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Restoring Inner Balance through an Al-Balkhī-Informed Qur'anic Framework for Youth Mental Health

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ABSTRACT

Objective: This article aimed to develop an Al-Balkhī-informed Qur'anic conceptual framework integrating psychological well-being, bodily health, self-regulation, relational support, and spiritual meaning in youth mental health care.

Methods and Materials: A conceptual analysis and purposive narrative synthesis were conducted using Al-Balkhī's psychological treatise, Qur'anic references, and contemporary literature on Islamic psychology, youth mental health, psychotherapy, and digital-care ethics. Sources were identified through targeted searches of PubMed, PsycINFO, and Google Scholar, primarily covering 2015–2025. Historical interpretations, conceptual parallels, and proposed clinical applications were distinguished. No empirical data or interventions were involved.

Findings: The synthesis produced a four-domain framework organized around bodily needs, cognition and emotion, relationships and action, and spiritual or existential meaning. Two complementary pathways were proposed: an internal pathway emphasizing reflective awareness, cognitive reappraisal, self-regulation, and optional spiritual practices; and an external pathway involving professional counseling, supportive relationships, and practical assistance. The concepts of iʿtidāl (balance) and tadbīr al-nafs (self-governance) informed the framework, while amānah, raḥmah, and ḥikmah provided ethical principles for voluntary, culturally responsive digital support. A conceptual model, mapping table, platform outline, and illustrative anxiety module specified potential applications without establishing therapeutic efficacy.

Conclusion: The proposed framework offers a culturally grounded approach to youth mental health conceptualization and intervention development. Its acceptability, feasibility, safety, and clinical effectiveness require empirical validation.

Keywords: Islamic Psychology, Youth Mental Health, Qur'anic Framework, Self-Regulation, Culturally Responsive Care.

Introduction

Youth mental health requires approaches that address symptoms, everyday functioning, relationships, and the meanings young people give to their experiences. Recent accounts describe substantial concern about youth mental health and the need for coordinated responses (McGorry et al., 2025). Research on adolescents experiencing overlapping global crises also draws attention to uncertainty associated with climate change, the COVID-19 pandemic, and armed conflict (Lass-Hennemann et al., 2024). Here, post-crisis contexts refers to continuing disruption and insecurity; it does not imply that all crises have ended or that young people share a uniform experience.

Digital environments form part of this context, offering access to information, peer connection, and care while also creating opportunities for comparison, harassment, disrupted routines, and exclusion. Digital alienation is used here as a conceptual description of disconnection or loss of agency within digitally mediated life, rather than a diagnosis. Associations between technology use and adolescent mental health are heterogeneous, often small, and frequently correlational; time online alone does not establish harm or causation (Odgers & Jensen, 2020). A conceptual model should therefore consider the content and context of engagement without treating technology as a universal explanation for distress.

Meaning and values already have established places in psychotherapy. Logotherapy, existential psychotherapy, acceptance and commitment therapy, and positive psychology offer different ways of addressing purpose, values, suffering, and flourishing (Frankl, 2006; Hayes et al., 2011; Seligman & Csikszentmihalyi, 2000; Yalom, 1980). The issue is consequently not an absence of meaning-oriented care, but how such concerns can be expressed in forms that fit an individual young person's worldview. For some Muslim young people, explicitly Islamic concepts may provide a useful vocabulary; others may prefer secular or differently framed care.

Abū Zayd al-Balkhī's Maṣāliḥ al-Abdān wa al-Anfus provides a historical point of departure. Its psychological section considers the interaction of bodily and psychological health, prevention, and responses to emotional suffering (al-Balkhī, 2013). Contemporary scholarship has examined the work's self-help orientation and historical significance (Awaad & Ali, 2023). Cultural beliefs and narratives can shape how illness and recovery are understood, which supports attending to cultural meaning within formulation rather than assuming a universal interpretation of distress (Seyed Alitabar, 2025).

This paper develops an al-Balkhī-informed Qur'anic psychosomatic framework for youth mental health. Its organizing concepts are iʿtidāl (balance) and tadbīr al-nafs (self-governance), interpreted alongside contemporary Islamic psychology. The aims are to articulate a conceptual framework, examine parallels and differences with current therapies, propose applications to hybrid and digital care, and specify limitations and research priorities. Historical description, contemporary interpretation, and proposals for future practice are treated as distinct forms of argument.

Literature Review

Youth Distress and Digital Contexts

The youth mental health literature identifies a need to improve access, prevention, and continuity of support, while recognizing variation across settings (McGorry et al., 2025). Crisis-related distress cannot be reduced to an individual deficit: family circumstances, education, economic insecurity, discrimination, and access to services shape what young people can do. Policy discussion of the dual continua of mental illness and mental well-being also supports considering well-being and prevention alongside symptom-focused treatment (Kent et al., 2025).

Digital care may extend access but introduces implementation challenges. A review of pediatric and youth programs during the pandemic examined barriers to digital and hybrid service delivery (Lyzwinski et al., 2024). A proposed digital mental health practice model for youth likewise emphasizes the need to connect digital tools with an evidence-based model of care (Ridout et al., 2024). These publications concern implementation and care design; they

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do not demonstrate that social media exposure alone causes an existential or clinical crisis.

Questions about purpose and coherence also feature in discussion of youth mental health under uncertainty (McDiarmid, 2025). Such concerns may coexist with psychiatric symptoms, but they should not be assumed to characterize every young person or to result from reduced religiosity. Meaning, spiritual commitment, and community membership have different significance across individuals and cultures. Their relevance is best established through inquiry rather than inferred from religious identity.

Religious Meaning and Culturally Responsive Care

Qualitative research in Malaysia has explored how adolescents understand religiosity in relation to mental health problems (Idris et al., 2019). A review of adolescent interventions discusses psychological and Islamic approaches (Mohd Jais et al., 2024), while commentary on Iranian youth highlights sociocultural context and culturally aligned responses (Kamyabi Azar et al., 2025). These sources support contextual inquiry; they do not establish that religious participation is uniformly protective or that all Muslim youth require religiously integrated treatment.

A systematic scoping review identified 44 studies of interventions involving Qur'anic practices, including recitation, listening, reading, memorization, and prayer (Owens et al., 2023). The review describes an existing but heterogeneous evidence base and gaps in psychosocial understanding. It does not validate the specific framework proposed here, demonstrate its effectiveness for youth, or justify treating diverse practices as interchangeable. The appropriate research question is whether a clearly specified adaptation adds acceptable and measurable value for young people who choose it.

Contemporary Islamic psychology provides resources for discussing patience, gratitude, trust in God, remembrance, reflection, and contentment (Keskin, 2025). These concepts can inform meaning-making while retaining their theological significance. They should not be translated automatically into psychological variables or treated as equivalent to a therapeutic technique simply because their language appears similar.

Ethics of Technology Mediated Support

Reviews of digital mental health ethics identify promises alongside concerns about privacy, consent, equity, autonomy, and the relationship between technological support and human care (Wies et al., 2021). Bioethical analysis of digital mental health research during pandemic-related distancing also draws attention to responsibilities in technology-mediated work (Mondragón-Barrios et al., 2025). Cultural and religious values can contribute to these discussions when their interpretation remains open to users and communities rather than being imposed by designers.

The resulting conceptual task is to connect embodied experience, self-regulation, relational support, and meaning within a coherent but testable model. It also requires distinguishing a normative account of desirable care from evidence that a particular intervention produces clinical benefit. Al-Balkhī's work offers a historical resource for this task, while contemporary clinical research and participatory design remain necessary for practical development.

Methods and Materials

This is a conceptual paper using purposive narrative synthesis rather than a systematic review. The historical source is the psychological section of Maṣāliḥ al-Abdān wa al-Anfus in Malik Badri's published translation, read alongside modern commentary (al-Balkhī, 2013; Awaad & Ali, 2023). Qur'anic references use M. A. S. Abdel Haleem's translation (*The Qur'an*, 2004). Modern Islamic psychological concepts are considered through contemporary scholarship, including Keskin (2025). No human participants were recruited, no intervention was delivered, and no new dataset was generated; research ethics approval was therefore not required.

The narrative review drew on a purposive search of PubMed, PsycINFO, and Google Scholar for literature published during 2015–2025, using terms concerning youth mental health, adolescent depression, digital mental health,

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spiritual interventions, Islamic psychology, meaning-centered therapy, and post-pandemic mental health. Foundational works outside that period were included for conceptual context, and selected recent contextual literature extends through 2026. Priority was given to peer-reviewed reviews, conceptual papers, and scholarly books in English or Arabic. Youth aged approximately 12–25 were the principal focus; adult, historical, and ethical literature was used where its relevance and limits could be distinguished.

Analysis proceeded through four iterative tasks: identifying concepts relevant to psychological and bodily well-being; comparing their meanings with contemporary therapeutic constructs; developing possible youth and digital-care applications; and examining interpretive, ethical, and empirical limitations. This approach does not provide exhaustive retrieval, pooled effect estimates, formal risk-of-bias appraisal, or evidence of efficacy. Classical terms have overlapping psychological, ethical, and spiritual meanings, so the proposed mappings are interpretive and should be tested with scholars, clinicians, and young people.

Findings and Results

An Al-Balkhī-Informed Qur'anic Framework

Historical Point of Departure

Al-Balkhī's treatise places care for psychological well-being alongside care for the body and discusses reciprocal influences between the two. It addresses anger, fear, sadness, and recurring intrusive thoughts, as well as preservation and restoration of psychological health. It also recognizes the value of personal reasoning and advice from another person (al-Balkhī, 2013). These features motivate contemporary comparison, while their historical categories should not be treated as identical to current psychiatric diagnoses. A modern discussion of the text similarly emphasizes its accessible orientation toward self-help (Awaad & Ali, 2023).

The framework developed here extends this starting point through a Qur'anic interpretive lens. It is a contemporary synthesis, rather than a claim that al-Balkhī formulated the exact four-domain model, digital ethics framework, or intervention design presented below. Nor does conceptual resemblance establish a direct historical lineage from his work to CBT, acceptance and commitment therapy, or present-day hybrid care.

Balance as a Shared Formulation

Iʿtidāl is used as an organizing metaphor for balance across bodily needs, cognition and emotion, relationships and action, and spiritual or existential orientation. In the proposed model, these domains interact: disturbed sleep may affect attention, persistent worry may alter activity, social exclusion may reduce agency, and changes in meaning may affect motivation. This is a framework for shared formulation, not a new diagnostic taxonomy or a claim that every symptom is caused by moral or spiritual imbalance.

Qur'anic discussions of moderation provide a normative context for this interpretation, including references to a middle community, avoiding excess, and moderation in expenditure (*The Qur'an*, 2004, 2:143; 7:31; 25:67). These passages are not clinical outcome evidence or diagnostic criteria. The language of balance is intended to help a young person describe personally meaningful goals without prescribing a single ideal level of emotional intensity or religious practice.

The term nafs may refer to the self in ways that include volition, emotion, and moral orientation; rūḥ and ʿaql carry further spiritual and intellectual meanings. Contemporary Islamic psychological discussion helps articulate these distinctions (Keskin, 2025). They cannot be mapped one-to-one onto brain systems, psychometric factors, or Western philosophical categories. The present formulation retains their interpretive complexity while asking which aspects are useful and acceptable to the individual.

Self Governance and Prevention

Tadbīr al-nafs is interpreted here as reflective self-governance supported by habits, relationships, and meaningful action. Possible practices include noticing emotional responses, reconsidering appraisals, planning restorative activity, and reflecting on values. Where a young person wishes, these may be discussed through ṣabr

(patience), shukr (gratitude), tawakkul (trust in God), tafakkur (reflection), or dhikr (remembrance). The practices are proposed resources, not compulsory exercises or demonstrated treatments for a particular disorder.

Virtue-oriented language can make prevention meaningful when it supports agency and compassionate self-understanding. It can become harmful if patience means enduring abuse, gratitude means denying hardship, or trust means delaying needed treatment. The framework therefore locates self-governance within real social conditions and access to care. It does not equate good mental health with greater piety or interpret illness as failure of character.

Internal and External Pathways

The proposed internal pathway includes reflective awareness, cognitive reappraisal, emotion regulation, and optional spiritual practices. The external pathway includes professional counseling, supportive relationships, practical problem solving, and environmental change. Their combination is intended to prevent self-help from becoming an isolated personal responsibility. A clinician and young person can decide together whether one pathway, both, or an alternative framework is most appropriate.

Comparisons with contemporary therapy identify partial overlaps while preserving differences. Cognitive restructuring concerns appraisal; acceptance and commitment therapy emphasizes psychological flexibility and values-based action; existential approaches address meaning and fundamental life concerns (Hayes et al., 2011; Yalom, 1980). Qur'anic commitments introduce theological meanings that these approaches do not necessarily share. Table 1 summarizes the proposed mappings, and Figure 1 presents the conceptual care pathways.

Table 1

Proposed framework components and contemporary conceptual parallels

Component	Conceptual vocabulary	Contemporary parallel	Proposed application
Foundation	Iʿtidāl; attention to body and psychological life	An integrative formulation	Discuss bodily needs, emotions, relationships, and meaning
Domains	Jasad, nafs, ʿaql, and rūḥ as interpretive concepts	Multiple perspectives on well-being	Explore personal meanings without assuming diagnostic equivalence
Distress	Anger, fear, sadness, and intrusive thoughts as historical points of departure	Assessment of affect and cognition	Use contemporary clinical assessment alongside personal narrative
Internal pathway	Tadbīr al-nafs; optional ṣabr, shukr, tawakkul, and dhikr	Self-regulation and values-oriented practices	Collaborative reflection, reappraisal, and personally chosen routines
External pathway	Counsel, companionship, and practical support	Psychotherapy and social or environmental resources	Professional care, supportive relationships, and practical action
Ethics	Amānah, raḥmah, and ḥikmah	Accountability, compassion, and contextual judgment	Transparent, voluntary, accessible, and confidential support

Note. The table presents the authors' conceptual synthesis. Parallels are partial interpretive comparisons, not historical equivalences, validated mechanisms, or evidence of intervention efficacy.

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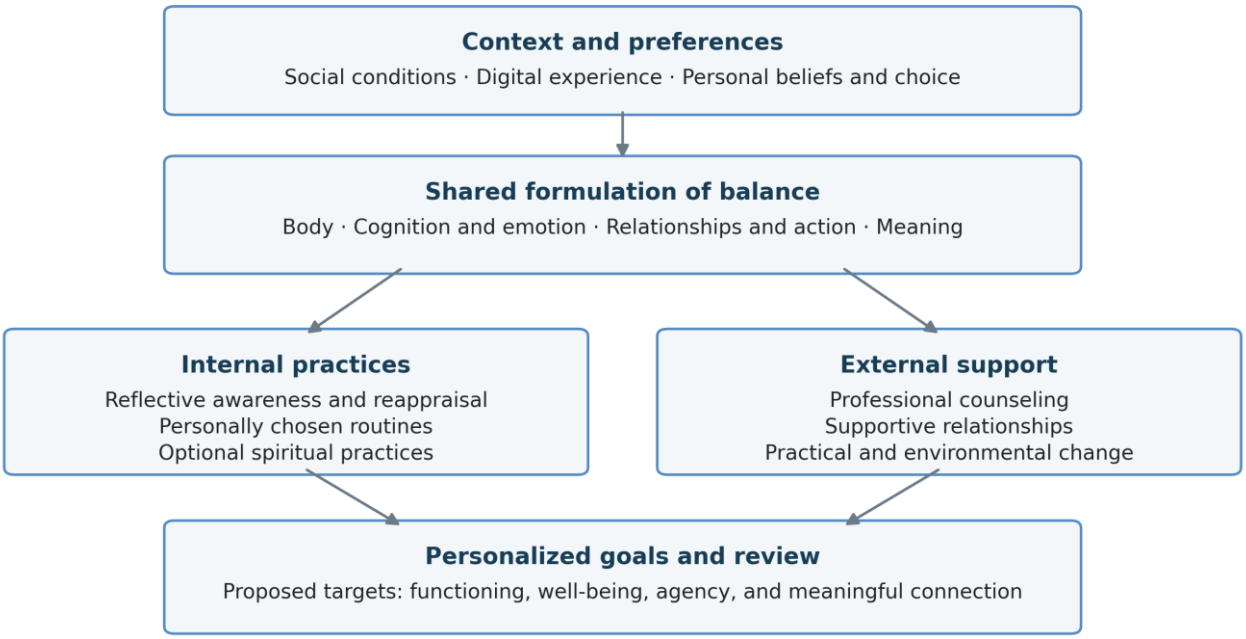


Figure 1

Proposed al-*Balkhī*-informed pathways for collaborative youth care.

Note. Amānah, raḥmah, and ḥikmah inform all stages. Arrows indicate conceptual pathways, not tested causal effects. The figure represents a contemporary synthesis rather than a diagram from the historical treatise.

Applications to Youth Mental Health

Understanding Digital Alienation

Within this framework, a young person's sense of digital disconnection may be explored through attention, emotion, agency, relationships, and meaning. Relevant questions include whether online experiences support or interfere with sleep, concentration, valued activities, and supportive contact. This inquiry does not assume that high use is intrinsically harmful or that reducing screen time alone will resolve distress. The interpretation should remain consistent with the heterogeneous and frequently noncausal evidence on digital engagement (Odgers & Jensen, 2020).

Possible goals include noticing comparison-driven distress, planning pauses, protecting restorative routines, and choosing forms of online participation that feel supportive. Gratitude or reflective spiritual practices may be included if personally meaningful. Relational and material difficulties also require direct attention: a reflection exercise cannot substitute for responding to harassment, unsafe circumstances, exclusion, or lack of access to care.

Meaning Centered Prevention

For young people who seek an Islamic frame, the concepts of balance and self-governance may help connect daily choices with a wider account of responsibility, purpose, and belonging. Adversity may be discussed through personally chosen religious meanings, but the clinician should not require a theological explanation of suffering. The purpose is to expand possibilities for understanding and action, rather than to declare why an individual became unwell.

This approach shares an interest in purpose and constructive action with meaning-oriented traditions and strengths-based psychology (Frankl, 2006; Seligman & Csikszentmihalyi, 2000). It remains distinct in its theological commitments and should not claim superior effectiveness on that basis. Prevention would need to be evaluated in terms of acceptability, well-being, functioning, access, and

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clinical outcomes, including the experiences of participants who decline religious content.

Hybrid and Community Care

The two pathways suggest a possible hybrid arrangement in which structured self-reflection is connected with human support. Digital exercises could assist with goal setting, tracking personally chosen routines, or preparing questions for counseling. Clinician contact, moderated peer support, and practical family or community assistance could form the external pathway. These are design proposals; implementation reviews identify substantial barriers to making digital and hybrid programs workable in routine settings (Lyzwinski et al., 2024).

Human relationships remain central. Cultural understanding, embodied experience, and therapeutic connection should inform digital-care design, including AI-assisted systems (Seyed Alitabar, 2026). A platform inspired by the framework should support a care relationship rather than present automated religious or psychological responses as a replacement for professional judgment. Appendix A outlines a conceptual platform, and Appendix B illustrates a youth anxiety module. Neither has been delivered or clinically validated in this paper.

Ethical Foundations for Digital Care

Amānah (trust and responsibility), raḥmah (compassion), and ḥikmah (practical wisdom) provide an ethical vocabulary for the proposed design. These principles are adopted as contemporary Qur'anic ethical commitments, rather than attributed as a ready-made digital governance code to al-Balkhī. Amānah directs attention to confidentiality, clear explanation, and accountability. Raḥmah directs attention to vulnerability, accessibility, and respectful interaction. Ḥikmah requires contextual judgment rather than mechanical application.

Their practical meaning should be developed with young people and linked to ordinary standards of safe care: understandable consent, minimal necessary data collection, appropriate access controls, transparent professional roles, and a route to human assessment. Reviews of youth digital mental health ethics provide a basis for evaluating these responsibilities and their tensions (Wies et al., 2021). Bioethical work also highlights the importance of protecting participants in digital mental health research (Mondragón-Barrios et al., 2025).

Ethical alignment should be evaluated through experience, not inferred from Islamic branding. Young people should be able to decline spiritual content, question an interpretation, report distress, and leave the program without pressure. Peer moderation and clinical escalation should be explicit, and family involvement should respect the young person's needs, confidentiality, and safety. These requirements also address the risk that a culturally familiar platform could become coercive or stigmatizing.

Strengths and Limitations

The principal contribution is conceptual coherence: the framework links personal practices, relationships, bodily needs, and meaning while making its theological commitments visible. It also offers a vocabulary for discussing prevention and the ethics of digital support. These features may facilitate dialogue with some Muslim youth, but cultural resonance is an empirical question rather than an established property of the model.

The framework has not been tested as an intervention. Evidence for Qur'anic practices or other forms of psychotherapy cannot establish the efficacy of this particular synthesis (Owens et al., 2023). The narrative approach is purposive, and source selection and interpretation are susceptible to bias. Translation introduces further uncertainty, particularly when classical terms are compared with contemporary psychological constructs. Historical parallels cannot establish equivalence of concepts, methods, or outcomes.

The model also risks spiritual reductionism if bodily illness, trauma, discrimination, poverty, or justified anger are redescribed simply as imbalance within the individual. These conditions require appropriate clinical and social responses. Religious trauma and coercive experience may make explicit religious language distressing. Participation

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must therefore follow individual preference, with access to secular alternatives and attention to disagreements within as well as between communities.

Implementation would require clinicians competent in evidence-based care and in discussing religion without imposing personal beliefs. Research on clinical social workers' spiritual beliefs and practices illustrates the relevance of examining practitioner factors in this area (Oxhandler et al., 2018). The framework cannot be assumed to transfer across Muslim communities, age groups, languages, or service systems. It should be treated as one possible formulation within pluralistic care.

Implications

Clinical and Theoretical Implications

The framework can guide collaborative psychoeducation by offering a language for discussing balance, agency, relationships, and meaning. Clinicians may ask which concepts the young person recognizes, whether they help articulate concerns, and whether they create pressure or shame. Islamic language should be offered rather than assumed, and theological interpretation should remain sensitive to the person's own commitments and appropriate scholarly consultation.

The model contributes to dialogue between culturally grounded psychologies and contemporary clinical approaches without claiming historical precedence or universality. Similar concerns about moderation, meaning, relationships, and compassionate attention appear in several traditions. The task is to determine how a particular formulation helps a particular person while retaining standards of evidence, clinical accountability, and respect for difference.

Research Priorities

Initial research should examine conceptual clarity and acceptability through participatory work with diverse young people, clinicians, and scholars. It should explore whether terms such as iʿtidāl and tadbīr al-nafs feel useful, unfamiliar, or alienating, and whether proposed activities are feasible. Measurement development should distinguish symptom burden, functioning, well-being, spiritual meaning, and autonomy rather than combine them into an unvalidated global score.

Pilot studies could then examine recruitment, engagement, retention, burden, and adverse experiences before testing clinical outcomes. Comparative trials should evaluate a specified culturally adapted intervention against an appropriate active comparator, enabling assessment of any added value of the religious frame. Longitudinal and process studies could examine whether changes in meaning, self-regulation, or social support precede changes in outcomes. Such mechanisms should be measured rather than assumed.

Digital development requires co-design, usability assessment, accessibility testing, and evaluation of privacy and human support. Studies should include variation in religious preference, sect, ethnicity, language, gender, and socioeconomic circumstances, with attention to those who decline participation. Qualitative findings and validated quantitative outcomes can provide complementary evidence about benefit, burden, and contextual fit.

Policy and Systems Considerations

Service systems can support culturally responsive care through workforce education, supervised consultation, and partnerships that retain clinical independence. Resources should support both prevention and treatment, rather than assume that a culturally framed program compensates for inadequate access. Governance should make responsibilities for data, moderation, clinical decisions, and evaluation explicit. Investment in rigorous work in Muslim-majority and minority settings would help establish where, for whom, and under what conditions such adaptations are useful.

Discussion and Conclusion

An al-Balkhī-informed Qur'anic framework can connect the historical concern for psychological and bodily well-being with a contemporary discussion of balance, self-governance, relational support, and meaning. Its internal

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and external pathways offer a structure for considering youth psychoeducation and hybrid care, while amānah, raḥmah, and ḥikmah provide an ethical vocabulary for participatory digital design.

This is a conceptual proposal, not a validated treatment model. Its value depends on voluntary cultural fit, responsible interpretation, and evidence about outcomes and harms. Empirical development should preserve access to established care and secular alternatives, avoid moralizing illness, and test whether the proposed formulation contributes to young people's well-being and functioning.

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Authors' Contributions

Nur Huraidah Jumat conceptualized the study, reviewed the literature, and prepared the original draft. Ahmad Fakhrurrazi Mohammed Zabidi and Latifah Abdul Majid contributed to the conceptual framework and reviewed the manuscript. Ezad Azraai Jamsari supervised the research and provided critical revisions. Najamuddin Petta Solong contributed to the theoretical discussion and reviewed the final version. All authors approved the manuscript.

Data and Supplementary Materials

No new empirical dataset was generated or analyzed. The conceptual illustrations are included in Appendices A and B. Further clarification of the synthesis is available from the corresponding author upon reasonable request.

Declaration of Interest

The authors declare no conflicts of interest related to this article.

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Appendix A

Conceptual Platform for Voluntary Hybrid Support

This outline illustrates how the proposed framework could inform a future platform for young people approximately 12–25 years old. It is a design concept, not an implemented application or validated intervention. Development would require youth co-design, clinical governance, usability assessment, and evaluation of potential harms before outcome testing.

Entry and Preferences

The entry conversation would establish the young person's goals, preferred language, accessibility needs, and whether Islamic concepts are welcome. Spiritual material would be optional, with a clear route to secular content or another service. Consent and assent arrangements would reflect age and applicable requirements. The platform would explain its purpose, limits, professional roles, data use, and routes to human support in understandable language.

Internal and External Pathways

The internal pathway could offer a personal balance map, reflective prompts, reappraisal exercises, and planning for restorative routines. Optional faith-oriented content could include gratitude reflection, remembrance, or consideration of personally meaningful values. The external pathway would connect these exercises with clinician review, moderated peer contact where appropriate, and practical family or community resources. Participation would not require completion of religious activities or disclosure of private beliefs.

Trust Compassion and Practical Judgment

Amānah would be expressed through minimal necessary data collection, understandable permissions, restricted access, and accountable governance. Raḥmah would guide accessible design, nonjudgmental language, and mechanisms for reporting distress or coercion. Ḥikmah would require individualized review and the ability to adjust or stop content that is unhelpful. Automated features would not provide religious rulings or replace clinical assessment. Human review and an escalation route would be essential when acute risk or serious deterioration is identified.

Evaluation Before Scale

Initial evaluation would examine comprehension, acceptability, accessibility, engagement, burden, perceived pressure, and unwanted effects. Later comparative research could assess symptoms, functioning, well-being, autonomy, and care access using appropriate validated measures. Data collection would be limited to a justified evaluation purpose, and experiences of users who decline spiritual content would be included. No effectiveness claim follows from the design itself.

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Appendix B

Illustrative Module for Understanding Anxiety

This module illustrates a possible therapist-supported research adaptation for a young person who wants an Islamic frame. It specifies proposed activities rather than a validated treatment dose, session schedule, or stand-alone clinical protocol. Anxiety would first require appropriate assessment, and established care would remain available. The young person could decline any spiritual element without losing support.

Collaborative Orientation

The clinician and young person would identify one personally meaningful concern, such as worry that disrupts study, sleep, or relationships. They would discuss whether balance is a useful metaphor and what the person understands by iʿtidāl. The goal would be described in everyday functional terms, without equating distress with weak faith or a lack of virtue.

Mapping Experience

A shared map would connect the situation, bodily sensations, thoughts, emotions, actions, available support, and personal meaning. The clinician would help distinguish a distressing prediction from an established fact and identify practical conditions that require attention. Digital experiences could be included if relevant, without assuming that time online is the principal cause.

Choosing a Response

Possible responses would combine an internal and an external step. An internal step might involve considering an alternative appraisal, noticing a response without immediately acting on it, or planning a restorative routine. If desired, ṣabr could be explored as purposeful persistence, tawakkul as trust alongside practical action, or shukr as noticing valued aspects of experience without denying difficulty. An external step might involve seeking professional advice, asking a trusted person for support, or addressing an environmental problem.

Action Reflection and Review

The young person would choose a manageable action and decide how to record its usefulness or burden. At review, the clinician would ask what changed, what remained difficult, whether the framing felt supportive, and whether any activity produced shame, pressure, or increased distress. The plan would be adapted accordingly. Future research would need to evaluate feasibility, acceptability, clinical outcomes, and adverse experiences rather than infer benefit from conceptual fit.

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