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Needs Analysis for the Development of Nabawi Psychotherapy Model as a Complementary Treatment for Teenage Depression

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Abstract

Depression among teenagers has become an increasing global concern, particularly in Malaysia, where the prevalence continues to rise despite various efforts to address the issue. The annual increase in teenage depression cases underscores the need to enhance existing preventive measures. From an Islamic perspective, mental health remains underexplored and insufficiently discussed within the domains of modern psychology and psychiatry. As a result, clinical treatments grounded in Western psychological approaches often fail to incorporate spiritual elements, which are vital for the development of a Muslim individual's inner self. This study aims to examine the necessity for developing a Nabawi (Prophetic) psychotherapy model as a complementary treatment for adolescent depression, drawing from the Qur'an and hadith. By employing a qualitative methodology through semi-structured interviews with three experts, this study identifies key elements that should be prioritized in the model's development. The findings indicated that

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the Nabawi psychotherapy approach held significant potential as a holistic intervention, emphasizing the integration of biological, psychological, social, and spiritual dimensions. This study concluded that the integration of prophetic methods into psychotherapeutic practice can offer a more holistic, value-based treatment framework that aligns with the needs of contemporary Muslim communities.

Keywords: *Nabawi psychotherapy; Complementary treatment; Islamic psychospirituality; Mental health; Teenage depression*

Introduction

The depression phenomenon among teenagers has reached a worrying level, with a significant annual surge that signals an urgent need for effective intervention strategies. This issue necessitates attention from various parties to provide an effective intervention method. A range of contributing factors has been identified as triggers for teenage depression, including academic pressure, family conflicts, social instability, and spiritual vulnerability. While many therapeutic approaches have been developed in the West, there remains a pressing need to explore alternative treatments that are congruent with the cultural and religious values of Islam-values that form the core foundation of teenagers' well-being (Zulkipli et al., 2024).

Nabawi psychotherapy approach that is grounded in the legacy of the Prophets, presents a holistic treatment framework that emphasizes the strengthening of the relationship with God, the purification of the soul (*tazkiyyah al-nafs*), spiritual resilience, emotional regulation, and the cultivation of virtuous character as central healing components. The distinctiveness of this approach lies in its integration of biological, psychological, social, and spiritual dimensions, all firmly rooted in Islamic epistemology (Zulkipli et al., 2023). In essence, the prophets and messengers served as theoretical and practical exemplars in human development, offering a vision, ethical framework, and paradigmatic guidance for the holistic empowerment of the Muslims (Adz-Dzakiey, 2012). Within the discourse of mental health cored to the prophet, two focal areas warrant scholarly attention: (i) the mental well-being of Prophet Muhammad SAW, and (ii) Prophet Muhammad's SAW role as a reference model for psychological and cognitive healing.

By summarizing various hadiths of the Prophet Muhammad SAW, his mental well-being as an iconic characteristic can be observed through multiple attributes like charismatic appearance and composure, personal hygiene and neatness, eloquent speech that resonates with both intellect and emotion, humility, ethics and leadership, diet moderation, patience and tolerance, generosity, enthusiasm and capability to motivate others, compassion, fairness, devout religious practices, noble character, and optimism. Furthermore, the Prophet's exemplary roles in psychological and cognitive healing can be identified through methods that connect individuals with Allah SWT, reinforce their relationship with the Prophet himself, distinguish the various levels of individuals disbelievers, hypocrites, Muslims, believers (*mu'minin*), and the righteous (*muhsinin*), purification of the hearts of companions through acts of worship, being exemplary in performing religious obligations, nurturing the human soul through empathy and attentiveness, providing suitable remedies for both physical and spiritual ailments, upholding family ties, developing potential and intellect, promoting healing through nutrition, encouraging productivity and

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enhanced stamina (night prayers), reduced social disparities, and cognitive skills (Farshoukh, 2019).

The Prophetic paradigm is rooted in the principle of faith, wherein every Muslim is required to believe that Allah SWT sent His messengers to deliver true happiness, well-being, inner peace, and genuine security both in this world and the hereafter. Accordingly, the Prophethood of Muhammad SAW was divinely ordained to purify the Islamic creed from polytheism, cultivate moral excellence and upright character in humanity according to divine principles, guide humankind toward forming a meaningful relationship with Allah, foster harmonic relationships with other humans, preserve the natural environment, and remove people from the darkness of ignorance to the light of truth and guidance (Adz-Dzakiey, 2012).

In light of the limitations within Western psychological models that fall short in addressing the comprehensive psychological needs of individuals, the existence, potential, and divinely guided personality of the Prophet serve as an ideal model for all of humanity, particularly for Muslims. The teachings of Islam, through the Qur'an and hadith, offer a holistic and all-encompassing solution to the complexities of human life, guiding people out of confusion and failure toward a state of peace, balance, harmony, and success in both worldly life and the hereafter (Zulkipli et al., 2023; Kusumastuti et al., 2020). Thus, the *Nabawi* psychology is knowledge that debates the state of the soul (its reality and position) as well as its symptoms (attitude and character) from individuals who have attained the highest levels of self-evolution and transformation through a comprehensive understanding and practice of the Islamic rules guided by the Qur'an, al-Sunnah, and the wise insights by the pious (Adz-Dzakiey, 2012).

The Prophet Muhammad SAW serves as a foundational source in the development of psychological knowledge, as supported by the following aspects (Zulkipli et al., 2025; Abidin, 2013; Adz-Dzakiey, 2012):

a) The nobility of his character, actions, attitudes, attributes, behavior, and competencies demonstrated throughout his life.
b) Prophet Muhammad SAW proximity to Allah SWT produces flawless Islamic worships.
c) His intellectual brilliance and cognitive acuity, as evidenced by his ability to convey knowledge, lead effectively, and resolve various issues pertaining to family, community, and governance.
d) Delivering blessings to the world shows the perfection of the Prophet SAW in spreading love and harmonious relationships among humans.

In conclusion, the essence of Prophethood encapsulates three fundamental principles that serve as the epistemological basis for *Nabawi* psychology (Zulkipli, et al., 2025):

a) Belief in the prophets is an obligatory component of the Islamic creed; denying it compromises one's faith and may incur the wrath of Allah SWT.
b) Every word, attitude, action, and decision of the Prophet Muhammad SAW is considered a legitimate source of law.
c) The Prophet SAW is the most perfect and comprehensive role model – both inwardly and outwardly embodying excellence in physical, intellectual, spiritual, and moral dimensions. Consequently, every believer is encouraged to emulate him in the *shahadah*, optimizing personal development, attaining self-awareness, engaging in spiritual purification, and developing the potential of *al-'aql,*

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al-qalb and the five senses which ultimately produce individuals who possess strength in well-being and praiseworthy behaviors.

Nabawi psychotherapy is defined as a therapeutic technique or procedure rooted in Prophetic tradition, utilizing the guidance of the Qur'an and hadith, with healing potentials for mental, spiritual, moral, and physical disorders. It aims to foster psychological well-being and the development of human potential (Farmawati, 2021). Mansyur and Gismin (2020) described *Nabawi* psychotherapy as a form of Islamic mental or religious therapy, derived from the exemplary life of the Prophet Muhammad SAW, through which human life is imbued with meaning, purpose, and divine guidance. According to Kusumastuti et al. (2020), *Nabawi* psychotherapy involves the application of Prophetic techniques or procedures that produce therapeutic effects on psychological disturbances by drawing upon the teachings of the Qur'an and hadith. This is implemented through two stages of treatment: (i) psychological treatment of manifest symptoms or conditions with observable and experiential signs such as anxiety, depression, sadness, anger, and similar emotional disturbances; and (ii) psychological treatment of latent disorders – conditions without apparent symptoms perceived by the patient, but dangerously affect the heart or soul, such as ignorance, doubt, and sexual desires.

The core objective of *Nabawi* psychotherapy is to guide individuals toward recognizing the spiritual essence of their being, which is inherently connected to Allah SWT. Research on *Nabawi* psychotherapy aims to educate people about the uniqueness and transcendence of Allah, who is unlike any of His creation, and promotes a holistic understanding of health encompassing physical, mental, spiritual, and social dimensions, while teaching individuals to grow their potentials by emulating Prophet Muhammad (Adz-Dzakiey, 2012). The intended outcomes of this approach include attaining methods for spiritual purification and strengthening one's faith in Allah SWT, acquiring knowledge of psychological symptoms and disorders as addressed by the Prophet SAW, obtaining divine pleasure and mercy in one's actions and behaviors, achieving holistic well-being covering physical, mental, spiritual, and social health, and cultivating human potential through the emulation of the Prophet's intellectual excellence (Siregar, 2014).

This study was conducted with the objective of analyzing the necessity for developing a *Nabawi* psychotherapy model as a complementary treatment for teenage depression. Utilizing expert interviews as the primary method, the study identified and synthesized key elements that formed the foundation for the model's development. The findings are expected to enrich the corpus of knowledge in Islamic psychotherapy and contribute to the creation of mental health interventions that are more relevant and aligned with the realities of contemporary Muslim societies.

Literature Review

A thorough review of past literature was prioritized to refine the information obtained and to identify existing research gaps. This process is essential to focus on the specific aspects of new studies that can enhance the value and quality of newer research, compared to those done in prior. Based on the study's title, the researcher had chosen to conduct a literature review centered on specific themes using a historical review method. This approach involved examining earlier literature according to predetermined themes or topics. The literature review was carried out by exploring the context of prior research to

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highlight similarities and current developments related to this study's themes, thereby identifying potential areas for further investigation (USC Libraries, 2019). The selected themes included the phenomenon of teenage depression in Malaysia, Islamic psychotherapy as a complementary treatment for mental health issues, and Islamic psychotherapy as an intervention for depression. The thematic literature review process utilized online databases such as Malaysian Thesis Online, ResearchGate, and Google Scholar. For doctoral and master's level studies, the researcher limited the selection to studies conducted within the range of years 2018 and 2025.

The Phenomenon of Teenage Depression in Malaysia

Based on a recent study, WHO reported that a significant portion of all mental health disorders begin as early as age 14, largely due to under-detection and delayed treatment at initial stages (Aida et al., 2010). In alignment with this, psychiatrist Zakaria, cited in Sani (2023), asserted that 50% of mental health issues in Malaysia originated before the age of 14, influenced by various factors.

Initially, teenage depression was a controversial topic, as many experts denied its existence, particularly among school students. Since the 1970s, teenage depression was often referred to as "masked depression" or "depressive equivalents", indicating that depressive symptoms in teenagers were concealed by behaviors like learning difficulties, hyperactivity, and school truancy (Zulkipli et al., 2024). Rice and Leffert (1997) also acknowledged the difficulty in diagnosing teenage depression, noting that not all teenagers exhibit symptoms like poor concentration, declining academic performance, or anxiety necessarily suffered from depression. Consequently, earlier eras reflected a considerable challenge in researching teenage depressive disorders. However, with the passage of time, this controversy has been addressed through studies identifying clear signs of depression among students. Some research even revealed experiences of severe and unpredictable depressive episodes (See & See, 2005). Teenage depression is now recognized as a serious mental health problem.

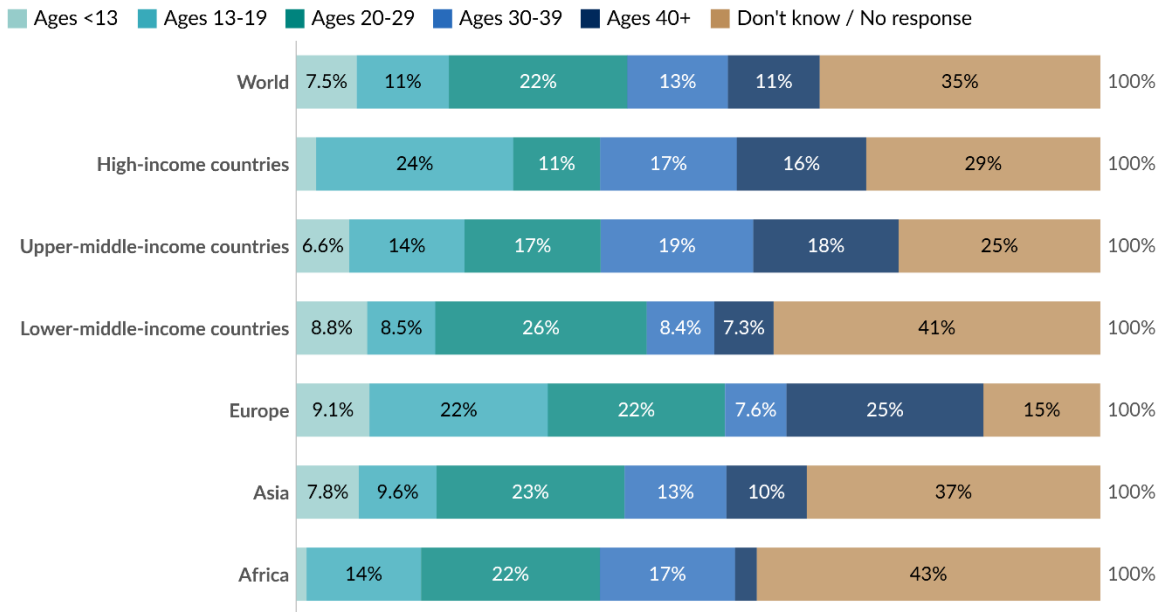

Figure 1: Age when first had anxiety or depression (Dattani et al., 2023).

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In Malaysia, the National Health and Morbidity Surveys (NHMS) of 2012, 2017, and 2022 showed a rising trend in teenage depression. The 2012 survey reported a prevalence rate of 17.7%, which slightly increased to 18.3% in 2017, followed by a significant rise to 26.9% in 2022. The NHMS 2017 study, which utilized the DASS-21 instrument, also reported that one in five teenagers was diagnosed with depression. The survey found that the prevalence of depression among male teenagers was higher than females, at 18.9% compared to 17.7% respectively. However, the latest survey in 2022 indicated a continuing upward trend, with one in four teenagers experiencing depression. Notably, the 2022 data revealed that the prevalence of depression among female teenagers had doubled compared to males, at 36.1% versus 17.7% (IKU, 2022). Several academic studies also highlighted the phenomenon of teenage depression among school-aged youths in both rural and urban areas, as well as university students in public and private institutions of higher learning. Research by Ishak et al. (2020) and Rahimi et al. (2019) demonstrated that depression affects teenagers across primary and secondary levels, regardless of whether they attend regular or religious schools, and whether they reside in rural or urban settings. These studies further found significant correlations between depression and academic achievement, personality traits, and self-esteem, indicating that depression can affect anyone regardless of gender, age, background, socioeconomic status, race, or educational level.

Studies by Rahman et al. (2021), Yazid et al. (2019), Shukor et al. (2019), and Sakeran (2017) examined depression among students in selected private universities and reported occurrences of depression, albeit at relatively low rates. Additionally, research by Ramli & Dawood (2020), Mohd & Hamidi (2019), Samsudin & Hong (2016) and Aida et al. (2014) addressed emotional stability and stress among students in public universities. Using survey methodologies with selected respondents, the studies by Samsudin & Hong (300 respondents) and Omar & Mustaffa (316 respondents) found higher levels of emotional stress among public university students. Conversely, findings by Mohamad & Mohamed (200 respondents) and Mohd & Hamidi (300 respondents) indicated minimal levels of depression among their participants. Aida et al. conducted a specific study on 380 clinical-year medical students at UKM using the DASS-21 instrument, finding a low prevalence of possible depression at 1.3%. Zakaria (2019) reported moderate to severe psychological problems among Malaysian university students, with depression ranging from 13.9% to 29.3%, anxiety from 51.5% to 55.0%, and stress from 12.9% to 21.6%.

The variation in depression levels among university students may be influenced by various factors. Nevertheless, this situation requires serious attention from relevant authorities to ensure effective solutions that reduce academic burdens and prevent more severe episodes of emotional distress. All studies agreed that the development of depression among students at primary, secondary, and tertiary levels is linked to several factors, including academic fatigue, lack of academic motivation, challenges in cognitive and emotional management, and family economic problems.

Islamic Psychotherapy as a Complementary Treatment for Mental Health Issues

In addition to enhancing spiritual capacity, Islamic psychotherapy is also applied as a complementary treatment for mental health problems. A study on the effectiveness conducted by Mohd Azmi (2023) focused on the development of the Enhanced

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Recovery Training Module (ERTM) based on Islamic psychospiritual principles aimed at assisting parolees (individuals under supervision, or OKP) in enhancing their recovery. This module was developed using the Sidek's Module Development Model (2005), grounded in the theoretical foundation of Al-Ghazali's *Tazkiyyah al-Nafs* Model. The findings demonstrated that the training module had a significant impact on self-transformation and helped improve recovery traits including religiosity, self-confidence, and resilience among the participants. Hashim (2020) also conducted a study on the effectiveness of a psychospiritual module for opioid addiction among clients undergoing methane-done replacement therapy (MRT). The module incorporates the concept of spiritual purification involving elements such as repentance (*tawbah*), patience (*sabr*), gratitude (*syukr*), fear (*khawf*), and hope (*raja'*), which are among the core ideas in Al-Ghazali's Sufi thought. The module exhibited high validity and reliability and was effective in enhancing religious practices, self-discipline, moral conduct, quality of life, and self-esteem, while successfully reducing levels of depression and anxiety among clients. Hashim (2022) further studied the concept of Islamic psychospirituality for mental health management, focusing on eight elements: repentance (*tawbah*), contentment (*qana'ah*), asceticism (*zuhd*), certainty (*yaqin*), patience (*sabr*), trust in God (*tawakkal*), humility (*tawadu'*), and acceptance (*rida*). Based on these elements, a mental health management framework was developed through four stages: management of faith (*iman*), management of worship (*ibadah*), management of morality (*akhlak*), and management of courtesy (*ihsan*).

Furthermore, Abidin (2018), in his thesis, focused on *dhikr* (remembrance of God) as a method to enhance motivation in autistic children. Findings from this DDR approach confirmed that the developed *dhikr* psychotherapy model is suitable for implementation with the actual subjects to improve motivation in autistic children. Rahman (2020) suggested a therapy derived from Qur'anic and Hadith perspectives to treat *waswas* (obsessive doubts), associated with obsessive-compulsive disorder (OCD). The study analyzed *waswas* therapy based on discussions in the Qur'an and Hadith alongside OCD therapy practiced by psychiatric experts in Malaysia. A qualitative research approach was used to analyze the words and contexts related to *waswas* in the Qur'an and Hadith. Ten Qur'anic verses and twelve hadiths were identified as part of the therapy, encompassing *ruqyah syar'iyyah* (Islamic spiritual healing), anxiety disorder therapy, approaches inducing calmness, as well as counselling and psychotherapy support. Furthermore, Rosman et al. (2022) proposed the Nabawi psychospiritual therapy to address mental health effects post-COVID-19. The study outlined nine components derived from the Prophet's hadith: repentance (*tawbah*), patience (*sabr*), gratitude (*syukur*), hope (*raja'*), fear (*khawf*), asceticism (*zuhd*), reliance on God (*tawakkal*), acceptance (*rida*), and love for Allah SWT.

Islamic Psychotherapy as an Intervention for Depression

Specific studies on Islamic psychotherapy as an intervention for depression had been conducted in several research efforts. Nizar (2022), Affendi et al. (2021), and Ashidah and Md Sham (2020) focused on treatment methods based on the *tazkiyyah al-nafs* approach. Nizar (2022) developed a guidance module for teenage depression based on Al-Ghazali's *tazkiyyah al-nafs* concept. Using a Design and Development Research (DDR) approach, this study addressed the development of an

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intervention module for depression counseling among teenagers in schools, incorporating expert perspectives. The findings indicated that the developed module was suitable as a guideline for counseling practitioners to conduct depression-related guidance for teenagers in Malaysian schools. Nur Affendi et al. (2021) employed a single-case study approach involving one participant. A mixed-methods design was used to identify depression levels, depressive symptoms, and the effectiveness of *tazkiyyah al-nafs* techniques in treating depression. Analysis using the DASS-21 scale and mental status examinations during counseling sessions revealed that the participant exhibited depressive symptoms and was successfully treated using the *tazkiyyah al-nafs* method. Through documentary analysis, Ashidah and Md Sham (2020) elaborated on the *tazkiyyah al-nafs* approach via the processes of *mujahadah al-nafs* and *riyadah al-nafs*. Their findings described the capacity of the *tazkiyyah al-nafs* approach to guide individuals in making correct decisions and consistently performing righteous deeds such as prayer (*salah*), fasting, and praying (*du'a*). This approach is believed to provide both healing and prevention of depression.

Rasik (2021) integrated al-Ghazali's psychospiritual concepts with Cognitive Behavioral Therapy (CBT) technique to address stress, anxiety, and depression among university students. Using a quantitative quasi-experimental method, the study found that the integrated intervention had a positive effect on dependent variables, namely stress, anxiety, and depression among students.

Aziz et al. (2020) examined the role of religious values in managing depression during the COVID-19 pandemic in Malaysia. Al-Ghazali's psychospiritual approach was the primary reference for understanding the relationship between religion and mental health. As a solution, religious approaches were introduced, including therapies like prayer, *dhikr* (remembrance of God) and praying, philanthropic activities, and an emphasis on the concept of acceptance (*rida*). The study affirmed that the practice of religious values is not only relevant but also effective as an alternative approach to managing depression. Similarly, Ahmad et al. (2023), along with Abdullah and Zaki (2020), outlined the *Nabawi* psychological approach as an intervention for depression. A qualitative document analysis highlighted the Prophet Muhammad's SAW methods for addressing severe sadness, social withdrawal, feelings of rejection, defamation, self-harm, or suicidal tendencies. Ahmad et al. (2023) referenced five hadiths, while Abdullah and Zaki (2020) referenced eight hadiths. The *Nabawi* approach discussed includes the application of patience (*sabr*), encouragement to socialize within the community, tolerance, optimism despite hardships, confidence in recovery, *dhikr* and contemplation (*tafakur*) to Allah SWT, recitation of Qur'anic verses, consumption of nutritious food, use of *ruqyah* verses, maintaining prayers, fasting, and performing voluntary acts of worship.

Summary of Past Studies

An analysis of the reviewed articles revealed a scarcity of research focusing on the discussion of hadith in developing prophetic-based treatment methods. Therefore, there is a need to emphasize psychotherapy approaches grounded in the *Nabawi* hadith, incorporating *fiqh al-Hadith* principles harmonized with existing theories or models as interventions for mental health. Consequently, this study will focus on a needs analysis based on expert perspectives to identify key elements of psychotherapy derived from the *Nabawi*

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hadith that can be highlighted for the development of a *Nabawi* psychotherapy model as an intervention for teenage depression. The researcher contends that this approach can fill and enhance the scope of discussion within the practical gap that needs to be addressed, thus contributing novel insights into the field of study.

Methodology

A review of the necessity for the development of models, modules, frameworks, or any innovations to be constructed is essential to determine whether such development is fully required by the target population (Siraj et al., 2021). Thus, the first phase of needs analysis aims to identify the requirements for *Nabawi* psychotherapy as an intervention for the target group, namely depressed teenagers. To achieve the objectives of the needs analysis, the researcher selected the expert interview measurement method to identify the necessity of developing the *Nabawi* psychotherapy model as a procedural approach required to obtain findings aligned with the research objectives.

Expert opinions were utilized as the study informants. According to *Kamus Dewan Bahasa dan Pustaka* (Dictionary of Institute of Language and Literature), an expert is defined as an individual proficient in a particular field or knowledge area (Kamus Bahasa Melayu, 2011). Experts are elite individuals capable of demonstrating high performance levels in specific tasks, as well as possessing knowledge and qualifications in certain fields gained through training, practical experience, and continuous professional involvement (Bourne et al., 2014). The researcher selected experts from among lecturers from several public universities (PU) who possess expertise in a field congruent with the study focus, namely Islamic psychospiritual. Experts with more than five years of experience can be classified as such due to their direct engagement in teaching and ongoing practical fieldwork (Jamil & Noh, 2020). The informants in this study comprised of individuals with five to ten years of experience who have conducted extensive research in Islamic psychospiritual or have been actively involved in providing Islamic psychotherapy treatment to individuals facing mental health challenges.

Sampling Method

The study employed a purposive non-probability sampling method to select experts in the field of Islamic psychotherapy for interviews, aiming to gather insights on the need and significance of *Nabawi* psychotherapy as an intervention for teenage depression. Purposive sampling was chosen because it is a technique for selecting subjects based on the consideration that these individuals can provide comprehensive data relevant to the study (Syafril & Nova, 2023). Qualitative research typically requires a small sample size, ranging from one to three participants, depending on the type of study, instrumentation, and data collection methods (Darusalam & Hussin, 2016). This study focused solely on three selected experts from among academic staff at public universities. The justification for this selection is supported by Patton (1993), as cited in Ghazali and Sufean (2018), who noted that a small sample size allows researchers to investigate the subject matter more deeply (Darusalam & Hussin, 2016). This research concentrates on three main fields: hadith, Islamic psychospirituality, and teenage depression. Consequently, the researcher stipulated that the selected experts must be individuals with experience in hadith and psychology, Islamic psychospirituality, as well as field-professionals in providing psychospiritual therapy to clients experiencing depression.

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Accordingly, the three experts met the established criteria as follows:

a) Expert 1: Specialization in Islamic spiritual therapy; Facilitator at KSK Care Centre, JAKIM (USM).
b) Expert 2: Specialization in Hadith and Psychology; Biopsychosocial spiritual therapy (USIM).
c) Expert 3: Specialization in Islamic psychospiritual; Facilitator at KSK Care Centre, JAKIM (UiTM).

Data Collection Method

The interviews conducted were semi-structured, carried out either face-to-face or in written form, depending on the suitability and preferences of the informants (Liamputtong, 2014). The interviews consisted of both open-ended and closed-ended questions, with the interview items carefully planned by the researcher prior to the sessions. The questions were designed to actively elicit responses based on the informants' experiences related to the subject matter (Mustapha, 2017). This method was chosen to ensure that informants could respond openly and comprehensively, drawing on their knowledge, experience, understanding, and feelings (Popping, 2015). Such an approach enables the researcher to gather information related to the subject, investigate informants' answers in greater depth, and obtain descriptive data on specific topics (Hyman & Sirerra, 2010). Additionally, open-ended questions provide flexibility and facilitate exploration, assisting the researcher in understanding and uncovering the real issues or phenomena under study (Mustapha, 2017). This method is also believed to yield more in-depth information, especially in the field of mental health (Popping, 2015). They were academic interviews involving several key informants who possess extensive and profound knowledge in the field of study, as well as practically experienced interacting directly with the community. The data collected were transcribed and coded according to the following scheme:

Table 1: Transcription Coding for Expert Interviews

Informant (Experts)	Code
Expert 1	P1
Expert 2	P2
Expert 3	P3

The findings constitute primary data obtained directly from the informants involved. This is crucial for strengthening the research as it represents accurate information sourced intentionally by the researcher (Shamsuri, 2009).

Results and Discussion

The purpose of the interview study was to obtain expert opinions regarding the need for *Nabawi* psychotherapy as an intervention for teenage depression in Malaysia. The findings on the proposed needs at this stage serve as the foundation for the development of the *Nabawi* psychotherapy model. The interviews involved three informants who were lecturers at public universities with experience in psychology or Islamic psychospiritual, being directly engaged in providing psychospiritual therapy to individuals with depression. The researcher formulated five interview questions as

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follows:

Research Question: What are the requirements for developing the *Nabawi* psychotherapy model as an intervention medium for teenage depression in Malaysia?

1. What Islamic psychotherapy approaches are used to treat adolescent depression?
2. Do you agree that existing intervention methods can be improved and expanded to address teenage depression? If YES, please explain why.
3. In your opinion, do depressed teenagers require the following support to overcome depression: (a) Spirituality, (b) Self, (c) Behavior, (d) Learning, (e) Communication, (f) Social, (g) Interest? If YES, please explain why.
4. What elements of *Nabawi* psychotherapy should be prioritized in treating teenage depression?
5. In your opinion, is there a need to develop the *Nabawi* psychotherapy model as an intervention for teenage depression? If YES, please explain why.

Analysis of Expert Views on Islamic Psychotherapy Approaches Used to Treat Teenage Depression

Based on the interviews conducted, Islamic psychotherapy encompasses a variety of approaches. Generally, all treatment methods believed to promote well-being, tranquility, and improvement of mental, spiritual, and physical health are considered Islamic psychotherapy, provided they do not contradict Islamic law (Shariah). Specifically, Islamic psychotherapy approaches include strengthening faith, enhancing obligatory religious practices (*fardu*), increasing non-obligatory (*sunnah*) practices, applying *tazkiyyah al-nafs* (purification of the soul), fostering psychological awareness, renewing religious knowledge continuously, practicing *dhikr* derived from the Qur'an and al-Sunnah, reciting *ruqyah shar'iyyah*, cultivating acceptance (*rida*), reliance on God (*tawakkal*), among others. This was articulated by the informants as follows:

> "Various Islamic psychotherapy approaches have the potential to serve as mediums for healing adolescent depression. These include strengthening faith, the application of *tazkiyyah al-nafs* (purification of the soul), psychological awareness, increasing religious knowledge, practicing *dhikr* (remembrance of God), *ruqyah Syar'iyyah* and others." (P1)

> "As long as the treatment does not deviate from the Islamic law, I conclude that it is Islamic psychotherapy. For example, healthy nutrition, hydrotherapy, *ruqyah Syar'iyyah*, social support therapy, and so forth." (P2)

> "The approaches in Islamic psychotherapy are diverse. What is important is that the approach practically treats depression in terms of psychological, spiritual, mental, and physical well-being. The most commonly used therapy is through the method of *tazkiyyah al-nafs*, which simply means

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purification of the soul. In this method, the therapist reminds clients of the importance of maintaining obligatory religious practices, embellishing these with voluntary acts of worship, teaching them *dhikr* and prayers from the Qur'an and al-Sunnah, seek repentance, reliance on Allah (*tawakkal*), gratitude (*syukr*), acceptance (*rida*), and so forth." (P3)

Table 2: The Need for the Development of a Nabawi Psychotherapy Model Based on the Islamic Psychotherapy Approach Used to Treat Teenage Depression

Expert	Theme
P1	Strengthening faith
	Application of *tazkiyyah al-nafs*
	Psychological awareness
	Increasing religious knowledge
	Practice of *dhikr*
	Ruqyah syar'iyyah
P2	Treatment does not deviate from shariah
	Healthy nutrition
	Water therapy
	Ruqyah Syar'iyyah
	Social support therapy
P3	Application of *tazkiyyah al-nafs*
	Observing obligatory practices
	Voluntary practices (sunnah)
	Dhikr and supplications from the Qur'an and Sunnah
	Repentance (*tawbah*)
	Reliance on Allah (*tawakkal*)
	Gratitude (*shukr*)
	Contentment (*rida*)
	Aligned with the will of revelation

Analysis of Expert Views on the Agreement to Improve Intervention Methods for Addressing Teenage Depression

The researcher found unanimous agreement among all experts that existing intervention methods can be improved and further developed to better address adolescent depression. From the perspective of modern treatments conducted clinically in medical institutions, cultural suitability and religious beliefs must be carefully considered. This is because several clinical psychotherapy methods are not compatible with local culture and Islamic beliefs. Moreover, these methods do not specifically incorporate treatment elements that address spirituality, thereby neglecting the spiritual dimension closely related to divinity. Hence, the idea of enriching Islamic psychotherapy methods as a complementary treatment for teenage depression can provide a more comprehensive approach to existing treatments in tackling current challenges. This is reflected in the informants' statements as follows:

> "Yes, intervention methods for teenage depression have been attempted by various

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parties, both in clinical therapy and Islamic therapy. However, I believe that existing Islamic psychotherapy treatments can be enhanced based on contemporary knowledge developments alongside the need for new ideas and innovations from therapists to enrich Islamic psychotherapy methods." (P1)

"Yes, tried to be integrated into four domains of life." (P2)

"Yes, in my opinion, there remains a need to improve and develop existing intervention methods for addressing teenage depression. The current intervention methods, such as clinical psychotherapy used in medical institutions, are not ineffective per se, but there is room and necessity for improvement because certain situations require consideration of cultural and religious suitability. If intervention methods are not improved, there is a risk that recovery cannot be achieved comprehensively, as spiritual factors and religious practices, which also aid in the recovery of mental health issues, cannot be disregarded. Therefore, it is important to have Islamic psychotherapy as a complementary treatment alongside clinical psychotherapy. From an Islamic perspective, many approaches can be tailored according to contemporary needs. Given that the causes of depression vary, treatment methods should also be diverse. If one approach is unsuitable, another approach can be tried. Thus, I agree that improvements should be made with fresh and innovative ideas to address current problems." (P3)

In certain situations, Western methodologies are considered unsuitable for Muslim communities due to differing cultural, religious, and social factors. For example, Freud's psychoanalytic theory, influenced by Darwinian ideas (which view humans as no more than animals), and Watson's behaviorism, rooted in empiricism philosophy (which holds that humans are solely shaped by their environment), among others, illustrate this disparity. This occurs because Western psychology primarily employs scientific research methodologies that are unable to fully explore the spiritual or inner dimensions of the psyche, focusing instead on observable behavior that can be measured through observation alone. According to psychoanalysis, individuals whose desires are unmet from childhood will rebel, becoming greedy and constantly seeking life's satisfactions. However, this theory is subject to criticism, as psychological research also shows that not all individuals behave in this manner; many live harmoniously and ethically. Moreover, behaviorism inaccurately assesses humans

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by treating them as entities possessing only measurable traits, overlooking their unique combination of intellect, desires, and soul. This theory is often tested on animals and then generalized to humans, thereby denying human uniqueness as the best of creation. Four key differences distinguish the spiritual perspectives of the West and Islam: (i) the West views spiritual intelligence as related only to physical potential, whereas Islam connects it to the relationship with God; (ii) Western spiritual intelligence is based on humanism, while Islamic spiritual intelligence is grounded in *tauhid* (the oneness of God); (iii) Western spiritual intelligence merely addresses spiritual emptiness, whereas Islam emphasizes the care of the heart as a vital function in determining good and evil; and (iv) Islam regards spiritual development not merely as disciplining the soul but as a foundation for fulfilling responsibilities as servants and vicegerents (*khalifah*) on earth (Aryani, 2018; Md Sham & Yama, 2016).

Table 3: The Need for the Development of a Nabawi Psychotherapy Model Based on the Agreement to Improve Intervention Methods for Addressing Teenage Depression

Expert	Theme
P1	Based on current knowledge: The need for ideas and innovations from therapists to further enrich Islamic psychotherapy methods.
P2	Integrated across four categories of health, namely biological, psychological, social and spiritual.
P3	Considering cultural and belief appropriateness: Spiritual factors and religious practices, which also contribute to the recovery of mental health issues or disorders, should not be overlooked.

Analysis of Expert Views on the Motivations Needed by Teenagers to Overcome Depression

Seven key motivations were identified as necessary for depressed teenagers based on the content analysis in the early stage of the study: spirituality, self, behavior, learning, communication, social, and interests. From the interview data, P2 only provided responses to five motivations: spirituality, self, behavior, learning, and communication. All experts agreed that these five motivations are essential in efforts to address depression. Spirituality was regarded as the most fundamental aspect, as reflected in the following statements:

> "Yes, spirituality is needed to strengthen faith as the main fortress in facing life's challenges. It can motivate teenagers to feel Allah's mercy and a sense of closeness with Him while overcoming these obstacles..." (P1)

> "Yes, spirituality is the pillar of all problems." (P2)

> "Yes, spirituality is the primary foundation that must be preserved because humans consist of spiritual elements such as the *ruh* (soul), *nafs* (self), *qalb* (heart), and intellect. We must believe that spiritual practices are the best dimension to bring peace to souls struggling with depression." (P3)

Regarding the motivation related to the self, the informants concurred that it could provide teenagers with the motivation to love themselves and avoid harmful actions. Their explanations are as follows:

> "Yes, awareness of taking care of the body which Allah has entrusted, from any harm can help increase motivation to love oneself." (P1)
> "Yes, the self is a trust from Allah; therefore, recognizing it

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> as a trust requires one to take the best care of it, particularly regarding all aspects of health." (P2)
>
> "Yes, even from the perspective of Islamic teachings, we are taught to love ourselves... Hence, there must be a sense of self-love that avoids doing harmful things." (P3)

Next, although all experts agreed that behavioral motivation is necessary in addressing depression, they offered different perspectives. P1 emphasized that behavioral motivation is needed when teenagers face conflicting emotions, thoughts, sadness, and so forth. P2 described behavior from the social environment's perspective – that is, a community that does not provoke depressed teenagers, acts as good listeners, and responds empathetically to their expressions. Meanwhile, P3 emphasized both sides: teenagers need to be educated with good morals (*akhlak mahmudah*), and therapists or counselors should listen attentively and respond appropriately. Both P1 and P3 agreed that good morals can help teenagers face difficult life situations by diverting them from negative thoughts and behaviors.

Concerning learning motivation, P1 viewed learning internally, emphasizing knowledge as a motivator for teenagers to realize the reality of humans as servants and vicegerents (*khalifah*). In contrast, P2 and P3 emphasized external learning through relaxed and non-burdensome methods. This is supported by the informants' statements:

> "Yes, knowledge is needed for them to understand the reality of life. Studying religious knowledge more deeply can change their mindset about humans, who are essentially created as servants and vicegerents." (P1)
>
> "Yes, relaxed and non-burdensome learning is essential for those experiencing depression. This is because learning pressures that are not conducive and do not consider individual circumstances must be avoided." (P2)
>
> "A mentor must skillfully convey knowledge in a relaxed and non-burdensome manner." (P3)

Furthermore, communication motivation was unanimously agreed upon by informants as helping teenagers handle depression through effective and non-prejudiced communication. Their explanations are as follows:

> "Yes, effective communication can help them even through simple acts such as seeking news, greetings, praising, ear-lending, caring, and so on. Poor communication should be avoided, such as blaming them for lacking faith, as this can deepen depressive episodes." (P1)
>
> "Yes, communication that avoids blaming is necessary. For example, a statement like – you are depressed because you do not engage in *dhikr* – should not be practiced." (P2)
>
> "Yes, good communication is very important in addressing depression, especially among teenagers, who do not respond well to coercive or pressuring approaches. It is also important to avoid communication filled with prejudice and bias. This often happens when depressed

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> teenagers are blamed for not practicing religion or are associated with a lack of faith. Such communication is very harmful to depressed teenagers. Therefore, effective communication must be given serious attention." (P3)

Regarding the remaining two motivations of social support and interests, both were agreed upon by two informants, P1 and P3. Social motivation is needed to obtain social support from family members or the community. Such support fosters empathy toward depressed teenagers through compassion, assistance when needed, praise, and so forth. Interest motivation is agreed upon as engaging teenagers in activities that keep them from isolation and loneliness, thereby preventing stress as well as negative thoughts and behaviors.

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Table 4: The Need for the Development of a Nabawi Psychotherapy Model Based on the Motivations Needed by Teenagers to Overcome Depression

Expert	Theme						
	Spirituality	Self	Behavior	Learning	Communication	Social	Interest
P1	Cultivating the spiritual elements: *ruh, 'aql, qalb and nafs*	Maintaining personal health optimally	Regulating thoughts and emotions	Understanding the purpose of life as servants and *khalifah*	Listening to expressions, offering praise, and showing care	Support from family members, friends, and the surrounding community	Engaging in meaningful activities Avoiding isolation and negative thinking
P2	Performing *salah*, reciting the Qur'an, and engaging in remembrance of Allah (dhikr)	Showing self-compassion	The role of the surrounding community in demonstrating good behavior	Delivering knowledge in a relaxed and non-burdensome manner Ensuring a conducive learning environment	Not blaming oneself for personal weaknesses	Not responding to questions	Not responding to questions
P3	Strengthening faith by experiencing the mercy and closeness of Allah SWT	Awareness that the body is a trust (*amanah*) from Allah SWT that must be properly cared for	The Prophet as a role model (*qudwah hasanah*)	Delivering knowledge in a relaxed and non-burdensome manner	Avoiding prejudice and negative assumptions	Support from family members, friends, and the surrounding community	Engaging in meaningful activities

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Analysis of Expert Views on the Key Elements of Nabawi Psychotherapy to be Prioritized in Treating Teenage Depression

Referring to the written responses of P1 and P2, both informants agreed that the biopsychosocial-spiritual elements should be integrated into *Nabawi* psychotherapy because it encompasses a holistic approach to health. According to both informants, the biological element involves consuming halal and wholesome food, maintaining physical health through exercise, sports, and similar activities. The psychological element pertains to cognitive processes that shape individuals to view life's trials as signs of love from Allah, to elevate one's rank through patience and expiation of sins, to foster gratitude by comparing one's trials with greater hardships faced by others, and so forth. Furthermore, the social element is closely linked to social support from family members or peers. Human relationships through Islamic brotherhood (*ukhuwwah Islamiyyah*) can be nurtured to build a compassionate society that cares, assists one another, engages in volunteer activities, mingles with the community, and performs congregational prayers. A harmonious social environment can be a motivating factor in the healing process. Lastly, the spiritual element is emphasized as a sign of servitude and helplessness in facing life's challenges. True faith (*aqidah*) encourages one to remember Allah as the central focus of servitude and seek His help. Important spiritual practices to emphasize include fulfilling obligatory acts (*fardu*), increasing non-obligatory acts (*sunnah*), repentance, striving for contentment (*rida*), reliance on Allah (*tawakkal*), patience (*sabr*), prayer, and others. The informants' statements are cited as follows:

> "The approach that needs to be prioritized is one that considers holistic health based on four elements: biological, psychological, social, and spiritual (biopsychosocial-spiritual)." (P2)

> "Integrating without separating these four elements – biopsychosocial-spiritual." (P3)

Musa (2015) concurred that an Islamic treatment model guaranteeing comprehensive and holistic care must incorporate these four elements, known as the "bio-psycho-social and spiritual model". As a psychiatric expert and professor at IIUM, he explained that the biological aspect includes continuously taking medications prescribed by doctors to reduce health risks over time. Psychological development can be fostered through counseling methods. The social aspect encourages moral support among family members, and finally, the spiritual element involves religious components such as drawing closer to Allah, enjoining good and forbidding evil upon oneself, which can build strong character and personality and soothe an empty soul. He also recommended treatments involving Qur'anic prayers, Qur'an recitation therapy, prostration therapy during prayers, and counseling using hadiths, *sunnah* (non-obligatory) practices, and sufism or tasawwuf (Musa, 2015).

The spiritual element was also emphasized by P3, who focused on understanding hadiths closely related to the Prophet's SAW methods for strengthening faith, dhikr recited during sadness or anger, and prayers for coping with life's pressures. This is reflected in the informant's statement:

> "This can be dug more deeply through hadiths related to spiritual practices so that we can clearly understand the Prophet's SAW methods in instilling *aqidah* and *iman* (faith) to the early generations. The *sunnah* (non-obligatory)

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practices regularly performed by him, the dhikr he practiced. There always be dhikr that the Prophet recited during times of sadness, anger, or prayers to face life's trials, pressures, and so forth." (P3)

Table 5: The Need for the Development of a Nabawi Psychotherapy Model Based on the Key Elements of Nabawi Psychotherapy to be Prioritized in Treating Teenage Depression

Expert	Theme
P1	Consuming food (*halalan tayyiba*).
	Engaging in physical exercise.
	True faith (*aqidah*)
	Perfecting obligatory acts of worship (*fard*)
	Increasing voluntary acts of worship (*sunnah*)
	Repenting (*tawbah*)
	Contentment (*rida*)
	Reliance on Allah (*tawakkal*)
	Patience (*sabr*)
	Supplication (*du'a*)
	Remembrance of Allah (*dhikr*)
	Viewing trials as a sign of Allah's love
	Viewing trials as expiation (*kifarah*)
	Social support (*ukhuwwah Islamiyyah*).
P2	Consuming food (*halalan tayyiba*)
	Engaging in physical exercise
	Reflecting on the natural environment (*tadabbur*)
	Speaking good words
	Participating in meaningful activities
	Viewing trials as a sign of Allah's love
	Viewing trials as expiation (*kifarah*)
	Performing *salah*
	Supplication (*du'a*)
	Repenting (*tawbah*)
	Remembrance of Allah (*dhikr*).
P3	Understanding and internalizing the pillars of Islam and *iman*
	Recitation of dhikr during sadness
	Recitation of dhikr during angry
	Recitation of *Ma'thurat*
	Supplication (*du'a*)

Analysis of Expert Views on the Necessity of Developing a Nabawi Psychotherapy Model as an Intervention for Teenage Depression

Based on the informants' responses to the research questions, all participants agreed on the necessity of developing a *Nabawi* psychotherapy model as an intervention for teenage depression. Informants P1 and P3 elaborated that the Prophet Muhammad SAW himself experienced a wide range of life challenges from an early age until his death. He endured numerous episodes of sorrow and emotional turmoil, all of which he faced with remarkable patience. Accordingly, the Prophet's life (*sirah*) contains valuable insights and therapeutic strategies that can serve as a guide in addressing teenage depression. Both P1 and P3 also emphasized that the development of a psychotherapy model grounded in hadith

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Nabawi has been insufficiently explored from an empirical research perspective, despite its potential relevance to addressing contemporary psychological issues. Furthermore, P3 agreed that the *Nabawi* psychotherapy model could serve as an innovative contribution to the existing body of Islamic psychotherapy models. These assertions are supported by the following statements from the informants:

> "Nonetheless, I agree that a specific model should be developed based on the hadiths of the Prophet SAW, as there is a lack of empirical studies evaluating theories derived from the jurisprudence of hadith (*fiqh*) in resolving contemporary issues." (P1)

> "Therefore, I believe that this model development study is highly relevant, and I view it as a potential innovation in the existing Islamic psychotherapy models. Moreover, in my opinion, empirical studies on psychotherapy models grounded in the understanding of hadith especially within the academic context in Malaysia are still lacking, particularly in showcasing the prophetic potential in addressing present-day challenges." (P3)

In addition, P1 suggested that the biopsychosocial-spiritual element has to be emphasized so that the developed model becomes comprehensive. Meanwhile, P2 advocated that the development of the model should look at the hadiths from the content aspect and not mere thematic based, because the content or *fiqh* of a hadith is broader and can be seen in various dimensions. The informant's statement is as follows:

> "I recommend that the study of hadith focus on biopsychosocial-spiritual elements so that the resulting model is comprehensive in nature." (P1)

> "Yes, however, it is necessary to examine hadiths from the perspective of content, not merely from thematic aspects alone, as a content-based or jurisprudential approach to hadith is broader. For example, a hadith may appear under the theme of seven *Qira'at*, but within that hadith lies a therapeutic approach where the Prophet SAW addressed his companion, Ubayy ibn Ka'b, by placing his hand on his chest due to his disturbing thoughts about the Prophet SAW." (P2)

Table 6: The Need for the Development of a Nabawi Psychotherapy Model Based on the Necessity of Developing Model as an Intervention for Teenage Depression

Expert	Theme
P1	Prophet SAW serves as a role model possessing life-guidance strategies that can be applied to cope with depression.
P2	Examining hadith through thematic studies.
P3	Prophet SAW was an individual who experienced a life full of trials. His biography (Sirah) can serve as a reference for methods to overcome life's challenges.

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Conclusion

Teenage depression is one of the mental health issues that has shown a consistent increase over time. It can be identified through specific symptoms that persist almost daily or for more than two consecutive weeks. Such conditions can negatively impact a young person's potential to develop the necessary human capital for future success. In Malaysian context, teenage depression is often attributed to factors such as genetic predisposition, social relationships, financial difficulties, academic challenges, unhealthy lifestyles, and other stressors. Consequently, these challenges may lead to emotional disturbances, hopelessness, purposelessness, social withdrawal, declining academic performance, and self-harming. Islam plays a significant role in supporting its followers in navigating complex life circumstances by serving as a source of guidance, protection, and prevention. Thus, religious education and spiritual development in both theoretical and practical are essential as motivational elements in restoring the psychological well-being of individuals overwhelmed by life's adversities. This foundation underpins the need for complementary therapies grounded in spiritual healing, which are believed to foster self-motivation, enhance well-being, and relieve mental distress. In line with the findings of the present field study, there is a growing need to enhance existing treatment methods by incorporating religious practices as advocated in hadith *Nabawi*. These practices are seen as a key component in developing a robust and effective model of *Nabawi* psychotherapy.

References

Abdullah, W. H. W., & Zaki, H. (2020). Gejala kemurungan: Kaedah rawatan melalui pengubatan al-Tibb al-Nabawiy. Jurnal Islam dan Masyarakat Kontemporari, 21(3), 223–228.

Abidin, M. S. Z. (2018). Psikoterapi zikir dalam meningkatkan motivasi kanak-kanak autistik [Tesis kedoktoran]. Universiti Malaya.

Abidin, M. Z. (2013). Psikologi profetik dalam kaca mata filasafat ilmu: Studi pemikiran K.H. Hamdani Bakran Adz Zakiey. IAN Antasari Press.

Adz-Dzakiey, H. B. (2012). Psikologi kenabian: Prophetic psychology (ed. ke-5). Yogyakarta: Fajar Media Press.

Affendi, N. D. D. A., Khalid, N. F., & Baharudin, S. M. (2021). Kesan teknik tazkiyatun an-nafs untuk menangani kemurungan pelajar universiti. Journal of Social Sciences and Humanities, 18(10), 94-106.

Ahmad, A. D., Fuad, A. H. F. A., Azmi, M. H. A. M., Ahmad, M. R., & Raja Ismail, R. N. H. (2023). Pendekatan psikologi nabawi sebagai intervensi menangani depresi dalam kalangan masyarakat. Journal of Islamic, Social, Economics and Development (JISED), 8(59), 372–383.

Aida, J., Azimah, M. N., Radzniwan, A. R. M., Iryani, M. D. T., Ramli, M., & Khairani, O. (2010). Barriers to the utilization of primary care services for mental health problems among adolescents in a secondary school in Malaysia. Malaysian Family Physician, 5(1), 31–35.

Aida, J., Hizlinda, T., Siti Fatimah, S., Muhaimin, M., Chai, S. Y., Sahrina, W., & Teo, B. H. (2014). Psychological disorders and help seeking behaviour among Malaysian medical students in their clinical years. Med & Health, 9(2), 123–144.

Aryani, S. A. (2018). Psikologi Islam: Sejarah, corak dan model. Yogyakarta: SUKA-Press.

ISSN: 2232-0474 I E-ISSN: 2232-0482
http://jurnal.usas.edu.my/gjat/index.php/journal

Ashidah, N. & Md Sham, F. (2020). Pendekatan tazkiyyah al-nafs dalam menangani masalah kemurungan. Al-Hikmah, 12(1), 3–18.

Aziz, A. R. A., Shafie, A. A. S., Ali, Z., & Dzainal, N. D. S. (2020). Pengamalan nilai agama dalam mengatasi kemurungan semasa pandemik COVID-19. Malaysian Journal of Social Sciences and Humanities, 5(12), 2504–8562.

Azmi, M. H. (2023). Pembinaan modul latihan pengukuhan kepulihan berasaskan psikospiritual Islam dan kesannya ke atas ciri-ciri kepulihan orang kena pengawasan (OKP) [Tesis kedoktoran]. Universiti Malaysia Pahang.

Bourne, L. E., Kole, J. A., & Healy, A. F. (2014). Expertise: Defined, described, explained. Frontiers in Psychology, 5, 1–3.

Dattani, S., Rodés-Guirao, L., Ritchie, H. and Roser, M. (2023). Mental health. Our World in Data. https://ourworldindata.org/mental-health

Darusalam, G., & Hussin, S. (2016). Metodologi penyelidikan dalam pendidikan: Amalan dan analisis kajian (ed. ke-2). UM Press.

Farmawati, C. (2021). Psikoterapi profetik: Tujuh sunnah harian Rasulullah SAW (A. Wibowo, Ed.). PT. Nasya Expanding Management.

Hashim, S. N. A. (2022). Psikospiritual Islam untuk pengurusan kesihatan mental [Tesis kedoktoran]. Universiti Sains Malaysia.

Hashim, Z. I. M. (2020). Keberkesanan modul psikospiritual (I-QALBU) bagi penagihan opiat dalam kalangan klien terapi gantian metadon (TGM) [Tesis kedoktoran]. Universiti Sultan Zainal Abidin.

Institut Kesihatan Umum (IKU). (2022). Tinjauan kebangsaan kesihatan dan morbiditi 2022: Tinjauan kesihatan remaja: Lembaran fakta 2022. Kementerian Kesihatan Malaysia.

Ishak, N. A., Ahmad, N. S., & Omar, M. N. (2020). Issues and trends of depression among students in Malaysia. Universal Journal of Educational Research, 8(11B), 5951-5957.

Kamus Bahasa Melayu. (2011, November 27). Pakar. Dewan Bahasa dan Pustaka. https://prpm.dbp.gov.my/cari1?keyword=pakar

Kusumastuti, W., Isbakhi, A. F., & Baiti, S. N. (2020). Efektivitas psikoterapi profetik terhadap kesejahteraan psikologis pada warga binaan pemasyarakatan. Jurnal Psikologi Universitas Muhammadiyah Lampung, 2(1), 94-111.

Liamputtong, P. (2014). Qualitative research methods: Kaedah penyelidikan kualitatif (H. M. Riji & S. Ahmad, Terj., ed. ke-3). UPM Press.

Mohd H. A. & Hamidi, N. A. (2019). Sokongan sosial dan penghargaan kendiri sebagai petunjuk kemurungan dalam kalangan mahasiswa institusi pengajian tinggi (IPT). Jurnal Sultan Alauddin Sulaiman Shah, 6(2), 58–70.

Musa, R. (2015, Julai 22). Islam dan penyakit mental. Prof Dr Ramli Musa. https://www.ramlimusa.com/islam-dan-penyakit-mental/

Mustapha, R. (2017). Reka bentuk model integriti akademik berasaskan penghayatan rohani [Tesis kedoktoran]. Universiti Malaya.

Nizar, M. M. M. (2022). Pembangunan modul bimbingan kemurungan tazkiyah an nafs ke atas remaja [Disertasi sarjana]. Universiti Pendidikan Sultan Idris.

ISSN: 2232-0474 I E-ISSN: 2232-0482
http://jurnal.usas.edu.my/gjat/index.php/journal

Omar, M. A. H., & Mustaffa, M. S. (2006, Ogos 8–9). Tahap kestabilan emosi pelajar di sebuah kolej kediaman institusi pengajian tinggi awam: Satu tinjauan [Kertas kerja pembentangan]. National Student Development Conference (NASDEC), Kuala Lumpur.

Popping, R. (2015). Analyzing open-ended questions by means of text analysis procedures. Bulletin of Sociological Methodology/Bulletin de Méthodologie Sociologique, 128(1), 23-39.

Rahimi, M. K. A., Abdul Rahman, K., & Sabri, F. (2019). Relation between emotional states and coping styles among high-risk students. Al-'Abqari, 21, 14–24.

Rahman, A. A., Razak, F. Z. A., & Hassim, N. A. (2021). Stress, anxiety and depression among private higher education student during Movement Control Order (MCO) in Malaysia. Akademika, 91(Isu Khas), 87-95.

Rahman, M. Z. A. (2020). Holistic therapy approach of waswas according to the perspective of al-Quran, Hadith and psychiatry in Malaysia [Tesis kedoktoran]. Universiti Sains Islam Malaysia.

Ramli, M. W. & Dawood, S. R. S. (2020). Faktor tekanan dalam kalangan pelajar Universiti Sains Malaysia: Satu tinjauan awal. eBangi: Journal of Social Science and Humanities, 17(7), 66–76.

Rasik, W. R. M. (2021). Kesan intervensi integrasi psikospiritual Al-Ghazali dan teknik CBT untuk menangani stres, kerisauan dan kemurungan dalam kalangan pelajar universiti (Tesis kedoktoran, Universiti Sultan Zainal Abidin).

Rosman, S. Z., Razak, S. R. A., Ibrahim, S. Z., Mohamad, N. (2023). Terapi taubat dalam menangani kesan kesihatan mental COVID-19. Jurnal Sultan Alauddin Sulaiman Shah, 9(1), 76–85.

Sa'ari, C. Z. (2019). Psikospiritual Islam: Konsep dan aplikasi. Jurnal PAKSI, 1(1), 43-51.

Saedah, S., Lim Abdullah, M. R. T., & Rozaini, M. R. (2021). Pendekatan penyelidikan reka bentuk dan pembangunan aplikasi kepada penyelidikan pendidikan. Universiti Pendidikan Sultan Idris.

Sakeran, C. M. (2017). Hubungan di antara kemurungan dengan kesejahteraan psikologi dalam kalangan pelajar di salah sebuah universiti swasta [Disertasi sarjana]. Universiti Malaya.

Samsudin, S., & Hong, K. T. C. H. (2016). Hubungan antara tahap kesihatan mental dan prestasi pelajar sarjana muda: Satu kajian di Universiti Utara Malaysia. Jurnal Sains Kesihatan Malaysia, 14(1), 11–16.

Sani, H. (2023, Oktober 10). 50 peratus masalah kesihatan mental bermula seawal usia sebelum 14 tahun: Pakar psikiatri. The Merdeka Times. https://themerdekatimes.com/news/2023/10/50-peratus-masalah-kesihatan-mental-bermula-seawal-usia-sebelum-14-tahun-pakar-psikiatri/

See, C. M., & Lee, S. S. (2005). Kemurungan di kalangan pelajar: Satu kajian kes. Jurnal Pendidik dan Pendidikan, 20, 113-129.

Sham, M. F., Sudi, S., & Yama, P. (2016). Konsep kecerdasan spiritual Islam dan barat. Jurnal of Sultan Alauddin Sulaiman Shah, 3(1), 1–12.

Shamsuri, S. (2009). Research methods for the social science: Mode simple (ed. ke-6). DSS Publishing Enterprise.

Shukor, N. A. A., Amir, N., & Irwansyah, W. (2019). Penilaian hubungan antara

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elemen kemurungan, kebimbangan dan tekanan terhadap pencapaian akademik pelajar di Kolej Komuniti Masjid Tanah, Politeknik & Kolej Komuniti. Journal of Lifelong Learning, 3(1), 121-129.

Siregar, A. H. (2014). Psikologi kenabian dalam menghidupkan keperibadian diri. Wahana Inovasi, 3(2), 277–278.

Syafril, S., & Nova, E. Y. (2023, Februari 7). Menyiapkan protokol interview, memilih informan dan melakukan probing dalam penelitian kualitatif. ResearchGate. https://www.researchgate.net/publication/329655949_Menyiapkan_Protokol_Interview_Memilih_Informan_dan_Melakukan_Probing_dalam_Penelitian_Kualitatif

USC Libraries. (2019, Disember 31). Research guide. https://libguides.usc.edu/writingguide/literaturereview

Mansyur. A. Y., & Gismin, S. S. (2020). Model psikoterapi profetik anti korupsi berdasarkan kajian tafsir tematik Ali Imran (3): 161–164. Dalam A. Rusdi & S. Subandi (Eds), Psikologi Islam: Kajian teoritik dan penelitian empirik (pp. 13-55). Asosiasi Psikologi Islam.

Yazid, A. F., Khan, A. R. K. R. A., Asmuje, N. F., Zainun, A., & Theis, N. A. (2019). Correlation study of intelligence with mental health issues among gifted and talented students. Malaysian Journal of Youth Studies, 2, 98-110.

Zakaria, R. (2019, 27 Julai). Stress, kemurungan dan anxiety di kalangan mahasiswa di Malaysia: Mengapa dan apa solusi? [Catatan Facebook]. Facebook. https://www.facebook.com/rozanizamzakaria/posts/10157672898311133

Zulkipli, S. N., Suliaman I, Abidin, M. S. Z., Anas, N., Mohamad, M. A., Ahmat A. C., & Jamil, W. K. N. W. (2024). Understanding the rise of teenage depression in Malaysia: Trends, causes, and societal impact. International Journal of Advanced and Applied Sciences 11(3), 265-273.

Zulkipli, S. N., Suliaman, I., Zainal Abidin, Hidayat, Z. (2025), Penghayatan iman, Islam dan ihsan sebagai asas pendekatan psikoterapi Nabawi terhadap kesihatan mental. Al-Bayan: Journal of Qur'an and Hadith Studies, 23, 289-331.

Zulkipli, S. N., Suliaman, I., Zainal Abidin, M. S., Anas, N., & Wan Jamil, W. K. N. (2023). Psikoterapi nabawi sebagai rawatan komplimentari kejiwaan dalam menangani isu kesihatan mental. ISLAMIYYAT, 45(1), 195-213.

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