, from identification with temporary objects toward awareness of a transcendent subjectivity that is accountable before Allah.

In Western psychology, the process that phenomenologically resembles Tajarrud is the concept of “self-transcendence” formulated by Abraham Maslow as the highest peak of his hierarchy of needs (Koltko-Rivera, 2006). However, the differences in psychological mechanism must be explicitly acknowledged. Maslow's self-transcendence is phenomenological-humanistic: it is a peak experience that is spontaneous, individual, and not bound to structured spiritual practice. In contrast, Tajarrud in the Sunni Sufi tradition is a methodical, gradual, and structured process carried out through programmed spiritual practices such as khalwat (seclusion for a certain period), mujahadah (consistent spiritual exercise), and muraqabah (continuous inner monitoring) under the guidance of a mursyid (spiritual guide). Tajarrud also has a clear transcendent purpose: not merely self-realization in the humanistic sense, but complete servitude to Allah ('ubudiyyah kamilah), which constitutes the true condition of freedom from the domination of desires (hawa nafsu) and constraining ideologies.

The relevance of Tajarrud for the prevention of extremism is direct and fundamental. Radicalization, at its deepest psychological level, is a process of over-identification with an external object an ideology, movement, or charismatic leader that subsequently replaces the transcendent function of the self. Tajarrud severs this mechanism not through rejection or repression, but through a shift of the locus of identity to a deeper and more stable dimension: a spiritual awareness that cannot be seized or destroyed by any ideological narrative. An individual who has attained a meaningful stage of Tajarrud even in its partial form is psychologically “unavailable” for the process of radicalization, because the existential needs typically exploited by extremist recruiters have already been fulfilled from within.

William James, in *The Varieties of Religious Experience* (1902), describes authentic mystical experiences as having four characteristics: ineffability, noetic quality, transiency, and passivity. Its noetic dimension is most relevant: an experience of unity that transcends the boundaries of individual and group ego provides a direct knowing

that humanity is one. In the Islamic Sufi tradition, this maqam is referred to as fana' fi al-haqq a condition in which the seeds of extremism organically find no fertile ground in which to grow.

## CONCLUSION AND RECOMMENDATIONS

This research has demonstrated that religious moderation (Wasatiyyah) is not merely a normative-religious value, but a psychological condition that is clinically essential to mental health. Its normative foundation is firmly rooted in the maqashid al-shariah tradition as formulated by Ibn 'Asyur and Al-Qaradawi, and confirmed by the Prophet's hadith on the centrality of the qalb to the integrity of human personality. Through Faruque's framework of the self-spectrum, it is shown that extremism is a pathology of reductionism a failure to recognize the multidimensional wholeness of the self. Conversely, moderation provides room for cognitive flexibility, psychological security, and spiritual integration that form the foundation of holistic mental health.

Al-Balkhi's intellectual legacy reinforces this argument, albeit with the acknowledgment that his classical philosophical-clinical approach differs epistemologically from modern DSM/CBT standards. Islamic worship practices Zikir, Shalat, and the cultivation of Akhlak have therapeutic mechanisms that are measurable through neuroscience and can be integrated into contemporary clinical interventions. The ultimate goal of this entire system is Qalb Salim: the harmonious integration of all dimensions of the self, which surpasses Western wellbeing constructs such as PERMA and eudaimonic wellbeing in terms of its vertical dimension, while simultaneously serving as the strongest form of immunity against radicalization.

### Recommendations

Based on the findings above, this research recommends the following:

- (1) Mental health practitioners in Muslim communities should adopt the principle of Wasatiyyah as a clinical methodology for training cognitive flexibility in clients vulnerable to radicalization.
- (2) Islamic educational institutions need to integrate a mental health curriculum based on Islamic Psychology that explicitly connects the value of moderation with the wellbeing of the soul.
- (3) Further quantitative and qualitative empirical research needs to be conducted to test the correlation between the level of religious moderation and measurable mental health indicators. Recommended research designs include the use of validated instruments such as the Multidimensional Measure of Islamic Religiosity (MMIR), the Religious Moderation Assessment (RMA), or the development of a new, psychometrically validated Wasatiyyah scale within the context of Indonesian Muslim society.
- (4) The development of Wasatiyyah-based clinical intervention modules integrating contemporary cognitive-behavioral psychological techniques with Islamic spiritual practices should be prioritized by Islamic psychology research institutions.

- (5) Fatwa institutions and religious authorities, particularly the Indonesian Ulema Council (MUI), Nahdlatul Ulama, and Muhammadiyah, are encouraged to formally integrate the Wasatiyyah-based Islamic psychology approach into their guidelines, fatwas, and religious development programs. This institutional dimension is important so that the recommendations are not merely academic, but have a concrete impact at the level of religious policy and pastoral practice at the grassroots level.

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