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Qur'anic Guidance and the Treatment of Depression and Anxiety: A Conceptual Framework for Islamic Spiritual Counseling

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Abstract

Depression and anxiety have emerged as leading contributors to the global burden of disease, and Pakistan is no exception to this trend, with mental health service capacity remaining severely limited relative to population need. Within this context, the present study undertakes a conceptual and textual analysis of the Qur'an as a source of spiritual guidance for psychological distress, arguing that the Qur'anic corpus offers a coherent and internally consistent framework for understanding and addressing depression (huzn) and anxiety (qalaq/hamm). Drawing on classical exegetical literature, the prophetic tradition, and the accumulated scholarship of Islamic psychology, the article develops a conceptual model of Islamic Spiritual Counseling structured around four interlocking constructs: cognitive-spiritual assessment (tashkhis), remembrance-based restructuring (dhikr and tazkiyah), embodied ritual practice (salah and du'a), and communal reintegration (ukhuwwah). The model is then situated within the specific socio-religious context of Pakistan, where religiosity remains a primary idiom of psychological distress and help-seeking. The article does not report empirical or clinical trial data; rather, it offers a textually grounded theoretical framework intended to inform future experimental and clinical research, as well as the training of religiously sensitive counselors working within Muslim-

majority clinical settings.
Keywords: *Qur'anic counseling; Islamic psychotherapy; depression; anxiety; dhikr; sabr; tazkiyah al-nafs; Pakistan; spiritual counseling.*

1. Introduction

Depression and anxiety disorders together constitute one of the most pressing public health challenges of the contemporary era. [1]

In Pakistan, a systematic review by Mirza and Jenkins found substantial and likely under-recognized prevalence of anxiety and depressive disorders across community-based surveys, particularly among women, while the availability of trained mental health professionals remains disproportionately small relative to the size of the population.[2] Within such a context, religion is not a peripheral consideration but is, for the majority of the population, the primary interpretive framework through which suffering is understood, articulated, and managed.

The Qur'an repeatedly addresses states that closely parallel what contemporary clinical psychology terms depression and anxiety — grief (huzn), distress (hamm), constriction of the breast (diq al-sadr), and fear (khawf) — while simultaneously offering a therapeutic vocabulary of remembrance (dhikr), patience (sabr), trust (tawakkul), and contentment (rida). This is not incidental: the Qur'an presents itself explicitly as a source of healing. As the text states, "We send down of the Qur'an that which is healing and a mercy for the believers." This self-description invites a systematic inquiry into precisely how the Qur'anic text functions therapeutically, and how that function might be translated into a structured counseling methodology suitable for use alongside — or, for some populations, in place of — secular psychotherapeutic modalities.

This article undertakes that inquiry. It proceeds not from clinical trial data but from a close reading of the Qur'anic text, supported by classical tafsir, prophetic hadith, and the growing body of literature on Islamic psychology and Islamic psychotherapy that has developed over the past four decades. The purpose is to articulate a conceptual framework — a theoretical scaffold — for what may be termed Qur'anic or Islamic Spiritual Counseling, and to indicate how such a framework might subsequently be operationalized and tested in controlled, empirical research with Pakistani patient populations.

2. Statement of the Problem

Contemporary psychotherapeutic models, largely developed

within secular Western institutional contexts, frequently bracket or exclude religious meaning-making from the therapeutic encounter.[3] For religiously observant Muslim patients, this exclusion can produce a felt incongruence between the therapeutic frame on offer and the patient's own explanatory model of illness, at times contributing to underutilization of mental health services, premature termination of treatment, or reliance on informal and occasionally harmful sources of religious healing.[4] There is, correspondingly, a scarcity of theoretically rigorous, textually grounded frameworks that translate Qur'anic constructs into a counseling methodology precise enough to guide practice and, eventually, to be tested empirically. This article addresses that gap by asking: What does the Qur'an itself say about the causes and remedies of psychological distress, and how can those textual resources be organized into a coherent counseling framework appropriate to the Pakistani clinical and cultural context?

3. Objectives of the Study

This study pursues the following objectives:

1. To identify and analyze the principal Qur'anic terms and passages relating to grief, distress, and fear, and to situate them within the Qur'an's broader anthropology of the self (nafs, qalb, ruh, 'aql).
2. To examine classical exegetical and prophetic-medical literature for therapeutic constructs derived from these passages.
3. To review the existing scholarship on Islamic psychology and Islamic psychotherapy in order to situate the proposed framework within the wider field.
4. To construct a structured, stage-based conceptual model of Qur'anic Spiritual Counseling suitable for future empirical testing.
5. To consider the specific applicability of this model to the religious and cultural context of Pakistan.

4. Significance of the Study

The significance of this study is threefold. First, academically, it contributes to the emerging interdisciplinary field of Islamic psychology by offering a systematic, text-based conceptual model rather than a general or homiletic treatment of Qur'anic guidance. Second, clinically, the framework developed here is designed to be operationalizable — that is, capable of being translated into a manualized counseling protocol whose components can be isolated and tested in controlled experimental studies, including among Pakistani patient populations, a stated aim for future research building on this

article. Third, socially, the study responds to a pressing local need: given the acute shortage of mental health professionals in Pakistan and the centrality of religious idiom in local expressions of distress, a rigorously developed Qur'anic counseling model has direct potential to inform the training of religious scholars, khateebs, and pastoral counselors who are frequently the first point of contact for individuals in psychological distress.

5. Research Methodology

This is a qualitative, library-based conceptual study employing thematic textual analysis.[5] Primary data consist of Qur'anic verses identified through thematic keyword analysis of terms associated with grief, fear, and psychological distress, read alongside major classical tafsir works — including those of Ibn Kathir, al-Qurtubi, and, within the South Asian tradition, Zia al-Qur'an by Pir Karam Shah al-Azhari and Tibyan al-Qur'an by Allama Ghulam Rasool Saidi — and supplemented by hadith drawn from the six canonical collections. Secondary data consist of the published scholarship on Islamic psychology and Islamic psychotherapy referenced throughout. It should be stated explicitly that this article does not report primary clinical or experimental data collected from patients; it is a conceptual framework paper intended to precede and inform subsequent empirical, clinical research.

6. Literature Review

6.1 Mental Health Discourse in Contemporary Psychology

Contemporary cognitive-behavioral models understand depression largely in terms of negative automatic thoughts, cognitive distortions, and maladaptive schemas.[6] Anxiety, similarly, is understood in terms of threat appraisal and avoidance behavior. Logotherapy, developed by Viktor Frankl, offers a partial bridge toward religiously informed approaches by emphasizing the search for meaning as the central human motivational drive and by explicitly acknowledging the therapeutic role of spiritual and existential resources.[7] It is this emphasis on meaning-making, rather than symptom reduction alone, that provides the closest conceptual analogue in Western psychotherapy to the Qur'anic model developed in this article.

6.2 Islamic Perspectives on Psychological Well-Being

Islamic psychology as a modern academic discipline traces its contemporary revival to the work of scholars such as Malik Badri, who

criticized the wholesale importation of secular psychological models into Muslim societies without critical engagement with the Islamic intellectual tradition.[8] Amber Haque has traced the contributions of early Muslim scholars — including al-Kindi, al-Razi, al-Farabi, Ibn Sina, and al-Ghazali — to what would today be called psychotherapy, cognitive theory, and psychosomatic medicine, arguing for their integration into contemporary clinical training.[9] G. Hussein Rassool has further developed the practical dimension of this discourse through the articulation of Islamic counseling as a distinct professional modality grounded in the concept of tazkiyah al-nafs, or purification of the self.[10]

6.3 Empirical and Clinical Studies on Religiously Integrated Treatment

A smaller but growing body of clinical literature has examined religiously integrated interventions for depression and anxiety among Muslim patients. Sabry and Vohra, reviewing the role of Islam in the management of psychiatric disorders, note the therapeutic relevance of Qur'anic recitation, salah, and dhikr as adjuncts to conventional treatment, while cautioning that rigorous controlled trials remain relatively scarce in the field.[11] This scarcity of controlled experimental data — as distinct from the more abundant conceptual and qualitative literature — is precisely the gap that motivates the present conceptual framework, which is offered as groundwork for the design of future experimental studies rather than as a substitute for them.

7. Qur'anic Anthropology of the Self: Nafs, Qalb, Ruh, and 'Aql

Any Qur'anically grounded model of psychological healing must begin from the Qur'an's own anthropology — its account of the constituent dimensions of the human person. The Qur'an employs several overlapping but distinct terms for the inner life of the human being. The nafs (self/soul) appears in three developmental states: the nafs al-ammarah bi'l-su' (the soul inclined to evil, prone to base impulses and, by extension, to the negative cognitive and behavioral patterns associated with psychological distress), the nafs al-lawwamah (the self-reproaching soul, which corresponds to the reflective, self-critical faculty), and the nafs al-mutma'innah (the soul at peace, the state of psychological and spiritual equilibrium that the Qur'an identifies as the goal of spiritual development).

يَا أَيَّتُهَا النَّفْسُ الْمُطْمَئِنَّةُ ﴿٢٧﴾ ارْجِعِي إِلَىٰ رَبِّكِ رَاضِيَةً مَّرْضِيَّةً ﴿٢٨﴾

"*O tranquil soul, return to your Lord, well pleased and pleasing to Him.*"
Al-Qur'an, Surah al-Fajr 89:27–28.

The qalb (heart) functions as the seat of both cognition and affect

— the locus where belief, perception, and emotional response converge. Al-Ghazali, in his celebrated exposition of the marvels of the heart, describes the qalb as simultaneously a physical organ and a subtle spiritual faculty (latifah rabbaniyyah) that is the true seat of human knowledge, will, and emotional life, and whose diseases (amrad al-qulub) — among which he numbers grief, anxiety, and despair — are as real and as treatable as diseases of the body.[12] The ruh (spirit) represents the divinely breathed animating principle, and the 'aql (intellect) the faculty of discernment through which the human being is held morally and spiritually accountable. A Qur'anic counseling model must therefore address the person holistically across these four dimensions, rather than restricting intervention to cognition alone, as certain purely cognitive-behavioral models tend to do.

8. The Qur'anic Etiology of Depression and Anxiety

The Qur'an does not offer a single unified theory of psychological illness but rather addresses distress through several converging vocabularies. Huzn (grief/sorrow) appears repeatedly in relation to loss, as in the account of Prophet Ya'qub's grief over the loss of Yusuf, and in the Qur'an's repeated consolation of the Prophet Muhammad (peace be upon him) not to grieve over the rejection of his message. Hamm and ghamm (distress, anguish) denote a more acute, often anticipatory form of suffering, frequently associated with worldly loss or fear of loss. Khawf (fear) and qalaq (unease/anxiety) relate to anticipated future harm, whether worldly or eschatological. Diq al-sadr — constriction of the breast — is used almost synonymously with what contemporary clinical language would term an anxious or oppressive affective state.

وَلَا تَهِنُوا وَلَا تَحْزَنُوا وَأَنتُمُ الْأَعْلَوْنَ إِن كُنتُم مُّؤْمِنِينَ

"*So do not weaken and do not grieve, for you will be superior if you are [true] believers.*"

Al-Qur'an, Surah Al 'Imran 3:139.

Notably, the Qur'an frames grief and fear not as pathologies to be denied or suppressed but as authentic human experiences to be acknowledged, situated within a larger theological framework, and actively managed. This is significant for clinical translation: the Qur'anic model is not one of emotional suppression but of what might be termed cognitive-spiritual reframing — the redirection of the meaning attributed to loss and threat, rather than the denial of the emotion itself.[13]

9. Therapeutic Constructs in the Qur'an

9.1 Dhikr (Remembrance of Allah)

الَّذِينَ آمَنُوا وَتَطْمَئِنُّ قُلُوبُهُم بِذِكْرِ اللَّهِ ۗ أَلَا بِذِكْرِ اللَّهِ تَطْمَئِنُّ الْقُلُوبُ

"*Those who believe and whose hearts find rest in the remembrance of Allah — verily, in the remembrance of Allah do hearts find rest.*"

Al-Qur'an, Surah al-Ra'd 13:28.

This verse is frequently cited as the single most direct Qur'anic statement of a therapeutic mechanism: the practice of dhikr — the rhythmic, repeated verbal and cognitive remembrance of God — is presented as inducing tranquility (itmi'nan) of the heart. From a psychotherapeutic standpoint, dhikr shares structural features with contemporary mindfulness and attention-focusing techniques, involving sustained, repetitive attentional engagement that may interrupt ruminative cognitive cycles associated with both depression and anxiety.[14]

9.2 Sabr (Patience and Perseverance)

يَا أَيُّهَا الَّذِينَ آمَنُوا اسْتَعِينُوا بِالصَّبْرِ وَالصَّلَاةِ ۚ إِنَّ اللَّهَ مَعَ الصَّابِرِينَ

"*O you who believe, seek help through patience and prayer. Indeed, Allah is with the patient.*"

Al-Qur'an, Surah al-Baqarah 2:153.

Sabr in the Qur'anic sense is not passive resignation but an active, disciplined perseverance that combines emotional endurance with continued constructive effort. Ibn al-Qayyim distinguishes several categories of sabr — patience in obedience, patience in restraining oneself from sin, and patience in the face of affliction — the last of which most directly parallels what contemporary psychology terms distress tolerance and resilience.

9.3 Tawakkul (Trust in Allah)

وَمَن يَتَوَكَّلْ عَلَى اللَّهِ فَهُوَ حَسْبُهُ

"*And whoever puts his trust in Allah, then He alone is sufficient for him.*"

Al-Qur'an, Surah al-Talaq 65:3.

Tawakkul denotes reliance upon God following the exhaustion of legitimate human effort — it is not fatalism but a cognitive stance that reduces the burden of perceived total self-responsibility for outcomes beyond one's control, a burden closely implicated in generalized anxiety.[15]

9.4 Rida bi'l-Qada' (Contentment with the Divine Decree)

Closely related to tawakkul, rida — contentment with what has been divinely decreed after legitimate effort has been exerted —

functions as a cognitive resolution strategy that reduces prolonged rumination over irreversible loss, a pattern strongly associated with the maintenance of depressive states in contemporary clinical models.

9.5 Du'a (Supplication)

ادْعُونِي أَسْتَجِبْ لَكُمْ

"*Call upon Me and I will respond to you*."
Al-Qur'an, Surah Ghafir 40:60.

Du'a functions both theologically, as direct communication with God, and psychologically, as an outlet for the verbal or silent articulation of distress — a function that parallels the therapeutic value long attributed to expressive disclosure in clinical psychology, while additionally situating that disclosure within a relationship the believer experiences as attentive and responsive.

9.6 Salah (Ritual Prayer) as Structured Practice

The five daily prayers impose a structured temporal rhythm on the day, combine physical movement with verbal recitation and cognitive focus, and mandate brief but regular withdrawal from worldly preoccupation. This structural regularity has been noted as functionally analogous to behavioral activation strategies used in the treatment of depression, in which the scheduling of structured, values-consistent activity is used to counter withdrawal and inactivity.[16]

9.7 Tafakkur and Tadabbur (Reflection upon the Qur'an and Creation)

The Qur'an repeatedly invites reflective engagement (tadabbur) with its own verses and with the created order, a practice that functions cognitively to situate personal suffering within a larger, intelligible cosmic and moral order — a reframing function with clear parallels to meaning-centered and existential approaches in contemporary psychotherapy.

9.8 Ukhuwwah (Brotherhood) and Communal Support

Finally, the Qur'an consistently situates the believer within a community of mutual obligation, and the Prophet's own practice of visiting and consoling the afflicted (' iyadat al-marid) establishes communal, relational support as an integral component of healing rather than an optional supplement to it.[17]

9.9 Raja' (Hope) and the Prohibition of Despair

يَا بَنِيَّ اذْهَبُوا فَتَحَسَّسُوا مِن يُوسُفَ وَأَخِيهِ وَلَا تَيْأَسُوا مِن رَّوْحِ اللَّهِ ۖ إِنَّهُ لَا يَيْأَسُ مِن رَّوْحِ اللَّهِ إِلَّا الْقَوْمُ الْكَافِرُونَ

"*O my sons, go and inquire about Yusuf and his brother, and do not despair of relief from Allah. Indeed, no one despairs of relief from Allah except the disbelieving people.*"

Al-Qur'an, Surah Yusuf 12:87.

The Qur'an treats despair (ya's/qunut) not merely as an unfortunate emotional state but as a theologically significant error of judgment regarding the nature of God. Ya'qub's continued hope for the return of Yusuf despite decades of separation and apparent loss is presented as a model of psychological endurance grounded in unwavering trust in divine mercy. Clinically, this construct offers a direct textual resource for addressing hopelessness, a symptom of central diagnostic importance in major depressive disorder and a well-established predictor of suicidal ideation.[18]

9.10 Ibtila' (Trial) and the Meaning of Suffering

وَلَنَبْلُوَنَّكُم بِشَيْءٍ مِّنَ الْخَوْفِ وَالْجُوعِ وَنَقْصٍ مِّنَ الْأَمْوَالِ وَالْأَنفُسِ وَالثَّمَرَاتِ ۗ وَبَشِّرِ الصَّابِرِينَ

"*And We will surely test you with something of fear and hunger and a loss of wealth, lives, and fruits, but give good tidings to the patient.*"

Al-Qur'an, Surah al-Baqarah 2:155.

The Qur'anic concept of ibtila' — trial or testing — reframes suffering not as random or meaningless but as an integral, expected feature of worldly existence, purposefully embedded within a relationship of divine attentiveness. This reframing is theologically distinct from, yet functionally comparable to, meaning-centered coping strategies in contemporary psychology, in which the attribution of significance to adversity has been shown to moderate its psychological impact.

9.11 Comparative Table of Qur'anic and Conventional Therapeutic Constructs

Table 1 below summarizes the correspondence between the Qur'anic constructs discussed above and their nearest functional analogues in contemporary psychotherapeutic models, while noting the point of theological divergence in each case.

Qur'anic Construct	Nearest Secular Analogue	Point of Theological Divergence
Dhikr (remembrance)	Mindfulness / attentional training	Object of attention is God, not neutral awareness
Sabr (patience)	Distress tolerance	Endurance is an act of worship (ibadah), not merely a coping skill
Tawakkul (trust)	Acceptance / locus-of-control reappraisal	Reliance is placed specifically in a personal, responsive God
Rida (contentment)	Cognitive acceptance of loss	Grounded in belief in divine wisdom (hikmah) behind the decree
Du'a (supplication)	Expressive disclosure	Understood as genuine two-way communication with God
Salah (prayer)	Behavioral activation	Intrinsically an act of worship, not primarily symptom-focused
Raja' (hope)	Optimism / hope theory	Anchored in trust in divine mercy rather than probabilistic outcome expectancy

10. Comparative Analysis: Qur'anic Counseling and Contemporary Psychotherapeutic Models

The constructs surveyed above bear instructive resemblance to, and instructive divergence from, established psychotherapeutic modalities. Dhikr parallels attentional and mindfulness-based techniques; the Qur'anic emphasis on reframing loss within a providential order parallels cognitive restructuring in cognitive-behavioral therapy, though it is grounded in theological rather than purely rational appraisal; the emphasis on meaning, purpose, and submission to a transcendent order parallels logotherapy's emphasis on the will to meaning; and salah's structured regularity parallels behavioral activation. The decisive point of divergence lies in the locus of authority and interpretation: where secular psychotherapy locates therapeutic authority in the clinician and empirical outcome data, Qur'anic counseling locates ultimate authority in revealed text, mediated by a counselor trained in both the religious sciences and the helping professions. This divergence is not merely theoretical; it carries direct implications for how a Qur'anic counseling protocol would need to be structured, delivered, and — crucially — evaluated in future controlled research, since fidelity to the model requires a counselor competent in both domains.

11. Toward a Conceptual Framework for Islamic Spiritual Counseling

Synthesizing the foregoing textual analysis, this article proposes a four-stage conceptual model of Qur'anic Spiritual Counseling, intended as a framework for future protocol development and

experimental testing rather than as a finished clinical manual.

Stage One: Tashkhis (Assessment)

The counselor conducts a holistic assessment addressing the four dimensions of the Qur'anic self — nafs, qalb, ruh, and 'aql — alongside standard clinical screening, identifying the specific Qur'anic vocabulary (huzn, hamm, khawf, qalaq, diq al-sadr) that most closely corresponds to the patient's presenting experience, and assessing the patient's existing religious practice and belief as a resource base.

Stage Two: Tazkiyah (Cognitive-Spiritual Restructuring)

Working from relevant Qur'anic passages and prophetic guidance, the counselor supports the patient in reframing the cognitive and theological meaning attributed to their distress — introducing constructs of sabr, tawakkul, and rida as alternative interpretive frames for loss, threat, and uncertainty, in a manner structurally analogous to, but theologically distinct from, cognitive restructuring.

Stage Three: 'Amal (Structured Ritual and Behavioral Practice)

The patient is supported in establishing or restoring regular practice of salah, dhikr, and du'a as structured, scheduled behavioral interventions, analogous in function to behavioral activation, while also serving their independent theological purpose.

Stage Four: Suhbah (Communal Reintegration)

The final stage addresses relational and communal dimensions, encouraging reintegration into supportive religious and family networks, consistent with the Qur'anic and prophetic emphasis on communal responsibility for the afflicted.

It is important to state clearly that this four-stage model is presented here as a conceptual and theoretical construction, derived from textual analysis and existing literature. Its therapeutic effectiveness — the central question posed in the broader research program to which this article contributes — remains to be established through controlled experimental research employing validated depression and anxiety measures with Pakistani patient samples, a task for subsequent empirical studies rather than for the present conceptual article.

It is also worth noting the diversity within Pakistan's own religious and cultural landscape. Sufi devotional practice, strongly represented in Punjab and Sindh through shrine culture and the poetic tradition exemplified by figures such as Mian Muhammad Bakhsh, offers additional experiential resources — communal dhikr gatherings,

devotional poetry, and the veneration of exemplary lives of endurance — that may be integrated into a Qur'anic counseling framework in regionally sensitive ways, provided such integration remains textually grounded and does not drift into practices at variance with the framework's Qur'anic and prophetic foundations.

12. Application to the Pakistani Context

Pakistan presents a context in which religiosity is not incidental but central to the majority of the population's explanatory models of illness and preferred pathways of help-seeking. Given the acute shortage of trained mental health professionals relative to population need, religious scholars, mosque-based counselors, and pastoral figures frequently constitute the first — and sometimes only — point of contact for individuals experiencing psychological distress. A rigorously developed Qur'anic counseling framework therefore has particular relevance for Pakistan, both as a resource that could be integrated into formal clinical settings alongside conventional psychiatric and psychological care, and as a basis for structured training of religious scholars and khateebs in recognizing, appropriately responding to, and referring cases of significant psychological distress. Any future empirical testing of the model proposed here should account for regional and linguistic diversity within Pakistan, as well as variation in religious practice and interpretive tradition across different communities.

13. An Illustrative Hypothetical Vignette

To render the four-stage framework more concrete, the following hypothetical vignette is offered for illustrative and pedagogical purposes only. It does not describe an actual patient, does not derive from clinical records or trial data, and should not be read as evidence of the framework's efficacy — a question that, as stated above, remains for controlled future research.

Consider a hypothetical patient, here called 'S.', a woman in her early thirties in Lahore presenting with several months of low mood, tearfulness, social withdrawal, and persistent worry following the death of a parent. At the assessment stage (tashkhis), the counselor, working alongside standard clinical screening, notes that S. frequently uses the term udaasi (sorrow) and describes a persistent sense of qalaq about her remaining family's future — vocabulary mapping closely onto the Qur'anic categories of huzn and qalaq discussed above. At the restructuring stage (tazkiyah), sessions might explore the Qur'anic narrative of Ya'qub's grief and enduring hope, discussed in section 9.9,

as a frame through which S. can situate her own bereavement without either suppressing her grief or being overwhelmed by it. At the practice stage ('amal), the counselor might support S. in re-establishing a regular, unhurried practice of the five daily prayers and a brief daily dhikr routine, scheduled at fixed times, functioning analogously to behavioral activation. At the reintegration stage (suhbah), the counselor might help S. reconnect with a local women's religious study circle as a source of ongoing communal support. This vignette illustrates how the four stages might operate together in practice; it is not a report of an actual case, and any claims about its likely effectiveness would require testing through the controlled research designs discussed in section 15.

14. Training and Competency Requirements for Qur'anic Counselors

The framework proposed in this article presupposes a counselor competent in two domains simultaneously: the classical Islamic religious sciences (Qur'anic exegesis, hadith, and fiqh sufficient to apply textual guidance accurately and avoid decontextualized or coercive use of scripture) and basic clinical competencies (screening for risk, recognizing the limits of one's own competence, and referral to psychiatric or psychological care where indicated, particularly in cases involving suicidal ideation, psychosis, or severe functional impairment).[19] A Qur'anic counselor operating without either competency risks either theological distortion — the selective or coercive use of scripture — or clinical harm through the mismanagement of conditions requiring specialized psychiatric intervention. Any institutional program seeking to train Qur'anic counselors, whether housed within a university Islamic Studies department such as that at NCBA&E or within a clinical training institute, would need to establish a curriculum integrating supervised practicum training in both domains, together with a formal code of ethics governing referral, confidentiality, and the boundaries of religious authority within the counseling relationship.

15. Ethical Considerations for Future Empirical Research

1. Before the framework proposed in this article can be tested empirically among Pakistani patients, several ethical considerations merit attention in the design of any such study:
2. Informed consent must clearly explain the religious and spiritual content of the intervention, allowing patients to decline participation without any compromise to their access to standard psychiatric or psychological care.

3. Screening and exclusion criteria must ensure that patients with severe psychiatric illness, active suicidality, or psychotic symptoms are directed to appropriate specialist care rather than relying on spiritual counseling alone.
4. Counselor training and fidelity monitoring must be established prior to any trial, with clear protocols for referral when a patient's presentation exceeds the counselor's competence.
5. Cultural and denominational sensitivity must be maintained, recognizing the diversity of interpretive traditions among Pakistani Muslims, and care must be taken not to impose a single interpretive approach as normative.
6. Outcome measurement should employ validated, ideally Urdu-language-validated, instruments for depression and anxiety, alongside qualitative measures of religious coping and patient-perceived benefit.

16. Limitations and Directions for Future Research

This article is explicitly conceptual and textual in nature; it does not report clinical outcome data, and no claims of therapeutic efficacy are made or implied. The framework proposed here requires operationalization into a manualized protocol, the development of fidelity measures to ensure consistent delivery, and testing through controlled experimental or quasi-experimental designs — ideally randomized controlled trials comparing the Qur'anic counseling protocol, standard psychotherapy, and a waitlist or treatment-as-usual control condition — using validated instruments for depression and anxiety, administered by counselors trained to fidelity in the model, among Pakistani patient populations. Such empirical work constitutes the necessary next stage of this research program and is not undertaken within the scope of the present article.

17. Conclusion

The Qur'an offers a textually rich and internally coherent vocabulary for understanding and addressing psychological distress, organized around a holistic anthropology of the self and a set of interlocking therapeutic constructs — dhikr, sabr, tawakkul, rida, du'a, salah, tafakkur, and ukhuwwah. This article has drawn together that textual material, alongside classical exegesis and contemporary Islamic psychological scholarship, into a structured four-stage conceptual framework for Qur'anic Spiritual Counseling. The framework is offered not as a validated clinical intervention but as a theoretically grounded foundation upon which future controlled, empirical research —

including experimental studies among Pakistani patients — can be designed and conducted, with the ultimate aim of expanding the range of culturally and religiously congruent treatment options available to Muslim patients experiencing depression and anxiety.

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14For a discussion of structural parallels between dhikr and mindfulness-based attentional practices, see Rassool, Islamic Counselling, 112–118.

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