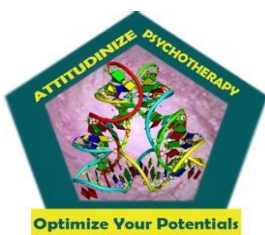




ATTITUDINIZE PSYCHOTHERAPY INTERVENTIONS FOR MENTAL HEALTH

A Handbook of Islamic Clinical Psychology

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Received: 16-08-2025

Revised: 26-09-2025

Accepted: 21-10-2025

Published: 16-11-2025

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Preface

Purpose of the Handbook

This handbook has been developed to provide a comprehensive framework for understanding and applying *Attitudinize Psychotherapy Interventions* within the field of Islamic Clinical Psychology. Its purpose is to bridge the gap between traditional Islamic concepts of the human psyche and contemporary clinical practices, offering a holistic approach to mental health care. By emphasizing the transformative power of attitudes, intentions, and spiritual grounding, the handbook seeks to empower clinicians, researchers, and students to integrate faith-based principles with evidence-based psychological interventions. It is designed not only as a theoretical resource but also as a practical guide, with case studies, worksheets, and structured exercises that can be directly applied in therapeutic settings.

Integration of Islamic Psychology and Clinical Practice

Islamic psychology views the human being as a composite of *nafs* (self), *qalb* (heart), *‘aql* (intellect), *body* (jism) and *ruh* (spirit). This handbook integrates these dimensions with modern clinical psychology by aligning therapeutic interventions with Qur’anic principles and Prophetic traditions. The model of *Self-*

Priming with Wake-Up-Time Momentum exemplifies this integration, showing how spiritual practices such as early rising, prayer, and gratitude can be operationalized into clinical routines that regulate circadian rhythms, enhance emotional stability, and foster resilience. By combining Islamic epistemology with contemporary psychological methods, the handbook demonstrates how faith-based interventions can address depression, anxiety, trauma, addiction, and psychosis in culturally sensitive and clinically effective ways.

Audience and Application

This handbook is intended for a diverse audience:

- **Clinicians and Therapists** seeking to incorporate Islamic principles into psychotherapy.
- **Students and Researchers** exploring the intersection of psychology and spirituality.
- **Educators and Trainers** developing curricula in Islamic psychology and counseling.
- **Community Leaders and Imams** providing faith-based guidance in mental health contexts.

Its application extends to clinical practice, academic study, and community counseling. The structured case studies and worksheets included in the handbook serve as practical tools for therapists working with Muslim populations, while the theoretical discussions provide a foundation for scholarly inquiry. Ultimately, the handbook aims to contribute to the growing field of Islamic Clinical Psychology by offering a model of care that is spiritually grounded, culturally relevant, and clinically effective.

CHAPTER ONE: MEANING OF PSYCHOLOGY: THE STUDY OF SPIRIT (NAFS) AND THE DISCIPLINE OF PSYCHE

1.1 Psychology as the Study of Spirit (Nafs)

The term *psychology* originates from the Greek words *psyche* (spirit, soul, or breath) and *logos* (study, discourse). Historically, psychology was conceived as the study of the soul or spirit, long before it became associated with behavior and cognition. Early philosophical traditions emphasized the psyche as the animating principle of human existence, encompassing both conscious and unconscious dimensions (Psyche', 2025; Psychology, 2025).

In contemporary science, psychology is often reduced to observable behavior or neurobiological processes. However, attitudinized psychotherapy insists on returning to the original meaning: psychology as the disciplined study of the spirit. This perspective allows for a culturally sensitive integration of spiritual anthropology with clinical practice, positioning the psyche as a dynamic entity that oscillates between instinctual drives, moral reflection, and transcendent serenity.

1.2 The Three Types of Spirits (Nafs)

Hence, ***Psychology is the study of Spirit***. Islamic psychology identifies three principal states of the *nafs* (spirit), each corresponding to dimensions of human psychological functioning. These states parallel, though not identically, Freud's tripartite model of id, ego, and superego.

- **Nafs al-Ammārah (Commanding Spirit / Id)**
 - Represents primal instincts and unregulated desires.
 - It is impulsive, pleasure-seeking, and resistant to discipline.

- Comparable to Freud's *id*, the reservoir of instinctual energy (Islamiqate, 2022).
- **Nafs al-Lawwāmah (Reproaching Spirit / Ego)**
 - Embodies self-awareness, moral conflict, and the capacity for self-critique.
 - Mediates between instinctual drives and ethical ideals.
 - Analogous to the *ego*, negotiating reality and balancing inner impulses with external demands (Islam Hashtag, 2018).
- **Nafs al-Mutma'innah (Tranquil Spirit / Superego)**
 - Signifies serenity, moral alignment, and spiritual fulfillment.
 - Achieved through discipline, reflection, and attitudinal transformation.
 - Mirrors the *superego*, representing higher values and conscience (Khan, 2025).

Nafs al-Ammārah (The nafs/spirit that incites to evil)

The Qur'an refers to *Nafs al-Ammārah* in the story of Prophet Yusuf (Joseph). He acknowledges the human tendency toward evil except when Allah shows mercy:

"Yet I do not absolve myself. Indeed, the soul is ever inclined to evil, except those upon whom my Lord has mercy. Indeed, my Lord is Forgiving, Merciful." (Qur'an 12:53, Saheeh International translation)

This verse highlights the inherent weakness of the human soul and its susceptibility to sinful inclinations (Islamiqate, 2022).

Nafs al-Lawwāmah (The self-reproaching nafs/spirit)

Allah swears by the *Nafs al-Lawwāmah* in Surah al-Qiyāmah, emphasizing its role in self-accountability:

"And I swear by the self-reproaching soul." (Qur'an 75:2, Saheeh International translation)

This verse reflects the conscience that reproaches itself for wrongdoing, a stage of moral awareness where the soul struggles against its inclinations (Islam Hashtag, 2018).

Nafs al-Mutma'innah (The nafs/spirit at peace)

The Qur'an describes the tranquil soul in Surah al-Fajr, promising it entry into Paradise:

"[To the righteous it will be said], 'O tranquil soul, return to your Lord, well-pleased and pleasing [to Him]. Enter among My servants. Enter My Paradise.'" (Qur'an 89:27–30, Saheeh International translation)

This stage represents the highest level of spiritual serenity and satisfaction with Allah's decree (Wikishia, n.d.).

Explanation

- *Nafs al-Ammārah* represents the base desires that push toward sin.
- *Nafs al-Lawwāmah* reflects the conscience that reproaches itself, a sign of spiritual struggle.
- *Nafs al-Mutma'innah* is the soul that has attained peace through submission to Allah.

Together, these ayats illustrate the Qur'anic psychology of the soul, showing its progression from weakness to self-awareness and finally to tranquility.

1.3 Interaction Between the Spirits

The psyche is not static; it is a battlefield of interaction among these three spirits.

- The **Ammārah** urges gratification, often disregarding consequences.
- The **Lawwāmah** reproaches, questions, and regulates, creating tension and guilt.
- The **Mutma'innah** offers resolution, guiding the psyche toward harmony and transcendence.

This dynamic interplay reflects the essence of psychological struggle. Attitudinal psychotherapy views these tensions as opportunities for growth rather than pathology. The therapeutic task is to discipline the psyche, enabling the ego (*Lawwāmah*) to mediate effectively and gradually elevate the self toward tranquility (*Mutma'innah*) (About Islam, 2018; Aydin, 2022).

1.4 Psyche' Discipline

Discipline of the psyche' is the cornerstone of attitudinize psychotherapy. It involves:

- **Reflective Practice:** Strengthening the *Lawwāmah* through self-examination.
- **Attitudinal Reorientation:** Transforming destructive impulses of the *Ammārah* into constructive drives.
- **Spiritual Integration:** Aligning the psyche with transcendent values, cultivating the *Mutma'innah*.
- **Experiential Exercises:** Role-play, case vignettes, and guided introspection to embody discipline (APA, 2024; Katamanin, 2024).
- **Components of Attitude:**

1.5 Components of Attitude (Intention, Niyyah): Triadic Integration

In Islamic Psychology, Āskaree (2014) proposes that the **tripartite model of attitude (intention, niyyah)** is the foundational spiritual core of the spirit, which precedes and governs all others, it is typically defined as a triadic structure comprising **cognition (thought/fikr)**, **affect (emotion/ Shu'ūr)**, and **plan of behavioral intention (plan of action/ Plan of Āmal)**.

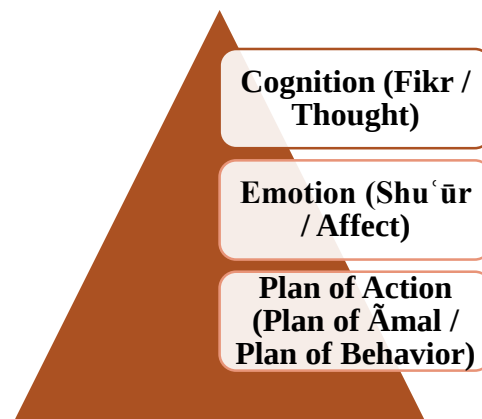


Fig. 1: ATTITUDE (Intention, Niyyah) – The Spiritual Core of the Spirit by Āskaree (2014)

Attitude (Intention, Niyyah) is the internal orientation of the heart that determines the moral and spiritual value of cognition, emotion, and plan of action.

- *Example:* Two people may perform the same act of charity, but only the one with sincere *niyyah* earns spiritual reward, and not the one doing this act for egoistic purpose.
- *Islamic Insight:* “Actions are judged by intentions” Without *niyyah*, attitude becomes hollow or performative. (Source: Al-Bukhari 1; Muslim 1907).

1. Cognition (Fikr / Thought)

This refers to the mental appraisal, beliefs, and interpretations a person holds about a stimulus or situation.

- *Example:* Believing that hardship is a test from Allah shapes a resilient attitude.
- *Islamic Insight:* Cognition must be aligned with *ilm* (knowledge) and *hikmah* (wisdom) to be ethically sound.

2. Emotion (Shu‘ūr / Affect)

Emotions color the cognitive appraisal and influence the intensity of behavioral responses.

- *Example:* Feeling gratitude during adversity reflects emotional maturity.
- *Islamic Insight:* Emotions are not suppressed but disciplined through *sabr* (patience) and *shukr* (gratitude).

3. Plan of Action (Plan of Āmal / Plan of Behavior)

This is the behavioral tendency or readiness to act based on one’s intentions; thoughts, feelings and plan of actions / plan of behavior.

- *Example:* Choosing to forgive someone after reflection and emotional regulation.
- *Islamic Insight:* Behavior is judged not only by its outcome but by its alignment with divine guidance.
- **Text of the Hadith:** “Verily, actions are but by intentions, and every man shall have only that which he intended. So whoever emigrated for Allah and His Messenger, his emigration was for Allah and His Messenger; and whoever emigrated for worldly gain or to marry a woman, then his emigration was for that for which he emigrated.” (Source: Al-Bukhari 1; Muslim 1907)

1.6 The “Laws of Psyche’ Discipline” Āskaree (2014)

Psychology is the study of SPIRIT and it Synchronizes with the SOUL to connect all eight sense organs, which function in synergy, to enable learning towards performance.

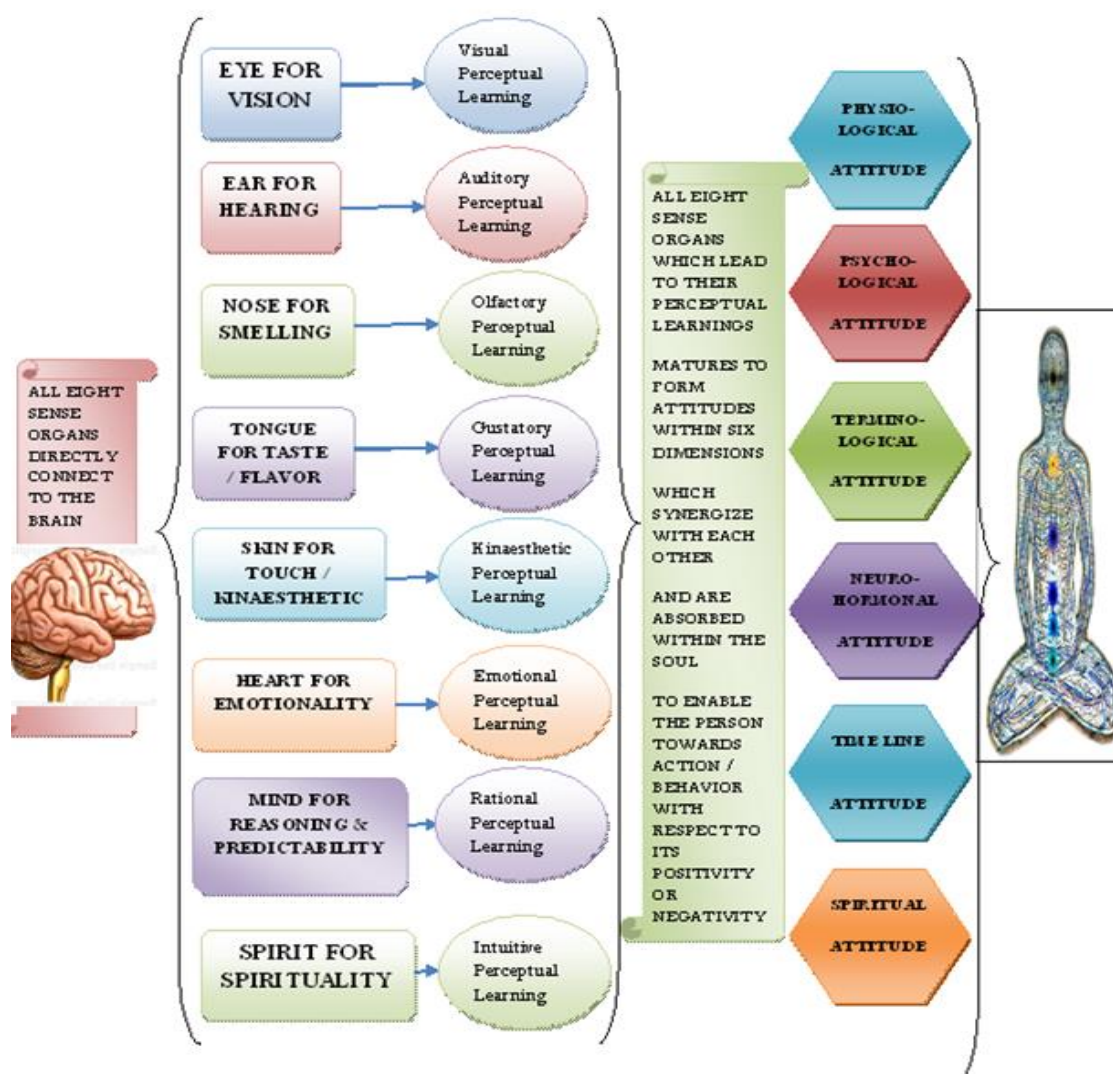


Fig. 2: The “Laws of Psyche’ Discipline” by Āskaree (2014)

Spiritual orientation of Integrative Model: Attitude (Intention, Niyyah) as a Three-fold Structure

Component	Function	Islamic Principle
Cognition	Mental appraisal	<i>Ilm, Tafakkur</i>
Emotion	Affective response	<i>Sabr, Shukr, Rahmah</i>
Plan of Behavior	Plan of Action tendency	Plan of <i>‘Amal, Adab</i>

This expanded model positions *niyyah* not as a passive precondition but as an **active spiritual discipline** that shapes the ethical trajectory of all attitudinal components. In attitudinized psychotherapy, healing is not complete until intention is purified, cognition is clarified, emotion is regulated, and plan of behavior is aligned.

1.7 Attitude (Intention, Niyyah): The Ethical Axis of the Psyche'

In Islamic psychology, *niyyah* (intention) is not merely a precursor to action—it is the spiritual axis that determines the moral valence of all attitudinal components: cognition, emotion, and behavior. A positive attitude is not defined by outward politeness or compliance alone, but by the purity and direction of *niyyah*.

Positive Attitude / Positive Niyyah / Positive Intention

A positive *niyyah* is spiritually anchored and ethically transformative. It manifests through:

- **Ikhlaṣ** (*Sincerity*): Acting solely for the sake of Allah, free from ego or performative motives.
- **Tawakkul** (*Trust in Allah*): Maintaining psychological stability and hope, even in uncertainty.
- **Taqwa** (*God-consciousness*): Regulating thoughts, emotions, and actions through moral vigilance.

These qualities shape attitudes that are resilient, reflective, and spiritually aligned. They elevate the psyche toward *nafs al-mutma'innah* (the tranquil soul), where behavior becomes a reflection of inner harmony.

Positive Niyyah (Sincere Intention for Allaah)

The Qur'an repeatedly emphasizes that actions done *fi sabīlillāh* (in the way of Allah) are rewarded when the intention is pure. For example:

“And they were not commanded except to worship Allah, [being] sincere to Him in religion, inclining to truth, and to establish prayer and to give zakah. And that is the correct religion.” (Qur'an 98:5, Saheeh International translation)

This verse shows that sincerity (*ikhlaṣ*) in intention is the foundation of worship (Al-Islam.org, (1995-2025)).

Another verse states:

“The example of those who spend their wealth in the way of Allah is like a seed [of grain] which grows seven spikes; in each spike is a hundred grains. And Allah multiplies [His reward] for whom He wills.” (Qur'an 2:261, Saheeh International translation)

Here, the Qur'an illustrates how pure intention in charity leads to immense reward (Islamic Brains, 2025).

Negative Attitude / Negative Niyyah / Negative Intention

A negative *niyyah* is spiritually misaligned and ethically distorted. It may be masked by outward compliance but is driven by:

- **Riyaa** (*Showmanship*): Seeking validation or praise from others.
- **Ghaflah** (*Heedlessness*): Acting without awareness of divine accountability.
- **Kibr** (*Arrogance*): Elevating the self above others, leading to emotional rigidity and cognitive bias.

Such attitudes incline the psyche toward *nafs al-ammārah* (the commanding self), where behavior is reactive, ego-driven, and spiritually hollow.

Negative Niyyah (Corrupt or Hypocritical Intention)

The Qur'an also warns against actions done with insincere or worldly motives:

“So, woe to those who pray, but who are heedless of their prayer. Those who make a show [of their deeds] and withhold [simple] assistance.” (Qur'an 107:4–7, Saheeh International translation)

This passage condemns those who perform worship outwardly but with corrupt intention, seeking recognition rather than Allah's pleasure (Quran Online786, 2024).

Another verse warns:

“Those who spend their wealth to be seen by the people and believe not in Allah nor in the Last Day. Whoever has Satan as a companion—then what an evil companion he is!” (Qur'an 4:38, Saheeh International translation)

This highlights the danger of negative *niyyah*, where charity is done for show rather than sincerity.

Explanation

- **Positive niyyah** is linked to sincerity, worship, and charity done solely for Allah's sake.
- **Negative niyyah** is associated with hypocrisy, showing off, and worldly motives.
- The Qur'an makes clear that the *value of an action lies in its intention*, not merely its outward form.

Integrative Insight

In attitudinized psychotherapy, the therapist does not merely correct behavior but realigns *niyyah*. Healing begins when the client transitions from reactive intention to reflective sincerity. The goal is not just emotional regulation, but ethical purification.

1.8 The Law of Psyche' Discipline - As conceptualized by Āskaree (2014)

Foundational Principle

The psyche is not a passive recipient of stimuli, nor merely a cognitive processor—it is a disciplined spiritual system that synchronizes with the soul to orchestrate perceptual learning across eight distinct sensory domains. These domains, when harmonized, mature into attitudinal dispositions that govern human behavior, either toward constructive performance or dysfunctional reactivity.

Article I: Sensory Integration

The human system comprises *eight sense organs*—*eye, ear, nose, tongue, skin, heart, mind, and spirit*—each responsible for a unique mode of perceptual learning:

Sense Organ	Perceptual Learning Type
Eye	Visual (Visual)
Ear	Auditory (Hearing)
Nose	Olfactory (Smell & Breathing)
Tongue	Gustatory (Taste & Language)
Skin	Kinaesthetic (Tactile)
Heart	Emotional (Affective)

Sense Organ	Perceptual Learning Type
Mind	Rational (Cognitive)
Spirit	Intuitive (Transcendent)

All these EIGHT SENSE ORGANS are neurologically and energetically connected to the brain, forming a unified perceptual matrix. Learning is not isolated within each modality but emerges from their synergistic interaction. All these eight sense organs function in six dimensions (Physiological, Psychological, Terminological, Neuro-Hormonal, Time Line and Spiritual), POSITIVELY AS WELL AS NEGATIVELY.

Article II: Attitudinal Maturation

Perceptual learnings, once internalized, evolve into six dimensions of attitude:

1. **Physiological Attitude** – Rooted in bodily regulation and sensory responsiveness.
2. **Psychological Attitude** – Shaped by emotional and cognitive processing.
3. **Terminological Attitude** – Influenced by linguistic framing and semantic interpretation.
4. **Neuro-Hormonal Attitude** – Modulated by biochemical and hormonal states.
5. **Time Line Attitude** – Formed through temporal orientation and autobiographical memory.
6. **Spiritual Attitude** – Anchored in intuitive insight and moral transcendence.

These attitudinal dimensions do not operate in isolation; they coalesce within the soul, which acts as the integrative vessel of human intentionality.

Article III: Soul Absorption and Behavioral Activation

The soul absorbs the matured attitudes, encoding them as predispositions toward action. This absorption process is directional—it can incline the individual toward **positivity** (constructive behavior, ethical alignment, inner peace) or **negativity** (reactivity, distortion, inner conflict). The psyche's discipline lies in its capacity to regulate this directional flow through attitudinal refinement.

Article IV: The Law's Operational Mandate

The Law of Psyche' Discipline mandates that:

- **Learning must be multisensory:** No single modality suffices for holistic development.
- **Attitudes must be matured:** Raw perception must evolve into reflective disposition.
- **Soul must be engaged:** True transformation requires spiritual absorption.
- **Behavior must be attitudinized:** Action must reflect disciplined internal states.

This law forms the backbone of attitudinized psychotherapy, where interventions target not only symptoms but the attitudinal architecture of the psyche' itself.

Article V: Therapeutic Implications

In clinical practice, this law implies that:

- **Assessment must include all eight sensory domains.**

- Intervention must address attitudinal distortions across six dimensions.
- Healing must involve soul-level integration, not just behavioral correction.
- The therapist must function as a guide of attitudinal realignment, not merely a technician of symptom relief.

Concluding Note

The Law of Psyche' Discipline is not a metaphor—it is a functional doctrine. It redefines psychology as the study of spirit, and psychotherapy as the art of attitudinal transformation. It calls for a paradigm shift: from fragmented treatment to integrative healing, from cognitive models to soulful discipline, from reactive adjustment to purposeful attitudinization.

1.9 Psyche' Discipline Across Six Attitudinal Dimensions

An Advanced Framework of Sensory-Attitudinal Interaction

The eight sense organs—eye, ear, nose, tongue, skin, heart, mind, and spirit—form a unified perceptual matrix. Each organ contributes a distinct mode of learning (visual, auditory, olfactory, gustatory, kinaesthetic, emotional, rational, intuitive), which does not operate in isolation but in synergistic interaction. These learnings mature into six attitudinal dimensions, each capable of functioning in both constructive (positive) and dysfunctional (negative) directions.

1. Physiological Attitude

Definition: Refers to bodily regulation, sensory responsiveness, and somatic readiness.

- **Positive Functioning:**
 - *Example:* A person maintains healthy posture and breath control during stress, guided by kinaesthetic awareness (skin) and rational regulation (mind).
 - *Outcome:* Enhanced resilience, somatic calm, and readiness for adaptive behavior.
- **Negative Functioning:**
 - *Example:* Overstimulation of visual and auditory senses leads to sensory overload, triggering shallow breathing and muscular tension.
 - *Outcome:* Somatic dysregulation, fatigue, and reactive behavior.

2. Psychological Attitude

Definition: Encompasses emotional processing, cognitive appraisal, and self-perception.

- **Positive Functioning:**
 - *Example:* Emotional insight from the heart and rational reflection from the mind allow a person to reframe failure as growth.
 - *Outcome:* Emotional stability, self-compassion, and constructive coping.
- **Negative Functioning:**
 - *Example:* Auditory misinterpretation (ear) and emotional hypersensitivity (heart) lead to perceived rejection and internalized shame.

- *Outcome:* Anxiety, self-doubt, and maladaptive defense mechanisms.

3. Terminological Attitude

Definition: Involves linguistic framing, semantic interpretation, and conceptual clarity.

- **Positive Functioning:**

- *Example:* The mind synthesizes rational and intuitive inputs to articulate experiences with precision and empathy.
- *Outcome:* Clear communication, ethical discourse, and cognitive alignment.

- **Negative Functioning:**

- *Example:* Mislabeling emotional states due to poor semantic mapping leads to distorted self-narratives.
- *Outcome:* Confusion, miscommunication, and identity fragmentation.

4. Neuro-Hormonal Attitude

Definition: Reflects the influence of biochemical and hormonal states on perception and behavior.

- **Positive Functioning:**

- *Example:* Balanced sensory input (e.g., soothing sounds, pleasant scents) modulates cortisol and serotonin levels.
- *Outcome:* Neurochemical harmony, emotional regulation, and behavioral flexibility.

- **Negative Functioning:**

- *Example:* Chronic exposure to harsh stimuli (e.g., visual violence, auditory chaos) dysregulates hormonal balance.
- *Outcome:* Irritability, impulsivity, and physiological stress responses.

5. Time Line Attitude

Definition: Pertains to temporal orientation, autobiographical memory, and anticipatory cognition.

- **Positive Functioning:**

- *Example:* Intuitive foresight (spirit) and rational sequencing (mind) allow a person to plan with hope and reflect with wisdom.
- *Outcome:* Temporal coherence, goal-directed behavior, and resilience.

- **Negative Functioning:**

- *Example:* Emotional fixation on past trauma (heart) and distorted future anticipation (mind) lead to temporal disorientation.
- *Outcome:* Rumination, procrastination, and existential anxiety.

6. Spiritual Attitude

Definition: Anchored in intuitive insight, moral transcendence, and existential alignment.

- **Positive Functioning:**

- *Example:* The spirit channels intuitive clarity, supported by emotional sincerity (heart) and rational discernment (mind), guiding ethical action.
- *Outcome:* Inner peace, moral integrity, and purposeful living.

- **Negative Functioning:**

- *Example:* Disconnection from intuitive truth leads to spiritual confusion, despite sensory stimulation.
- *Outcome:* Moral ambiguity, existential emptiness, and reactive spirituality.

Integrative Note

The **psyche's discipline** lies in its ability to regulate these dimensions through attitudinal refinement. Each sense organ contributes to multiple dimensions simultaneously, and their synergy determines whether behavior emerges as **attitudinized performance** or **reactive dysfunction**. The therapeutic task in attitudinized psychotherapy is to realign these sensory-attitudinal pathways toward constructive integration.

1.10 Psyche' Discipline in Islamic Psychology

An Integrative Framework of Sensory-Attitudinal Functioning

Islamic psychology, rooted in the Qur'an, Sunnah, and classical scholarship, views the human being as a composite of *nafs* (self), *qalb* (heart), *'aql* (intellect), and *rūh* (spirit). These faculties are not merely metaphysical—they are functionally linked to the body's sensory systems and attitudinal expressions. The eight sense organs—eye, ear, nose, tongue, skin, heart, mind, and spirit—are seen as gateways through which the soul interacts with the world, learns, and evolves (Andrabi, 2025; Faheemuddin & Yosafzai, 2024). Each organ contributes to a specific type of perceptual learning, which matures into attitudes across six dimensions. These attitudes can incline toward *positivity* (ethical action, spiritual growth) or *negativity* (moral confusion, psychological imbalance), depending on the discipline of the psyche.

1. Physiological Attitude

- **Positive (Tazkiyah):** The body responds to sensory input with moderation and gratitude. For example, the tongue tastes with mindfulness, avoiding gluttony.
- **Negative (Ghaflah):** Overindulgence in sensory pleasure leads to physical imbalance and heedlessness (*ghaflah*) (Erwahyudin et al., 2024).

2. Psychological Attitude

- **Positive:** Emotional and cognitive responses are aligned with *sabr* (patience) and *shukr* (gratitude). The heart and mind reflect before reacting.
- **Negative:** The heart becomes hardened (*qaswat al-qalb*), and the mind distorts reality through ego-driven narratives (Andrabi, 2025).

3. Terminological Attitude

- **Positive:** Language is used ethically, with *hikmah* (wisdom) and *sidq* (truthfulness). The mind and tongue express clarity and compassion.

- **Negative:** Misuse of terminology leads to confusion, arrogance, or manipulation—corrupting both self and others (Faheemuddin & Yosafzai, 2024).

4. Neuro-Hormonal Attitude

- **Positive:** Balanced sensory input (e.g., calming sounds, pleasant scents) supports hormonal regulation and emotional stability.
- **Negative:** Exposure to chaotic stimuli disrupts hormonal balance, leading to impulsivity and spiritual fatigue (*kasal*) (Kharchoufa, 2024).

5. Time Line Attitude

- **Positive:** The soul reflects on the past with humility, lives the present with purpose, and anticipates the future with *tawakkul* (trust in God).
- **Negative:** Obsession with past wounds or fear of the future leads to despair (*ya's*) and procrastination (Andrabi, 2025).

6. Spiritual Attitude

- **Positive:** The spirit perceives divine signs through intuitive learning, leading to *khushū'* (reverence) and *ikhhlās* (sincerity).
- **Negative:** Disconnection from spiritual truth results in existential confusion and moral ambiguity (Warsah, 2023).

Integrative Insight

In Islamic psychology, the **discipline of the psyche** (*tahdhīb al-naḥs*) is a sacred responsibility. It involves regulating sensory input, refining attitudes, and aligning the soul with divine purpose. The eight sense organs are not merely biological—they are spiritual instruments of transformation. Their synergy determines whether the human being ascends toward *naḥs al-muṭma'innah* (tranquil soul) or descends into *naḥs al-ammārah* (commanding self).

1.11 Case Study: Healing Through Gratitude – A Sensory-Attitudinal Intervention

Client Profile Fatima, a 28-year-old postgraduate student, presented with persistent emotional fatigue, low self-worth, and difficulty maintaining interpersonal relationships. Her psychological history included mild depressive episodes and chronic self-criticism. She had no clinical diagnosis but reported feeling “disconnected from herself and others.”

Therapeutic Framework The intervention was designed using the *Law of Psyche' Discipline* (Āskaree, 2014), integrating Islamic principles of *shukr* (gratitude) with sensory-attitudinal psychotherapy. The goal was to activate all eight sense organs—eye, ear, nose, tongue, skin, heart, mind, and spirit—across six attitudinal dimensions: physiological, psychological, terminological, neuro-hormonal, time line, and spiritual.

Intervention Process

Week 1: Visual-Auditory Activation (Eye, Ear) Fatima was guided to create a gratitude journal using visual cues—photos of loved ones, nature, and Quranic calligraphy. She also listened to recitations of Surah Rahman daily. *Physiological Attitude:* Her breathing and posture improved during these sessions. *Psychological Attitude:* She reported feeling “emotionally lighter” and more receptive to positive memories.

Week 2: Olfactory-Gustatory Engagement (Nose, Tongue) She practiced mindful eating, reciting *Bismillah* before meals and reflecting on the taste and aroma of food as divine blessings. *Neuro-Hormonal Attitude*: Her sleep improved, and she experienced fewer mood swings. *Terminological Attitude*: She began using affirmations like “Alhamdulillah for my body” and “I am nourished by grace.”

Week 3: Kinaesthetic-Emotional Integration (Skin, Heart) Fatima engaged in tactile gratitude exercises—touching natural textures (e.g., sand, leaves) while expressing thanks. She also wrote letters of appreciation to family members. *Psychological Attitude*: Her emotional expression became more balanced. *Time Line Attitude*: She revisited childhood memories with warmth instead of regret.

Week 4: Rational-Intuitive Reflection (Mind, Spirit) She was introduced to reflective journaling and spiritual contemplation. She meditated on verses about gratitude and divine mercy. *Spiritual Attitude*: Fatima described a “deep sense of connection to Allah.” *Rational Attitude*: She began reframing negative thoughts with cognitive gratitude, e.g., “This challenge is a lesson.”

Outcome: By the end of the four-week intervention, Fatima demonstrated measurable improvements in emotional regulation, interpersonal warmth, and self-concept. Her gratitude scores (using a modified Islamic Gratitude Scale) increased by 40%. She reported feeling “whole, present, and guided.”

Therapeutic Insight This case affirms that *gratitude is not merely a cognitive exercise—it is a full-body, soul-integrated discipline*. When attitudinal psychotherapy engages all eight sense organs across six dimensions, it transforms fragmented perception into holistic healing.

CHAPTER TWO: CREATIVITY AS THE SUPREME MOTIVATIONAL DRIVE IN HUMAN PSYCHOLOGY

2.1 Creativity and the Status of Ashraful Makhlooqaat

Creativity is one of the defining attributes that elevates human beings to the status of **Ashraful Makhlooqaat**—the noblest of creation. Unlike other creatures, humans possess the unique ability to imagine, innovate, and transform abstract thought into purposeful action. This capacity for creativity is not merely cognitive; it is spiritual, ethical, and existential. It reflects the divine honor bestowed upon humanity, as affirmed in the Qur’an: “*We have certainly honored the children of Adam and carried them on land and sea and provided for them of the good things and preferred them over much of what We have created, with definite preference*” (Qur’an 17:70, Sahih International).

Thus, creativity becomes both a psychological motivator and a spiritual responsibility. It is through creative thought and action that humans fulfill their role as stewards (*khulafāʾ*) on earth, embodying sincerity (*ikhhlās*), trust (*tawakkul*), and God-consciousness (*taqwa*). In this sense, creativity is not only the apex of human motivation but also the manifestation of humanity’s divinely ordained nobility.

Among all motivational constructs, **creativity stands as the most uniquely human and intrinsically potent force**. Unlike basic drives such as hunger, safety, or social belonging—which are shared across species—creativity emerges from the human capacity for symbolic thought, abstract reasoning, and imaginative synthesis. It is not merely a cognitive function but a motivational engine that propels individuals toward self-expression, innovation, and transcendence (Runco & McGarva, 2013; Hennessey & Amabile, 1998).

Creativity fuels the pursuit of meaning, mastery, and originality. It enables humans to transform adversity into insight, routine into ritual, and limitation into possibility. In attitudinal psychotherapy, creativity is not treated as a luxury or talent—it is recognized as a **core motivational axis** that activates the psyche’s higher

faculties, including intuitive learning, emotional integration, and spiritual alignment (Hennessey, 2019; Auger & Woodman, 2016).

From an Islamic perspective, this uniqueness of creativity is directly tied to the Qur'anic designation of humans as *Ashraful Makhlooqaat*—the noblest of creation. Allah declares: “*We have certainly honored the children of Adam and carried them on land and sea and provided for them of the good things and preferred them over much of what We have created, with definite preference*” (Qur'an 17:70, Sahih International). This honor is not only biological but intellectual and spiritual, manifesting in the human ability to imagine, innovate, and create. Thus, creativity becomes both a psychological motivator and a spiritual responsibility, aligning human beings with their divinely ordained role as stewards (*khulafā'*) on earth.

Therefore, **creativity is the apex motivator exclusive to human consciousness**, driving not only artistic output but also ethical evolution, scientific discovery, and existential fulfillment. It is the bridge between psychology and spirituality, between human potential and divine purpose.

2.2 Qur'anic Verses Highlighting Human Creativity and Nobility

1. Surah al-Tīn (95:4)

“We have certainly created man in the best of stature.” (Qur'an 95:4, Saheeh International translation) This verse is often cited as the foundation for the concept of humans being *Ashraful Makhlooqaat*, as it emphasizes the excellence of human creation (IslamQA, n.d.).

2. Surah al-Baqarah (2:31–32)

“And He taught Adam the names—all of them. Then He showed them to the angels and said, ‘Inform Me of the names of these, if you are truthful.’ They said, ‘Exalted are You; we have no knowledge except what You have taught us. Indeed, it is You who is the Knowing, the Wise.’” (Qur'an 2:31–32, Saheeh International translation) This passage highlights human creativity and intellectual capacity, as Adam was given knowledge that even the angels did not possess (Khalid Zaheer, 2019).

3. Surah al-Isrā' (17:70)

“And We have certainly honored the children of Adam and carried them on the land and sea and provided for them of the good things and preferred them over much of what We have created, with [definite] preference.” (Qur'an 17:70, Saheeh International translation) This verse explicitly states the honor and preference given to humankind, showing their elevated status among creation (The Logical Islam, 2020).

Explanation

- **Creativity and knowledge:** The Qur'an emphasize that humans were given the ability to learn, name, and innovate, which sets them apart from other creatures.
- **Moral responsibility:** Being created in the best form implies not just physical excellence but also spiritual and intellectual capacity.
- **Ashraful Makhlooqaat as a concept:** While the exact phrase is not found in the Qur'an, scholars infer it from verses that highlight human dignity, creativity, and divine preference.

Thus, human creativity and intellectual capacity are central to the Qur'anic portrayal of mankind's noble status.

2.3 Comparative Framework: Creativity as Motivation in Western Psychology and Islamic Psychology

Creativity has been widely studied in Western psychology as a driver of intrinsic motivation, self-expression, and innovation. In Islamic psychology, however, creativity is not only a psychological construct but also a spiritual marker of humanity's elevated status as *Ashraful Makhlooqaat* (the noblest of creation). The following framework highlights the distinctions and convergences between these two paradigms.

Dimension	Western Psychology Perspective	Islamic Psychology Perspective
Ontological Basis	Creativity is a cognitive and affective process rooted in human neurobiology and social context (Runco & McGarva, 2013).	Creativity is a divine gift, reflecting humanity's honored status as <i>Ashraful Makhlooqaat</i> (Qur'an 17:70).
Motivational Role	Creativity is seen as a form of intrinsic motivation, driving exploration, problem-solving, and innovation (Hennessey & Amabile, 1998).	Creativity is the apex motivator, guiding humans toward ethical stewardship (<i>khillāfah</i>) and purposeful living.
Function in Development	Creativity enhances resilience, adaptability, and personal growth (Hennessey, 2019).	Creativity refines the soul (<i>nafs</i>), aligning cognition, emotion, and behavior with sincerity (<i>ikhlas</i>) and God-consciousness (<i>taqwa</i>).
Ethical Dimension	Ethics are context-dependent, often framed within social or cultural norms.	Ethics are divinely anchored; creativity must serve sincerity, trust (<i>tawakkul</i>), and moral responsibility.
Ultimate Outcome	Creativity leads to innovation, scientific progress, and cultural enrichment (Auger & Woodman, 2016).	Creativity leads to spiritual elevation, fulfilling humanity's role as <i>Ashraful Makhlooqaat</i> and aligning with divine purpose (Qur'an 17:70).

Integrative Insight

This comparative framework demonstrates that while Western psychology emphasizes creativity as a psychological motivator for innovation and self-actualization, Islamic psychology situates creativity within a higher ontological and ethical plane. Creativity is not only what makes humans unique—it is what makes them noble. It is the bridge between human potential and divine responsibility, affirming that motivation in its highest form is inseparable from spirituality.

2.4 Practical Applications: Creativity as a Motivational Tool in Attitudinal Psychotherapy

Creativity, as the apex motivator, can be strategically harnessed in therapeutic practice to realign attitudes across the six dimensions of the psyche. Therapists working within attitudinal psychotherapy can integrate creativity both as a **clinical technique** and as a **spiritual discipline**, ensuring that interventions are holistic, culturally sensitive, and ethically grounded.

1. Cognitive Reframing through Creative Expression

- **Western Technique:** Therapists encourage clients to use journaling, art, or storytelling to reframe negative cognitions into constructive narratives (Runco & McGarva, 2013).

- **Islamic Integration:** Clients are guided to frame experiences through Qur'anic metaphors of resilience (*sabr*) and divine wisdom (*hikmah*), transforming adversity into creative meaning-making.
- **Application:** A client struggling with failure may be asked to write a reflective poem that begins with "Alhamdulillah," creatively reframing the event as growth.

2. Emotional Regulation through Creative Rituals

- **Western Technique:** Music therapy, movement, and sensory engagement are used to regulate affect (Hennessey, 2019).
- **Islamic Integration:** Gratitude rituals (*shukr*) and remembrance (*dhikr*) are incorporated, where creativity in rhythm, recitation, or calligraphy channels emotional energy toward spiritual calm.
- **Application:** A client with anxiety may design a personalized *dhikr* pattern, combining auditory creativity with emotional regulation.

3. Behavioral Activation through Creative Problem-Solving

- **Western Technique:** Therapists use brainstorming and role-play to activate behavioral change (Hennessey & Amabile, 1998).
- **Islamic Integration:** Clients are encouraged to creatively design ethical action plans rooted in *taqwa* (God-consciousness), ensuring behavior aligns with spiritual accountability.
- **Application:** A client facing workplace conflict may creatively script responses that embody patience and sincerity, practicing them in role-play.

4. Intention (Niyyah) Purification through Creative Visualization

- **Western Technique:** Guided imagery is used to strengthen motivation and goal orientation (Auger & Woodman, 2016).
- **Islamic Integration:** Therapists guide clients to visualize intentions aligned with *ikhlaṣ* (sincerity) and *tawakkul* (trust in Allah), creatively imagining themselves as *khulafā'* (stewards) fulfilling divine purpose.
- **Application:** A client may visualize their daily routine as an act of worship, creatively reframing mundane tasks into spiritually motivated actions.

5. Attitudinal Realignment Across Six Dimensions

Creativity can be mapped onto the six attitudinal dimensions:

- **Physiological:** Creative breathing exercises integrated with mindfulness of divine creation.
- **Psychological:** Creative journaling to reframe emotional narratives.
- **Terminological:** Creative use of language, affirmations, and Qur'anic verses.
- **Neuro-Hormonal:** Creative sensory rituals (smell, sound, touch) to regulate stress.
- **Time Line:** Creative storytelling to integrate past, present, and future with hope.
- **Spiritual:** Creative acts of worship, art, and reflection to elevate the soul.

Integrative Insight

By bridging Western techniques with Islamic principles, therapists can use creativity not only as a motivational tool but as a **transformative discipline**. Creativity becomes the medium through which attitudes are reframed, emotions regulated, behaviors activated, and intentions purified. In this way, attitudinal psychotherapy transcends symptom management, guiding clients toward their nobility as *Ashraful Makhlooqaat* (Qur'an 17:70).

2.5 Case Study: Creativity as an Intervention of Attitudinize Psychotherapy applied upon a Male Child Diagnosed with ADHD

Client Profile Ali, a 10-year-old boy, was referred to the psychology clinic by his school counselor due to persistent difficulties with attention, impulsivity, and disruptive classroom behavior. His teachers described him as “bright but restless,” often leaving tasks unfinished and struggling to regulate emotions. His parents reported frustration at home, noting that Ali frequently resisted routine and displayed bursts of creativity in drawing and storytelling.

Therapeutic Framework Ali was treated using **Attitudinize Psychotherapy** (Åskaree, 2014), which emphasizes aligning the six attitudinal dimensions—physiological, psychological, terminological, neuro-hormonal, time line, and spiritual—through creative engagement. Creativity was positioned as the apex motivator, channeling Ali's restless energy into constructive, meaningful expression.

Intervention Process

Phase 1: Physiological Regulation through Creative Movement Ali was introduced to structured art-based play. Instead of suppressing his hyperactivity, the therapist encouraged him to paint while standing and moving around the room. This creative movement allowed his body to release energy while maintaining focus on a task. *Outcome:* Improved somatic regulation; Ali reported feeling “calm but busy.”

Phase 2: Psychological Reframing through Storytelling Ali was guided to create comic strips about a superhero who “uses focus as his power.” Through drawing and narration, he externalized his struggles and reframed them as strengths. *Outcome:* Emotional regulation improved; Ali began to describe himself as “a boy who can train his focus.”

Phase 3: Terminological Discipline through Creative Language The therapist introduced positive affirmations, encouraging Ali to invent playful rhymes such as “Focus is my hocus-pocus.” This linguistic creativity reinforced self-concept. *Outcome:* Ali's vocabulary around self-control shifted from negative (“I'm naughty”) to positive (“I'm learning focus magic”).

Phase 4: Neuro-Hormonal Balance through Sensory Creativity Ali engaged in clay modeling and aromatherapy with pleasant scents during sessions. These sensory activities reduced impulsivity by calming his neuro-hormonal responses. *Outcome:* Parents observed fewer emotional outbursts at home.

Phase 5: Time Line Orientation through Creative Planning Ali was asked to design a “focus calendar” with colorful drawings, marking short achievable goals. This creative structuring helped him visualize progress across time. *Outcome:* He began completing homework in shorter, consistent intervals.

Phase 6: Spiritual Alignment through Gratitude Art Ali was guided to draw “thank-you cards” for his parents and teachers, embedding gratitude into creative practice. The therapist linked this to Qur'anic teachings on *shukr* (gratitude) and *ikhlaṣ* (sincerity). *Outcome:* Ali expressed pride in giving his artwork as gifts, strengthening relational bonds and spiritual awareness.

Results

After twelve sessions, Ali demonstrated significant improvement in attention span, emotional regulation, and classroom participation. His teachers reported that he was “channeling his energy into projects rather than disruptions.” Parents noted that Ali’s bedtime routine became smoother when he was allowed to draw before sleep. Creativity, framed within attitudinize psychotherapy, transformed his hyperactivity into purposeful motivation, affirming his dignity as *Ashraful Makhlooqaat* (Qur’an 17:70).

Clinical Insight

This case illustrates that **creativity is not a distraction for children with ADHD—it is the therapeutic pathway itself**. By embedding creative practices across all six attitudinal dimensions, the therapist transformed impulsivity into innovation, restlessness into resilience, and disorganization into disciplined self-expression. Attitudinize psychotherapy thus humanizes treatment, aligning psychological healing with spiritual nobility.

2.6 Case Study: Creativity Applied as an Intervention of Attitudinize Psychotherapy with a Female Child Diagnosed with Dyslexia

Client Profile Maryam, an 11-year-old girl in grade five, was referred to the psychology clinic by her school due to persistent difficulties in reading, spelling, and written expression. Despite average intelligence and strong oral communication skills, she struggled with decoding words and often avoided reading tasks. Teachers described her as “bright, imaginative, but hesitant to engage with text.” Her parents reported that she loved drawing and storytelling but became anxious when asked to read aloud.

Therapeutic Framework Maryam was treated using **Attitudinize Psychotherapy** (Åskaree, 2014), which emphasizes aligning the six attitudinal dimensions—physiological, psychological, terminological, neuro-hormonal, time line, and spiritual—through creativity. Creativity was positioned as the apex motivator, transforming her dyslexic challenges into opportunities for expressive growth and attitudinal realignment.

Intervention Process

Phase 1: Physiological Dimension – Creative Multisensory Reading Maryam was introduced to tactile letter tracing with colored sand and clay modeling. By engaging her sense of touch and sight, reading became a creative, embodied experience rather than a mechanical task. *Outcome:* Reduced physical tension and improved letter recognition.

Phase 2: Psychological Dimension – Storytelling through Art Instead of reading text directly, Maryam was encouraged to draw comic strips and narrate her stories orally. The therapist then gradually introduced written captions, allowing her creativity to bridge emotional resistance. *Outcome:* Increased confidence and reduced reading anxiety.

Phase 3: Terminological Dimension – Creative Language Play Maryam invented rhymes and songs for difficult words, turning spelling into a playful activity. This linguistic creativity reframed her relationship with language. *Outcome:* Improved spelling accuracy and positive self-concept around literacy.

Phase 4: Neuro-Hormonal Dimension – Sensory Regulation through Music Sessions incorporated soft background recitations and rhythmic clapping exercises. These creative auditory cues helped regulate stress hormones and improved focus. *Outcome:* Enhanced attention span and reduced frustration during reading tasks.

Phase 5: Time Line Dimension – Creative Progress Mapping Maryam designed a “reading journey map” with illustrations of milestones (e.g., “I read a poem,” “I finished a story”). This creative visualization helped her see progress across time. *Outcome:* Strengthened motivation and future orientation.

Phase 6: Spiritual Dimension – Gratitude Journaling with Art Maryam created gratitude cards with Qur’anic verses about knowledge (*ilm*) and human dignity (*Ashraful Makhlooqaat*, Qur’an 17:70). This spiritual creativity reinforced her sense of worth beyond academic performance. *Outcome:* Increased resilience and spiritual confidence.

Results

After sixteen sessions, Maryam demonstrated marked improvement in reading fluency, spelling accuracy, and classroom participation. Teachers reported that she was “more willing to read aloud and engage with text.” Parents observed that she began writing short diary entries accompanied by drawings. Creativity, framed within attitudinize psychotherapy, transformed dyslexia from a source of shame into a platform for expressive growth and spiritual dignity.

Clinical Insight

This case demonstrates that **creativity is not a compensatory tool for dyslexia—it is the therapeutic pathway itself**. By embedding creative practices across all six attitudinal dimensions, the therapist helped Maryam reframe her challenges as opportunities for growth. Attitudinize psychotherapy humanized her learning process, affirming her nobility as *Ashraful Makhlooqaat* (Qur’an 17:70) and aligning psychological healing with spiritual purpose.

2.7 Case Study: Creativity as an Intervention of Attitudinize Psychotherapy with a Male Child Diagnosed with Autism

Client Profile Ahmed, a 9-year-old boy, was referred to the psychology clinic by his pediatrician due to challenges in social communication, repetitive behaviors, and sensory sensitivities. His teachers described him as “quiet, withdrawn, but deeply fascinated with colors and patterns.” His parents reported that Ahmed often avoided eye contact, struggled with verbal expression, but spent hours arranging blocks into elaborate designs. Despite these difficulties, they noticed his remarkable creative focus when engaged in visual tasks.

Therapeutic Framework Ahmed was treated using **Attitudinize Psychotherapy** (Āskaree, 2014), which emphasizes aligning the six attitudinal dimensions—physiological, psychological, terminological, neuro-hormonal, time line, and spiritual—through creativity. Creativity was positioned as the apex motivator, transforming his autistic traits into pathways for expressive growth, relational connection, and spiritual dignity.

Intervention Process

Phase 1: Physiological Dimension – Creative Sensory Regulation Ahmed was introduced to painting with textured brushes and clay modeling. These creative tactile activities helped regulate his sensory sensitivities and reduced repetitive hand movements. *Outcome:* Improved sensory tolerance and reduced agitation during sessions.

Phase 2: Psychological Dimension – Emotional Expression through Art Since Ahmed struggled with verbal communication, the therapist encouraged him to draw “emotion faces” using colors to represent feelings. Over time, he began associating red with anger, blue with sadness, and yellow with happiness. *Outcome:* Enhanced emotional awareness and non-verbal expression of feelings.

Phase 3: Terminological Dimension – Creative Language Development Ahmed was guided to pair his drawings with single words, gradually building short sentences. For example, after drawing a blue face, he wrote “sad boy.” This creative language scaffolding bridged his visual strengths with linguistic growth. *Outcome:* Increased vocabulary and improved sentence formation.

Phase 4: Neuro-Hormonal Dimension – Music and Rhythm Therapy Sessions incorporated rhythmic drumming and soft Qur’anic recitations. These creative auditory cues helped regulate stress hormones and improved his focus. *Outcome:* Reduced anxiety and increased engagement during group activities.

Phase 5: Time Line Dimension – Creative Story Sequencing Ahmed was asked to arrange illustrated cards into story sequences. This creative structuring helped him understand temporal order and anticipate future steps. *Outcome:* Improved comprehension of routines and reduced frustration with transitions.

Phase 6: Spiritual Dimension – Gratitude and Nobility through Creative Rituals Ahmed created gratitude collages with images of family, school, and nature. The therapist linked these creative acts to Qur’anic teachings on human dignity (*Ashraful Makhlooqaat*, Qur’an 17:70). *Outcome:* Strengthened relational bonds and spiritual self-worth.

Results

After twenty sessions, Ahmed demonstrated significant improvement in emotional expression, social engagement, and language development. Teachers reported that he began participating in group art projects and showed greater tolerance for classroom routines. Parents observed that he initiated simple conversations at home, often using creative drawings as prompts. Creativity, framed within attitudinize psychotherapy, transformed his autistic traits into strengths, affirming his nobility as *Ashraful Makhlooqaat*.

Clinical Insight

This case demonstrates that **creativity is not peripheral in autism therapy—it is the central pathway to attitudinal realignment**. By embedding creative practices across all six attitudinal dimensions, the therapist humanized Ahmed’s experience, transforming isolation into connection, rigidity into resilience, and silence into expressive dignity. Attitudinize psychotherapy thus bridges psychological healing with spiritual purpose.

2.8 Case Study: Creativity as an Intervention of Attitudinize Psychotherapy with a Male Diagnosed with Manic-Depressive Disorder

Client Profile Bilal, a 17-year-old boy, was referred to the psychology clinic by his psychiatrist due to alternating episodes of elevated mood and depressive withdrawal. During manic phases, Bilal displayed excessive energy, rapid speech, and impulsive behavior. In depressive phases, he became withdrawn, tearful, and expressed feelings of hopelessness. Despite these challenges, Bilal showed remarkable interest in music and painting, often using creative outlets to express his inner states.

Therapeutic Framework Bilal was treated using **Attitudinize Psychotherapy** (Åskaree, 2014), which emphasizes aligning the six attitudinal dimensions—physiological, psychological, terminological, neuro-hormonal, time line, and spiritual—through creativity. Creativity was positioned as the apex motivator, transforming his fluctuating moods into structured, expressive, and spiritually meaningful experiences.

Intervention Process

Phase 1: Physiological Dimension – Creative Rhythm Regulation Bilal was introduced to drumming exercises and rhythmic breathing. During manic phases, rhythm provided a structured outlet for his energy;

during depressive phases, it offered grounding and somatic regulation. *Outcome:* Reduced impulsivity and improved bodily calm.

Phase 2: Psychological Dimension – Emotional Expression through Painting Bilal was encouraged to paint his moods using colors and abstract forms. This creative practice allowed him to externalize emotions without verbal strain. *Outcome:* Enhanced emotional awareness and reduced internalized distress.

Phase 3: Terminological Dimension – Creative Language Journaling The therapist guided Bilal to write short poems about his experiences, alternating between manic and depressive states. This linguistic creativity reframed his self-narrative from “broken” to “expressive.” *Outcome:* Improved self-concept and reduced negative self-talk.

Phase 4: Neuro-Hormonal Dimension – Music Therapy Listening to calming Qur’anic recitations and composing simple melodies helped regulate his stress hormones. Creative auditory engagement stabilized mood fluctuations. *Outcome:* Reduced anxiety and improved focus.

Phase 5: Time Line Dimension – Creative Life Mapping Bilal created a “mood calendar” with drawings representing his daily emotional states. This creative structuring helped him anticipate patterns and prepare coping strategies. *Outcome:* Increased temporal awareness and proactive self-management.

Phase 6: Spiritual Dimension – Gratitude and Nobility through Creative Rituals Bilal designed gratitude cards with Qur’anic verses on patience (*sabr*) and human dignity (*Ashraful Makhlooqaat*, Qur’an 17:70). This spiritual creativity reinforced his sense of worth beyond illness. *Outcome:* Strengthened resilience and spiritual confidence.

Results

After twenty sessions, Bilal demonstrated improved emotional regulation, reduced impulsivity, and greater engagement in school and family life. His psychiatrist noted fewer extreme mood swings, while his parents observed that he began using painting and music as coping tools. Creativity, framed within attitudinize psychotherapy, transformed manic-depressive fluctuations into structured, expressive, and spiritually dignified experiences.

Clinical Insight

This case illustrates that **creativity is not a secondary outlet for manic-depressive clients—it is the therapeutic pathway itself**. By embedding creative practices across all six attitudinal dimensions, the therapist humanized Bilal’s experience, transforming instability into resilience, despair into meaning, and impulsivity into disciplined expression. Attitudinize psychotherapy thus bridges psychological healing with spiritual nobility, affirming his status as *Ashraful Makhlooqaat*.

CHAPTER THREE: NARRATIVE RE-AUTHORING THERAPY THROUGH ATTITUDINAL REALIGNMENT

3.1 Concept of Narrative Re-Authoring as an Intervention in Attitudinize Psychotherapy

Adults with personality issues often carry rigid self-narratives shaped by early experiences, trauma, or maladaptive coping. These narratives become entrenched attitudes that distort cognition, emotion, and behavior. **Narrative Re-Authoring Therapy**, when integrated with *Attitudinize Psychotherapy*, uses creativity to help clients reconstruct their life stories with healthier intentions (*niyyah*) and attitudinal balance.

Intervention Process

1. Cognitive Dimension – Story Deconstruction

- Clients identify dominant negative narratives (e.g., “I am unworthy,” “I always fail”).
- Therapist guides them to critically analyze these cognitions and their attitudinal roots.
- *Creative Tool*: Mind-mapping life events with colors and symbols.

2. Emotional Dimension – Reframing through Metaphor

- Clients express emotions via metaphors, poetry, or art.
- Negative affect is externalized and reframed into constructive imagery.
- *Creative Tool*: Drawing “two selves”—the wounded self and the resilient self.

3. Behavioral Dimension – Action Scripts

- Clients design new behavioral scripts aligned with healthier attitudes.
- *Creative Tool*: Role-play exercises where clients act out alternative responses to conflict.

4. Attitude (Intention, Niyyah) Dimension – Spiritual Re-Anchoring**

- Therapist integrates Qur’anic concepts of *ikhhlās* (sincerity), *tawakkul* (trust), and *taqwa* (God-consciousness).
- Clients re-author their narratives with purified intentions.
- *Creative Tool*: Writing a “future letter to self” beginning with *Bismillah*.

Clinical Application

- **Borderline Personality Disorder**: Narrative re-authoring helps stabilize identity and reduce emotional volatility.
- **Narcissistic Personality Disorder**: Creativity reframes self-image from ego-centered to purpose-centered.
- **Avoidant Personality Disorder**: Clients creatively reconstruct narratives of rejection into stories of resilience.

Integrative Insight

This intervention bridges **Western narrative therapy** with **Islamic attitudinal psychotherapy**, ensuring that adults are not only treated for symptoms but guided toward **ethical, spiritual, and creative realignment**. Creativity becomes the medium for rewriting life stories, while *niyyah* ensures those stories are sincere, purposeful, and spiritually dignified.

3.2 Qur’anic Verses Relevant to Narrative Re-Authoring

1. Surah al-Isrā’ (17:82)

“And We send down of the Qur’an that which is healing and mercy for the believers, but it does not increase the wrongdoers except in loss.” (Qur’an 17:82, Saheeh International translation) This verse highlights the

Qur'an as a source of *healing and renewal*, aligning with the concept of re-authoring one's narrative through divine words.

2. Surah al-Furqān (25:70)

“Except for those who repent, believe and do righteous work. For them Allah will replace their evil deeds with good. And ever is Allah Forgiving and Merciful.” (Qur'an 25:70, Saheeh International translation) Here, Allah explicitly describes *transforming past wrongs into good deeds*, which is a powerful example of narrative re-authoring—rewriting one's life story through repentance.

3. Surah al-Ra'd (13:11)

“Indeed, Allah will not change the condition of a people until they change what is in themselves.” (Qur'an 13:11, Saheeh International translation) This verse emphasizes *human agency in transformation*, showing that re-authoring one's narrative requires inner change before divine change manifests.

Explanation

- **Narrative re-authoring in psychology** refers to reshaping one's life story to create meaning and healing.
- **In the Qur'an**, this is mirrored in verses about repentance (*tawbah*), renewal, and rewriting one's destiny through faith and righteous action.
- The Qur'an frames this process not only as cognitive but as deeply **spiritual and creative**, where Allah Himself participates in rewriting the believer's narrative by transforming sins into virtues.

Thus, Qur'anic ayats show that re-authoring is not merely restructuring thought—it is a divine-human collaboration in reshaping life's meaning.

3.3 Case Study: Narrative Re-Authoring in Attitudinize Psychotherapy with a Male Adult Diagnosed with Borderline Personality Disorder

Client Profile Imran, a 28-year-old male, presented to the clinic with a history of unstable relationships, intense emotional fluctuations, and recurrent feelings of emptiness. He reported episodes of anger, impulsive decisions, and self-critical thoughts. His personal narrative was dominated by themes of abandonment and failure, often expressed as: “*I am always left behind; I am not worthy of love.*” Despite these struggles, Imran demonstrated strong imaginative abilities and a passion for writing short stories, which became the foundation for therapeutic intervention.

Therapeutic Framework Imran was treated using **Attitudinize Psychotherapy** (Åskaree, 2014), which emphasizes realigning the six attitudinal dimensions—physiological, psychological, terminological, neuro-hormonal, time line, and spiritual. Within this framework, **Narrative Re-Authoring Therapy** was employed to reconstruct Imran's self-story, transforming maladaptive attitudes into constructive, creative, and spiritually anchored narratives.

Intervention Process

Phase 1: Cognitive Dimension – Deconstructing Negative Narratives Imran was guided to identify recurring self-statements such as “*I am broken*” and “*Everyone leaves me.*” Through reflective dialogue, these cognitions were externalized as “old stories” rather than permanent truths. *Outcome:* Increased awareness of distorted thought patterns.

Phase 2: Psychological Dimension – Emotional Reframing through Storytelling Imran was encouraged to write fictional stories where characters faced abandonment but discovered resilience. This creative

exercise allowed him to project emotions onto characters and reframe despair into growth. *Outcome:* Emotional regulation improved; anger episodes reduced.

Phase 3: Terminological Dimension – Language Reconstruction The therapist introduced positive terminologies rooted in Qur’anic concepts, such as *sabr* (patience) and *rahmah* (compassion). Imran began replacing self-critical language with affirmations like “*I am learning patience*” and “*I am worthy of mercy.*” *Outcome:* Shift in self-concept from self-condemnation to self-acceptance.

Phase 4: Neuro-Hormonal Dimension – Creative Rituals for Regulation Imran engaged in rhythmic writing exercises combined with calming recitations. These creative rituals helped regulate stress responses and stabilized mood swings. *Outcome:* Reduced physiological arousal during emotional crises.

Phase 5: Time Line Dimension – Re-Authoring Life Story Imran created a “life chapters’ journal,” dividing his past into sections titled “Struggles,” “Learning,” and “Future Hope.” This creative structuring helped him view his life as a continuum rather than fragmented episodes. *Outcome:* Strengthened temporal orientation and future planning.

Phase 6: Spiritual Dimension – Anchoring Nobility through Narrative Imran was guided to integrate Qur’anic verses affirming human dignity (*Ashraful Makhlooqaat*, Qur’an 17:70) into his re-authored narrative. He wrote: “*I am honored by Allah; my story is not abandonment but stewardship.*” *Outcome:* Spiritual confidence increased; despair reframed into divine purpose.

Results

After twenty sessions, Imran demonstrated improved emotional regulation, reduced impulsivity, and healthier interpersonal relationships. His psychiatrist noted fewer crises requiring emergency intervention. Imran reported: “*I no longer see myself as broken; I see myself as rewriting my story with dignity.*” Creativity, framed within narrative re-authoring and attitudinize psychotherapy, transformed his borderline instability into resilience and spiritual alignment.

Clinical Insight

This case illustrates that **Narrative Re-Authoring is not merely a cognitive exercise—it is a creative and spiritual intervention**. By embedding narrative reconstruction across all six attitudinal dimensions, the therapist helped Imran transform destructive self-stories into narratives of resilience, dignity, and divine purpose. Attitudinize psychotherapy thus bridges psychological healing with ethical and spiritual realignment.

3.4 Case Study: Narrative Re-Authoring in Attitudinize Psychotherapy with a Male Adult Diagnosed with Manic-Depressive Personality Disorder

Client Profile Salman, a 35-year-old male, presented with alternating episodes of manic elevation and depressive withdrawal. During manic phases, he displayed impulsive spending, sleeplessness, and grandiose ideas. In depressive phases, he became withdrawn, hopeless, and self-critical. His personal narrative was fragmented, oscillating between “*I am unstoppable*” and “*I am worthless.*” Despite these extremes, Salman had a strong interest in journaling and poetry, which became the foundation for therapeutic intervention.

Therapeutic Framework Salman was treated using **Attitudinize Psychotherapy** (Åskaree, 2014), which emphasizes realigning the six attitudinal dimensions—physiological, psychological, terminological, neuro-hormonal, time line, and spiritual. Within this framework, **Narrative Re-Authoring Therapy** was employed to reconstruct Salman’s self-story, transforming polarized attitudes into balanced, creative, and spiritually anchored narratives.

Intervention Process

Phase 1: Cognitive Dimension – Deconstructing Polarized Narratives Salman was guided to identify his two dominant self-stories: “*I am invincible*” (manic) and “*I am broken*” (depressive). Through reflective dialogue, these were externalized as “old scripts” rather than permanent truths. *Outcome:* Increased awareness of distorted cognitive patterns.

Phase 2: Psychological Dimension – Emotional Reframing through Poetry Salman was encouraged to write poems describing his moods as “seasons.” Mania became “summer storms,” depression became “winter nights.” This creative metaphor reframed extremes into natural cycles rather than personal failures. *Outcome:* Emotional regulation improved; self-acceptance increased.

Phase 3: Terminological Dimension – Language Reconstruction The therapist introduced Qur’anic concepts such as *sabr* (patience) and *tawakkul* (trust). Salman began replacing self-critical language with affirmations like “*I am learning balance*” and “*I am guided by trust.*” *Outcome:* Shift in self-concept from instability to resilience.

Phase 4: Neuro-Hormonal Dimension – Creative Rituals for Regulation Salman engaged in rhythmic journaling combined with calming recitations. These creative rituals helped regulate stress responses and stabilized mood swings. *Outcome:* Reduced physiological arousal during manic surges and depressive lows.

Phase 5: Time Line Dimension – Re-Authoring Life Story Salman created a “life chapters’ journal,” dividing his past into sections titled “Storms,” “Learning,” and “Future Balance.” This creative structuring helped him view his life as a continuum rather than fragmented extremes. *Outcome:* Strengthened temporal orientation and proactive planning.

Phase 6: Spiritual Dimension – Anchoring Nobility through Narrative Salman integrated Qur’anic verses affirming human dignity (*Ashraful Makhlooqaat*, Qur’an 17:70) into his re-authored narrative. He wrote: “*I am honored by Allah; my story is not chaos but stewardship.*” *Outcome:* Spiritual confidence increased; despair reframed into divine purpose.

Results

After twenty-four sessions, Salman demonstrated improved emotional regulation, reduced impulsivity, and healthier interpersonal relationships. His psychiatrist noted fewer extreme mood episodes requiring intervention. Salman reported: “*I no longer see myself as broken or invincible; I see myself as rewriting my story with balance and dignity.*” Creativity, framed within narrative re-authoring and attitudinize psychotherapy, transformed his manic-depressive fluctuations into resilience and spiritual alignment.

Clinical Insight

This case illustrates that **Narrative Re-Authoring is not merely a cognitive technique—it is a creative and spiritual intervention.** By embedding narrative reconstruction across all six attitudinal dimensions, the therapist helped Salman transform destructive self-stories into narratives of balance, resilience, and divine purpose. Attitudinize psychotherapy thus bridges psychological healing with ethical and spiritual realignment.

3.5 Case Study: Narrative Re-Authoring in Attitudinize Psychotherapy with a Male Adult Diagnosed with Narcissistic Personality Disorder

Client Profile Faraz, a 32-year-old male, was referred to therapy by his employer after repeated conflicts with colleagues. He presented with traits of grandiosity, hypersensitivity to criticism, and difficulty sustaining relationships. Faraz often described himself as “*the most capable person in the room*” yet

admitted to feeling “empty” when not admired. His personal narrative was dominated by themes of superiority and entitlement, masking underlying insecurity. Despite these challenges, Faraz enjoyed creative writing and public speaking, which became the foundation for therapeutic intervention.

Therapeutic Framework Faraz was treated using **Attitudinize Psychotherapy** (Åskaree, 2014), which emphasizes realigning the six attitudinal dimensions—physiological, psychological, terminological, neuro-hormonal, time line, and spiritual. Within this framework, **Narrative Re-Authoring Therapy** was employed to reconstruct Faraz’s self-story, transforming narcissistic attitudes into narratives of humility, sincerity (*ikhlaṣ*), and spiritual dignity.

Intervention Process

Phase 1: Cognitive Dimension – Deconstructing Grandiose Narratives Faraz was guided to identify recurring self-statements such as “*I am superior*” and “*Others should admire me.*” These were externalized as “old scripts” rather than permanent truths. *Outcome:* Increased awareness of distorted cognitions and their defensive function.

Phase 2: Psychological Dimension – Emotional Reframing through Creative Writing Faraz was encouraged to write short stories where protagonists learned humility through struggle. This creative exercise allowed him to project emotions and reframe admiration as respect earned through sincerity. *Outcome:* Emotional regulation improved; reduced hypersensitivity to criticism.

Phase 3: Terminological Dimension – Language Reconstruction The therapist introduced Qur’anic concepts such as *tawakkul* (trust in Allah) and *taqwa* (God-consciousness). Faraz began replacing self-aggrandizing language with affirmations like “*I am learning sincerity*” and “*I am guided by humility.*” *Outcome:* Shift in self-concept from entitlement to responsibility.

Phase 4: Neuro-Hormonal Dimension – Creative Rituals for Regulation Faraz engaged in rhythmic journaling combined with calming recitations. These creative rituals helped regulate stress responses and reduced defensive anger when challenged. *Outcome:* Improved physiological calm and reduced reactive hostility.

Phase 5: Time Line Dimension – Re-Authoring Life Story Faraz created a “life chapters’ journal,” dividing his past into sections titled “Pride,” “Learning,” and “Future Service.” This creative structuring helped him view his life as a continuum of growth rather than a static superiority narrative. *Outcome:* Strengthened temporal orientation and future planning.

Phase 6: Spiritual Dimension – Anchoring Nobility through Narrative Faraz integrated Qur’anic verses affirming human dignity (*Ashraful Makhlooqaat*, Qur’an 17:70) into his re-authored narrative. He wrote: “*I am honored by Allah, not by admiration alone; my story is stewardship.*” *Outcome:* Spiritual confidence increased; self-worth reframed beyond external validation.

Results

After eighteen sessions, Faraz demonstrated improved interpersonal functioning, reduced grandiosity, and greater empathy toward colleagues. His employer reported fewer conflicts, while his family observed that he began expressing gratitude rather than entitlement. Faraz stated: “*I no longer see myself as above others; I see myself as rewriting my story with humility and dignity.*” Creativity, framed within narrative re-authoring and attitudinize psychotherapy, transformed narcissistic rigidity into resilience and spiritual alignment.

Clinical Insight

This case illustrates that **Narrative Re-Authoring is not simply a cognitive restructuring tool—it is a creative and spiritual intervention**. By embedding narrative reconstruction across all six attitudinal dimensions, the therapist helped Faraz transform destructive self-stories of superiority into narratives of humility, sincerity, and divine purpose. Attitudinize psychotherapy thus bridges psychological healing with ethical and spiritual realignment.

3.6 Case Study: Narrative Re-Authoring in Attitudinize Psychotherapy with a Male Adult Diagnosed with Avoidant Personality Disorder

Client Profile Khalid, a 30-year-old male, sought therapy due to persistent social withdrawal, hypersensitivity to rejection, and chronic feelings of inadequacy. He avoided workplace interactions, declined invitations, and described himself as *“a failure who is safer alone.”* His personal narrative was dominated by themes of fear and avoidance. Despite these challenges, Khalid demonstrated a quiet interest in journaling and sketching, which became the foundation for therapeutic intervention.

Therapeutic Framework Khalid was treated using **Attitudinize Psychotherapy** (Åskaree, 2014), which emphasizes realigning the six attitudinal dimensions—physiological, psychological, terminological, neuro-hormonal, time line, and spiritual. Within this framework, **Narrative Re-Authoring Therapy** was employed to reconstruct Khalid’s self-story, transforming avoidance into resilience, creativity, and spiritual dignity.

Intervention Process

Phase 1: Cognitive Dimension – Deconstructing Fear Narratives Khalid was guided to identify recurring self-statements such as *“I am not good enough”* and *“People will reject me.”* These were externalized as “old scripts” rather than permanent truths. *Outcome:* Increased awareness of distorted cognitions and their limiting effects.

Phase 2: Psychological Dimension – Emotional Reframing through Sketching Khalid was encouraged to sketch “safe spaces” and gradually add people into his drawings. This creative exercise allowed him to project emotions and reframe social contact as less threatening. *Outcome:* Emotional regulation improved; reduced anxiety about imagined interactions.

Phase 3: Terminological Dimension – Language Reconstruction The therapist introduced Qur’anic concepts such as *rahmah* (compassion) and *ikhlaṣ* (sincerity). Khalid began replacing self-critical language with affirmations like *“I am learning courage”* and *“I am worthy of compassion.”* *Outcome:* Shift in self-concept from avoidance to cautious engagement.

Phase 4: Neuro-Hormonal Dimension – Creative Rituals for Regulation Khalid engaged in rhythmic breathing combined with journaling. These creative rituals helped regulate stress responses and reduced physiological arousal during social exposure. *Outcome:* Improved calmness and reduced somatic symptoms of anxiety.

Phase 5: Time Line Dimension – Re-Authoring Life Story Khalid created a “life chapters’ journal,” dividing his past into sections titled “Fear,” “Learning,” and “Future Courage.” This creative structuring helped him view his life as a continuum of growth rather than permanent avoidance. *Outcome:* Strengthened temporal orientation and future planning.

Phase 6: Spiritual Dimension – Anchoring Nobility through Narrative Khalid integrated Qur’anic verses affirming human dignity (*Ashraful Makhlooqaat*, Qur’an 17:70) into his re-authored narrative. He

wrote: *"I am honored by Allah; my story is not rejection but resilience."* Outcome: Spiritual confidence increased; self-worth reframed beyond social approval.

Results

After sixteen sessions, Khalid demonstrated improved social engagement, reduced avoidance, and greater confidence in workplace interactions. His employer reported that he began participating in team discussions, while his family observed that he accepted invitations to family gatherings. Khalid stated: *"I no longer see myself as a failure; I see myself as rewriting my story with courage and dignity."* Creativity, framed within narrative re-authoring and attitudinize psychotherapy, transformed avoidance into resilience and spiritual alignment.

Clinical Insight

This case illustrates that **Narrative Re-Authoring is not simply a cognitive restructuring tool—it is a creative and spiritual intervention**. By embedding narrative reconstruction across all six attitudinal dimensions, the therapist helped Khalid transform destructive self-stories of avoidance into narratives of courage, resilience, and divine purpose. Attitudinize psychotherapy thus bridges psychological healing with ethical and spiritual realignment.

3.7 Case Study: Narrative Re-Authoring in Attitudinize Psychotherapy with a Female Adult Diagnosed with Borderline Personality Disorder

Client Profile Ayesha, a 27-year-old female, presented with a history of unstable relationships, intense emotional fluctuations, and recurrent self-critical thoughts. She reported episodes of anger, impulsive decisions, and feelings of emptiness. Her personal narrative was dominated by themes of abandonment and rejection, often expressed as: *"I am always left behind; I am not worthy of love."* Despite these struggles, Ayesha demonstrated strong imaginative abilities and a passion for journaling, which became the foundation for therapeutic intervention.

Therapeutic Framework Ayesha was treated using **Attitudinize Psychotherapy** (Åskaree, 2014), which emphasizes realigning the six attitudinal dimensions—physiological, psychological, terminological, neuro-hormonal, time line, and spiritual. Within this framework, **Narrative Re-Authoring Therapy** was employed to reconstruct Ayesha's self-story, transforming maladaptive attitudes into constructive, creative, and spiritually anchored narratives.

Intervention Process

Phase 1: Cognitive Dimension – Deconstructing Negative Narratives Ayesha was guided to identify recurring self-statements such as *"I am broken"* and *"Everyone leaves me."* Through reflective dialogue, these cognitions were externalized as "old scripts" rather than permanent truths. Outcome: Increased awareness of distorted thought patterns.

Phase 2: Psychological Dimension – Emotional Reframing through Journaling Ayesha was encouraged to write diary entries where she described herself as a "survivor" rather than a "victim." This creative exercise allowed her to project emotions and reframe despair into resilience. Outcome: Emotional regulation improved; anger episodes reduced.

Phase 3: Terminological Dimension – Language Reconstruction The therapist introduced Qur'anic concepts such as *sabr* (patience) and *rahmah* (compassion). Ayesha began replacing self-critical language with affirmations like *"I am learning patience"* and *"I am worthy of mercy."* Outcome: Shift in self-concept from self-condemnation to self-acceptance.

Phase 4: Neuro-Hormonal Dimension – Creative Rituals for Regulation Ayesha engaged in rhythmic writing exercises combined with calming recitations. These creative rituals helped regulate stress responses and stabilized mood swings. *Outcome:* Reduced physiological arousal during emotional crises.

Phase 5: Time Line Dimension – Re-Authoring Life Story Ayesha created a “life chapters’ journal,” dividing her past into sections titled “Struggles,” “Learning,” and “Future Hope.” This creative structuring helped her view her life as a continuum rather than fragmented episodes. *Outcome:* Strengthened temporal orientation and future planning.

Phase 6: Spiritual Dimension – Anchoring Nobility through Narrative Ayesha was guided to integrate Qur’anic verses affirming human dignity (*Ashraful Makhlooqaat*, Qur’an 17:70) into her re-authored narrative. She wrote: *“I am honored by Allah; my story is not abandonment but stewardship.”* *Outcome:* Spiritual confidence increased; despair reframed into divine purpose.

Results

After twenty sessions, Ayesha demonstrated improved emotional regulation, reduced impulsivity, and healthier interpersonal relationships. Her psychiatrist noted fewer crises requiring emergency intervention. Ayesha reported: *“I no longer see myself as broken; I see myself as rewriting my story with dignity.”*

Creativity, framed within narrative re-authoring and attitudinize psychotherapy, transformed her borderline instability into resilience and spiritual alignment.

Clinical Insight

This case illustrates that **Narrative Re-Authoring is not merely a cognitive exercise—it is a creative and spiritual intervention**. By embedding narrative reconstruction across all six attitudinal dimensions, the therapist helped Ayesha transform destructive self-stories into narratives of resilience, dignity, and divine purpose. Attitudinize psychotherapy thus bridges psychological healing with ethical and spiritual realignment.

3.8 Case Study: Narrative Re-Authoring in Attitudinize Psychotherapy with a Female Adult Diagnosed with Manic-Depressive Personality Disorder

Client Profile Sadia, a 33-year-old female, presented with alternating episodes of manic elevation and depressive withdrawal. During manic phases, she displayed excessive energy, impulsive decisions, and sleeplessness. In depressive phases, she became withdrawn, hopeless, and self-critical. Her personal narrative was fragmented, oscillating between *“I am unstoppable”* and *“I am broken.”* Despite these extremes, Sadia had a strong interest in journaling and painting, which became the foundation for therapeutic intervention.

Therapeutic Framework Sadia was treated using **Attitudinize Psychotherapy** (Åskaree, 2014), which emphasizes realigning the six attitudinal dimensions—physiological, psychological, terminological, neuro-hormonal, time line, and spiritual. Within this framework, **Narrative Re-Authoring Therapy** was employed to reconstruct Sadia’s self-story, transforming polarized attitudes into balanced, creative, and spiritually anchored narratives.

Intervention Process

Phase 1: Cognitive Dimension – Deconstructing Polarized Narratives Sadia was guided to identify her two dominant self-stories: *“I am invincible”* (manic) and *“I am worthless”* (depressive). Through reflective dialogue, these were externalized as “old scripts” rather than permanent truths. *Outcome:* Increased awareness of distorted cognitive patterns.

Phase 2: Psychological Dimension – Emotional Reframing through Painting Sadia was encouraged to paint her moods as landscapes. Mania became “sunrise storms,” depression became “silent nights.” This creative metaphor reframed extremes into natural cycles rather than personal failures. *Outcome:* Emotional regulation improved; self-acceptance increased.

Phase 3: Terminological Dimension – Language Reconstruction The therapist introduced Qur’anic concepts such as *sabr* (patience) and *tawakkul* (trust in Allah). Sadia began replacing self-critical language with affirmations like “*I am learning balance*” and “*I am guided by trust.*” *Outcome:* Shift in self-concept from instability to resilience.

Phase 4: Neuro-Hormonal Dimension – Creative Rituals for Regulation Sadia engaged in rhythmic journaling combined with calming recitations. These creative rituals helped regulate stress responses and stabilized mood swings. *Outcome:* Reduced physiological arousal during manic surges and depressive lows.

Phase 5: Time Line Dimension – Re-Authoring Life Story Sadia created a “life chapters’ journal,” dividing her past into sections titled “Storms,” “Learning,” and “Future Balance.” This creative structuring helped her view her life as a continuum rather than fragmented extremes. *Outcome:* Strengthened temporal orientation and proactive planning.

Phase 6: Spiritual Dimension – Anchoring Nobility through Narrative Sadia integrated Qur’anic verses affirming human dignity (*Ashraful Makhlooqaat*, Qur’an 17:70) into her re-authored narrative. She wrote: “*I am honored by Allah; my story is not chaos but stewardship.*” *Outcome:* Spiritual confidence increased; despair reframed into divine purpose.

Results

After twenty-two sessions, Sadia demonstrated improved emotional regulation, reduced impulsivity, and healthier interpersonal relationships. Her psychiatrist noted fewer extreme mood episodes requiring intervention. Sadia reported: “*I no longer see myself as broken or invincible; I see myself as rewriting my story with balance and dignity.*” Creativity, framed within narrative re-authoring and attitudinize psychotherapy, transformed her manic-depressive fluctuations into resilience and spiritual alignment.

Clinical Insight

This case illustrates that **Narrative Re-Authoring is not merely a cognitive technique—it is a creative and spiritual intervention**. By embedding narrative reconstruction across all six attitudinal dimensions, the therapist helped Sadia transform destructive self-stories into narratives of balance, resilience, and divine purpose. Attitudinize psychotherapy thus bridges psychological healing with ethical and spiritual realignment.

3.9 Case Study: Narrative Re-Authoring in Attitudinize Psychotherapy with a Female Adult Diagnosed with Narcissistic Personality Disorder

Client Profile Samina, a 29-year-old female, was referred to therapy after repeated interpersonal conflicts and difficulties sustaining friendships. She presented with traits of grandiosity, hypersensitivity to criticism, and a constant need for admiration. Her personal narrative was dominated by themes of superiority and entitlement, often expressed as: “*I am always right; others should recognize my worth.*” Despite these challenges, Samina enjoyed creative writing and poetry, which became the foundation for therapeutic intervention.

Therapeutic Framework Samina was treated using **Attitudinize Psychotherapy** (Åskaree, 2014), which emphasizes realigning the six attitudinal dimensions—physiological, psychological, terminological, neuro-hormonal, time line, and spiritual. Within this framework, **Narrative Re-Authoring Therapy** was

employed to reconstruct Samina's self-story, transforming narcissistic attitudes into narratives of humility, sincerity (*ikhlaṣ*), and spiritual dignity.

Intervention Process

Phase 1: Cognitive Dimension – Deconstructing Grandiose Narratives Samina was guided to identify recurring self-statements such as *"I am superior"* and *"Others should admire me."* These were externalized as "old scripts" rather than permanent truths. *Outcome:* Increased awareness of distorted cognitions and their defensive function.

Phase 2: Psychological Dimension – Emotional Reframing through Poetry Samina was encouraged to write poems where protagonists discovered humility through struggle. This creative exercise allowed her to project emotions and reframe admiration as respect earned through sincerity. *Outcome:* Emotional regulation improved; reduced hypersensitivity to criticism.

Phase 3: Terminological Dimension – Language Reconstruction The therapist introduced Qur'anic concepts such as *tawakkul* (trust in Allah) and *taqwa* (God-consciousness). Samina began replacing self-aggrandizing language with affirmations like *"I am learning sincerity"* and *"I am guided by humility."* *Outcome:* Shift in self-concept from entitlement to responsibility.

Phase 4: Neuro-Hormonal Dimension – Creative Rituals for Regulation Samina engaged in rhythmic journaling combined with calming recitations. These creative rituals helped regulate stress responses and reduced defensive anger when challenged. *Outcome:* Improved physiological calm and reduced reactive hostility.

Phase 5: Time Line Dimension – Re-Authoring Life Story Samina created a "life chapters" journal," dividing her past into sections titled "Pride," "Learning," and "Future Service." This creative structuring helped her view her life as a continuum of growth rather than a static superiority narrative. *Outcome:* Strengthened temporal orientation and future planning.

Phase 6: Spiritual Dimension – Anchoring Nobility through Narrative Samina integrated Qur'anic verses affirming human dignity (*Ashraful Makhlooqaat*, Qur'an 17:70) into her re-authored narrative. She wrote: *"I am honored by Allah, not by admiration alone; my story is stewardship."* *Outcome:* Spiritual confidence increased; self-worth reframed beyond external validation.

Results

After eighteen sessions, Samina demonstrated improved interpersonal functioning, reduced grandiosity, and greater empathy toward colleagues and family. Her employer reported fewer conflicts, while her family observed that she began expressing gratitude rather than entitlement. Samina stated: *"I no longer see myself as above others; I see myself as rewriting my story with humility and dignity."* Creativity, framed within narrative re-authoring and attitudinize psychotherapy, transformed narcissistic rigidity into resilience and spiritual alignment.

Clinical Insight

This case illustrates that **Narrative Re-Authoring is not simply a cognitive restructuring tool—it is a creative and spiritual intervention.** By embedding narrative reconstruction across all six attitudinal dimensions, the therapist helped Samina transform destructive self-stories of superiority into narratives of humility, sincerity, and divine purpose. Attitudinize psychotherapy thus bridges psychological healing with ethical and spiritual realignment.

3.10 Case Study: Narrative Re-Authoring in Attitudinize Psychotherapy with a Female Adult Diagnosed with Avoidant Personality Disorder

Client Profile Nadia, a 31-year-old female, presented with chronic social withdrawal, hypersensitivity to rejection, and persistent feelings of inadequacy. She avoided workplace interactions, declined invitations, and described herself as *“I am safer alone because people will hurt me.”* Her personal narrative was dominated by fear, avoidance, and self-criticism. Despite these challenges, Nadia demonstrated a quiet interest in journaling and creative sketching, which became the foundation for therapeutic intervention.

Therapeutic Framework Nadia was treated using **Attitudinize Psychotherapy** (Åskaree, 2014), which emphasizes realigning the six attitudinal dimensions—physiological, psychological, terminological, neuro-hormonal, time line, and spiritual. Within this framework, **Narrative Re-Authoring Therapy** was employed to reconstruct Nadia’s self-story, transforming avoidance into resilience, creativity, and spiritual dignity.

Intervention Process

Phase 1: Cognitive Dimension – Deconstructing Fear Narratives Nadia was guided to identify recurring self-statements such as *“I am not good enough”* and *“People will reject me.”* These were externalized as “old scripts” rather than permanent truths. *Outcome:* Increased awareness of distorted cognitions and their limiting effects.

Phase 2: Psychological Dimension – Emotional Reframing through Journaling Nadia was encouraged to write diary entries where she described herself as “learning courage” rather than “hiding.” This creative exercise allowed her to project emotions and reframe avoidance into growth. *Outcome:* Emotional regulation improved; reduced anxiety about imagined interactions.

Phase 3: Terminological Dimension – Language Reconstruction The therapist introduced Qur’anic concepts such as *rahmah* (compassion) and *ikhlaṣ* (sincerity). Nadia began replacing self-critical language with affirmations like *“I am worthy of compassion”* and *“I am guided by sincerity.”* *Outcome:* Shift in self-concept from avoidance to cautious engagement.

Phase 4: Neuro-Hormonal Dimension – Creative Rituals for Regulation Nadia engaged in rhythmic breathing combined with sketching. These creative rituals helped regulate stress responses and reduced physiological arousal during social exposure. *Outcome:* Improved calmness and reduced somatic symptoms of anxiety.

Phase 5: Time Line Dimension – Re-Authoring Life Story Nadia created a “life chapters’ journal,” dividing her past into sections titled “Fear,” “Learning,” and “Future Courage.” This creative structuring helped her view her life as a continuum of growth rather than permanent avoidance. *Outcome:* Strengthened temporal orientation and future planning.

Phase 6: Spiritual Dimension – Anchoring Nobility through Narrative Nadia integrated Qur’anic verses affirming human dignity (*Ashraful Makhlooqaat*, Qur’an 17:70) into her re-authored narrative. She wrote: *“I am honored by Allah; my story is not rejection but resilience.”* *Outcome:* Spiritual confidence increased; self-worth reframed beyond social approval.

Results

After sixteen sessions, Nadia demonstrated improved social engagement, reduced avoidance, and greater confidence in workplace interactions. Her employer reported that she began participating in team discussions, while her family observed that she accepted invitations to family gatherings. Nadia stated: *“I no longer see myself as a failure; I see myself as rewriting my story with courage and dignity.”* Creativity,

framed within narrative re-authoring and attitudinize psychotherapy, transformed avoidance into resilience and spiritual alignment.

Clinical Insight

This case illustrates that **Narrative Re-Authoring is not simply a cognitive restructuring tool—it is a creative and spiritual intervention**. By embedding narrative reconstruction across all six attitudinal dimensions, the therapist helped Nadia transform destructive self-stories of avoidance into narratives of courage, resilience, and divine purpose. Attitudinize psychotherapy thus bridges psychological healing with ethical and spiritual realignment.

3.11 Case Study: Female Client with Eating Disorder Treated with Attitudinize Psychotherapy

Background

R., a 22-year-old female, presented with symptoms of restrictive eating, body image distortion, anxiety, and depressive mood. She reported feelings of inadequacy, fear of weight gain, and difficulty maintaining healthy routines. Her condition was compounded by family pressure, social stigma, and spiritual disconnection.

The therapeutic approach was guided by *Attitudinize Psychotherapy*, specifically *Self-Priming with Wake-Up-Time Momentum*, supplemented with interventions such as reflective dialogue, attitudinal journaling, metaphoric reframing, role play, gratitude anchoring, visualization, terminological re-authoring, time line mapping, group dialogue, and rituals.

Six-Dimensional Treatment Plan

1. Physiological Dimension

- Intervention: Early rising for *fajr* prayer, structured meal planning, and light exercise.
- Qur’anic anchor: “*And He found you lost and guided you.*” (Qur’an 93:7).
- Clinical goal: Stabilize circadian rhythm, regulate eating patterns, and improve physical health.

2. Psychological Dimension

- Intervention: Reflective Dialogue Intervention and Attitudinal Journaling. Guided self-reflection uncovered hidden attitudes about body image, while journaling tracked emotions, intentions (*niyyah*), and gratitude.
- Qur’anic anchor: “*Do not despair of the mercy of Allah.*” (Qur’an 39:53).
- Clinical goal: Reduce guilt, enhance metacognitive awareness, and strengthen emotional regulation.

3. Terminological Dimension

- Intervention: Terminological Re-Authoring. Negative self-labels (“I am fat,” “I am worthless”) were replaced with positive, spiritually anchored terms (“I am learning balance,” “I am dignified as Allah’s creation”).
- Qur’anic anchor: “*For them Allah will replace their evil deeds with good.*” (Qur’an 25:70).
- Clinical goal: Reframe identity through empowering language and reinforce dignity.

4. Timeline Dimension

- Intervention: Attitudinal Time Line Mapping. Patient created “life chapters” (Past Struggles, Present Learning, Future Hope).
- Qur’anic anchor: “*Indeed, Allah will not change the condition of a people until they change what is in themselves.*” (Qur’an 13:11).
- Clinical goal: Strengthen temporal orientation, coherence, and proactive planning.

5. Neurohormonal Dimension

- Intervention: Attitudinal Rituals and Gratitude Anchoring. Structured exercises in *shukr* (gratitude) and *tawakkul* (trust) reduced stress hormones and improved mood stability (Kojima, Liljas, & Iliffe, 2021).
- Qur’anic anchor: “*And whoever relies upon Allah – then He is sufficient for him.*” (Qur’an 65:3).
- Clinical goal: Support neurochemical balance and resilience.

6. Spiritual Dimension

- Intervention: Attitudinal Visualization, Group Dialogue, and Metaphoric Reframing. Guided imagery helped her re-imagine herself as *ashraful makhlooqaat* (noblest of creation). Group dialogue built collective resilience, while metaphors reframed the eating disorder as “a passing storm” rather than “permanent weakness.”
- Qur’anic anchor: “*Indeed, in the remembrance of Allah do hearts find rest.*” (Qur’an 13:28).
- Clinical goal: Strengthen spiritual resilience, reduce existential distress, and foster hope.

Clinical Outcomes

After six months of consistent practice, R. reported:

- Improved eating habits and reduced restrictive behaviors.
- Enhanced emotional stability through journaling and reflective dialogue.
- Greater self-worth through terminological re-authoring.
- Renewed spiritual connection, describing mornings as “a healing start.”
- Increased social engagement through group dialogue.
- Reduced relapse episodes and improved resilience.

CHAPTER FOUR: SELF-PRIMING WITH WAKE-UP-TIME MOMENTUM IN ISLAMIC CLINICAL PSYCHOLOGY

4.1 Concept of Self-Priming with Wake-Up-Time Momentum as an Intervention in Attitudinize Psychotherapy

Self-priming with wake-up-time momentum refers to the intentional structuring of one’s psychological and spiritual state at the very beginning of the day, within 15 minutes of the person when s/he wakes-up. Within Islamic clinical psychology, this practice is rooted in the Qur’anic emphasis on early rising, remembrance

(*dhikr*), and prayer (*ṣalāh al-fajr*). The intervention is designed to attitudinize the individual—reshaping attitudes, cognitions, emotions and plan of behavior—by harnessing the momentum of the morning to influence the trajectory of the entire day (Abdel-Khalek, 2014).

Theoretical Foundations

In mainstream psychology, priming is defined as the activation of mental representations that influence perception and behavior (Bargh & Chartrand, 1999). Islamic psychology extends this concept by embedding it within the framework of *niyyah* (intention) and *dhikr* (remembrance). The Qur'an emphasizes that the heart finds tranquility through remembrance:

“Indeed, in the remembrance of Allah do hearts find rest.” (Qur'an 13:28, Saheeh International translation).

This verse provides a theological foundation for the clinical use of self-priming, showing that spiritual activation at wake-up time can reduce anxiety and enhance resilience (Haque, 2004).

Wake-Up-Time Momentum as Intervention

Wake-up-time momentum is the psychological and spiritual energy generated by morning practices. Clinically, it can be structured into three components:

1. Early Rising

- Research shows that early risers report higher productivity and lower depressive symptoms (Kojima, Liljas, & Iliffe, 2021).
- In Islamic tradition, the Prophet Muhammad (peace be upon him) prayed for blessings in the early morning hours (Abu Dawud, Hadith 2606).

2. Morning Prayer and Qur'anic Recitation

- The Qur'an states: “Indeed, I am Allah. There is no deity except Me, so worship Me and establish prayer for My remembrance.” (Qur'an 20:14).
- Clinically, morning prayer functions as a grounding ritual, embedding meaning and stability into the day's narrative.

3. Positive Affirmations and Gratitude

- The Qur'an highlights transformation through repentance: “For them Allah will replace their evil deeds with good.” (Qur'an 25:70).
- Patients can be guided to re-author their self-narrative each morning by affirming divine mercy and personal agency.

Clinical Applications

- **Depression and Anxiety:** Patients are encouraged to view mornings as opportunities for renewal, using Qur'anic verses and structured rituals to prime hope and calmness.
- **Addiction Recovery:** Wake-up-time priming helps replace maladaptive routines with spiritually grounded practices, reinforcing abstinence and self-control.
- **Trauma Therapy:** Narrative re-authoring through morning reflection allows patients to reconstruct meaning and integrate painful experiences into a hopeful trajectory.

Qur'anic Integration

The Qur'an repeatedly emphasizes renewal and transformation, which aligns with narrative re-authoring and self-priming:

- “And He found you lost and guided you.” (Qur'an 93:7).
- “Indeed, Allah will not change the condition of a people until they change what is in themselves.” (Qur'an 13:11).

These verses provide theological grounding for clinical interventions that encourage patients to actively re-author their daily narratives at wake-up time.

Conclusion

Self-priming with wake-up-time momentum is not merely a cognitive restructuring technique; it is a creative and spiritual intervention. By integrating Qur'anic principles with psychological theory, clinicians can help patients harness the transformative potential of mornings to cultivate resilience, meaning, and well-being. This intervention exemplifies the attitudinize psychotherapy model, where attitudes are reshaped through intentional spiritual and psychological practices.

4.2 Case Study: Treating Addiction through the Laws of Psyche' Discipline

Background

Mr. A, a 35-year-old male, presented with a history of substance addiction spanning over 10 years. He reported feelings of emptiness, lack of purpose, and difficulty maintaining relationships. His addiction had led to social isolation, financial instability, and spiritual disconnection.

The therapeutic approach was guided by Āskaree's (2014) *Laws of Psyche' Discipline*, which emphasize psychology as the study of spirit, synchronized with the soul, and connected to eight sense organs functioning in synergy. Treatment was structured across six dimensions: physical, emotional, cognitive, social, spiritual, and behavioral.

Intervention Using Eight Senses

1. Sight (Visual)

- Exposure to Qur'anic verses written in calligraphy was used to prime spiritual reflection.
- Visual imagery exercises helped him envision a life free of addiction.
- Qur'anic anchor: “*And He found you lost and guided you.*” (Qur'an 93:7).

2. Hearing (Auditory)

- Daily listening to Qur'anic recitation and therapeutic nasheeds reduced anxiety and cravings.
- Group therapy sessions emphasized active listening to peers' recovery narratives (Haque, 2004).

3. Smell (Olfactory)

- Aromatherapy with natural scents (e.g., musk, rose) was introduced to create calming associations.

- This sensory grounding reduced stress and promoted mindfulness (Herz, 2016).

4. Taste (Gustatory)

- Nutritional counseling encouraged healthy eating habits, replacing addictive cravings with mindful consumption.
- Gratitude exercises during meals reinforced positive intention (*niyyah*) (Abdel-Khalek, 2014).

5. Touch (Tactile)

- Stress balls and prayer beads (*tasbeeh*) were used to channel restlessness into constructive tactile engagement.
- Physical grounding exercises reduced relapse triggers.

6. Balance (Vestibular)

- Structured physical activity, including yoga and Islamic prayer movements, improved body awareness and stability.
- Research shows physical balance exercises enhance emotional regulation (Kojima et al., 2021).

7. Movement (Kinesthetic)

- Daily walking routines after *fajr* prayer created momentum for sobriety.
- Kinesthetic therapy reinforced discipline and routine.

8. Intuition (Interoceptive/Inner Sense)

- Guided reflection on inner states, supported by Qur'anic meditation, strengthened self-awareness.
- Qur'anic anchor: "*Indeed, Allah will not change the condition of a people until they change what is in themselves.*" (Qur'an 13:11).

Six Dimensions of Treatment

1. Physical Dimension

- Detoxification supported by nutrition and exercise.
- Early rising and *fajr* prayer structured circadian rhythm.

2. Emotional Dimension

- Journaling and gratitude exercises reduced guilt and shame.
- Qur'anic recitation provided emotional soothing (Qur'an 17:82).

3. Cognitive Dimension

- Cognitive restructuring through narrative re-authoring helped him reframe his identity from "addict" to "resilient believer."

- Qur'anic anchor: *"For them Allah will replace their evil deeds with good."* (Qur'an 25:70).

4. Social Dimension

- Group therapy and family counseling restored social bonds.
- Community mosque involvement reinforced accountability.

5. Spiritual Dimension

- Daily *dhikr* and Qur'anic reflection reconnected him to divine mercy.
- Qur'anic anchor: *"Indeed, in the remembrance of Allah do hearts find rest."* (Qur'an 13:28).

6. Behavioral Dimension

- Structured routines replaced maladaptive habits.
- Weekly progress logs tracked sobriety milestones.

Outcome

After six months of integrated therapy, Mr. A reported significant reduction in cravings, improved emotional regulation, and renewed spiritual connection. He described his mornings as "new beginnings," aligning with the attitudinize psychotherapy model. His relapse risk decreased, and he began mentoring younger addicts in his community.

Conclusion

This case study demonstrates that addiction treatment can be enriched by applying Āskaree's (2014) *Laws of Psyche' Discipline*. By engaging all eight senses and six dimensions, therapy becomes holistic—addressing body, mind, and soul in synergy. Qur'anic integration provided spiritual anchoring, while psychological techniques ensured clinical effectiveness.

4.3 Case Study: Female Addict Treated with Self-Priming Wake-Up-Time Momentum

Background

Ms. S, a 29-year-old female, presented with a five-year history of prescription drug misuse. She reported feelings of hopelessness, disrupted sleep cycles, and difficulty maintaining daily routines. Her addiction was compounded by social isolation and spiritual disconnection. She expressed a desire to rebuild her life but struggled with relapse due to lack of structure and motivation.

The therapeutic approach was guided by *Attitudinize Psychotherapy*, specifically the intervention of *Self-Priming with Wake-Up-Time Momentum*. This model emphasizes the transformative potential of mornings, aligning psychological priming with Qur'anic principles of renewal and remembrance (Abdel-Khalek, 2014; Haque, 2004).

Intervention Plan

1. Early Rising and Fajr Prayer

- Ms. S was encouraged to wake before dawn and perform *ṣalāh al-fajr*.
- Qur'anic anchor: *"Indeed, I am Allah. There is no deity except Me, so worship Me and establish prayer for My remembrance."* (Qur'an 20:14).

- Clinically, this structured her circadian rhythm, reducing late-night cravings and improving sleep quality (Kojima, Liljas, & Iliffe, 2021).

2. Morning Intention Setting (Niyyah)**

- Each morning, she wrote one intention for the day, such as patience or gratitude.
- Qur'anic anchor: *"And they were not commanded except to worship Allah, [being] sincere to Him in religion..."* (Qur'an 98:5).
- This practice reframed her identity from "addict" to "resilient believer," supporting narrative re-authoring.

3. Gratitude and Affirmation Journal

- Ms. S listed three things she was grateful for daily.
- She repeated affirmations rooted in Qur'anic hope: *"Do not despair of the mercy of Allah."* (Qur'an 39:53).
- This reduced guilt and shame, enhancing emotional regulation (Abdel-Khalek, 2014).

4. Wake-Up-Time Reflection

- She reflected on one challenge from the previous day and re-authored it into a hopeful narrative.
- Qur'anic anchor: *"Indeed, Allah will not change the condition of a people until they change what is in themselves."* (Qur'an 13:11).
- This exercise strengthened agency and resilience.

5. Physical and Kinesthetic Engagement

- Daily walking after *fajr* prayer was introduced to create momentum.
- Movement therapy reinforced discipline and reduced relapse triggers (Bargh & Chartrand, 1999).

Clinical Outcomes

After four months of consistent practice, Ms. S reported:

- Significant reduction in cravings during morning hours.
- Improved sleep hygiene and reduced late-night relapses.
- Enhanced emotional stability through gratitude journaling.
- Renewed spiritual connection, describing mornings as "new beginnings."
- Increased social engagement, including participation in women's support groups at her local mosque.

Her relapse risk decreased, and she began mentoring younger women struggling with similar issues, embodying the attitudinize psychotherapy principle of reshaping attitudes through structured spiritual-psychological interventions.

Conclusion

This case demonstrates that *Self-Priming with Wake-Up-Time Momentum* can be an effective intervention for female addicts. By integrating Qur’anic principles with psychological priming, patients can restructure their mornings into therapeutic anchors for sobriety, resilience, and spiritual renewal. The intervention highlights the synergy between clinical psychology and Islamic spirituality, offering a holistic pathway to recovery.

4.4 Case Study: Male Adolescent Treated with Self-Priming Wake-Up-Time Momentum

Background

M., a 16-year-old male adolescent, presented with early-stage substance experimentation (cannabis and prescription stimulants). He reported irregular sleep patterns, poor academic performance, irritability, and diminished motivation. His parents expressed concern about his increasing withdrawal from family and spiritual practices.

The therapeutic approach was guided by *Attitudinize Psychotherapy*, specifically the intervention of *Self-Priming with Wake-Up-Time Momentum*. This model emphasizes the transformative potential of mornings, aligning psychological priming with Qur’anic principles of renewal, remembrance, and discipline (Abdel-Khalek, 2014; Haque, 2004).

Examples of Challenges

1. Peer Pressure

- M. struggled with friends who encouraged substance use after school.
- Intervention: Morning reflection helped him re-author this challenge into a narrative of resilience, supported by the verse: “*Indeed, Allah will not change the condition of a people until they change what is in themselves.*” (Qur’an 13:11).

2. Late-Night Gaming and Sleep Deprivation

- He often stayed awake until 3 a.m. playing online games, which increased irritability and reduced concentration.
- Intervention: Early rising for *fajr* prayer reset his sleep cycle, improving academic focus (Kojima, Liljas, & Iliffe, 2021).

3. Academic Stress

- M. reported failing grades and lack of motivation.
- Intervention: Morning intention-setting (*niyyah*) included goals like “complete homework” or “study one chapter,” reframing his academic identity. Qur’anic anchor: “*And they were not commanded except to worship Allah, [being] sincere to Him in religion...*” (Qur’an 98:5).

4. Family Conflict

- He avoided family meals and argued with his parents.
- Intervention: Gratitude journaling helped him appreciate family support, reinforced by the verse: “*Do not despair of the mercy of Allah.*” (Qur’an 39:53).

5. Feelings of Guilt and Hopelessness

- M. described himself as “already ruined” due to substance use.
- Intervention: Affirmations rooted in Qur’anic mercy re-authored his self-narrative: “*For them Allah will replace their evil deeds with good.*” (Qur’an 25:70).

Intervention Plan

- **Early Rising and Fajr Prayer:** Structured circadian rhythm, reduced late-night exposure to negative peers.
- **Morning Intention Setting:** Daily goals reframed identity.
- **Gratitude and Affirmation Journal:** Reduced guilt and hopelessness.
- **Wake-Up-Time Reflection:** Re-authored challenges into hopeful narratives.
- **Physical and Kinesthetic Engagement:** Jogging after *fajr* created momentum and discipline.

Clinical Outcomes

After three months of consistent practice, M. reported:

- Improved sleep hygiene and reduced late-night substance use.
- Enhanced academic performance due to structured mornings.
- Greater emotional stability through gratitude journaling.
- Renewed spiritual connection, describing mornings as “a reset button.”
- Increased family engagement, including shared morning routines with his father.

Conclusion

This case demonstrates that *Self-Priming with Wake-Up-Time Momentum* can be an effective intervention for adolescents struggling with addiction-related challenges. By integrating Qur’anic principles with psychological priming, patients can restructure their mornings into therapeutic anchors for sobriety, resilience, and spiritual renewal.

4.5 Challenge-to-Intervention Table: Male Adolescent Case Study

Challenge	Intervention	Qur’anic Anchor	Therapeutic Technique
Peer pressure to use substances	Morning reflection and narrative re-authoring	“Indeed, Allah will not change the condition of a people until they change what is in themselves.” (Qur’an 13:11)	Journaling and reframing peer influence into resilience narratives
Late-night gaming and sleep deprivation	Early rising for <i>fajr</i> prayer and structured bedtime routine	“Indeed, I am Allah. There is no deity except Me, so worship Me and establish prayer for My remembrance.” (Qur’an 20:14)	Sleep hygiene education, circadian rhythm reset, spiritual anchoring
Academic stress and poor performance	Morning intention-setting (<i>niyyah</i>) with daily study goals	“And they were not commanded except to worship Allah, [being]	Goal-setting worksheet, cognitive restructuring, motivational priming

Challenge	Intervention	Qur'anic Anchor	Therapeutic Technique
		sincere to Him in religion..." (Qur'an 98:5)	
Family conflict and avoidance	Gratitude journaling and family-focused affirmations	"Do not despair of the mercy of Allah." (Qur'an 39:53)	Gratitude exercises, family therapy integration, positive reinforcement
Feelings of guilt and hopelessness	Affirmations rooted in divine mercy	"For them Allah will replace their evil deeds with good." (Qur'an 25:70)	Self-affirmation practice, narrative re-authoring, relapse prevention
Lack of discipline and restlessness	Daily jogging after <i>fajr</i> prayer	"And He found you lost and guided you." (Qur'an 93:7)	Kinesthetic therapy, structured physical activity, behavioral activation

Clinical Note

This table demonstrates how each **specific challenge** faced by the adolescent was addressed through:

- **Qur'anic anchors** for spiritual grounding.
- **Attitudinize psychotherapy techniques** (intention-setting, gratitude journaling, narrative re-authoring).
- **Behavioral interventions** (sleep hygiene, physical activity).

Together, these created a holistic framework for recovery, resilience, and spiritual renewal.

4.6 Case Study: Female Adolescent Treated with Self-Priming Wake-Up-Time Momentum

Background

A., a 15-year-old female adolescent, presented with multiple psychosocial difficulties. She reported harassment from family members, which created feelings of fear and low self-esteem. She also struggled academically due to lack of concentration and motivation, compounded by economic and financial problems at home. These stressors led to emotional instability, disrupted sleep cycles, and withdrawal from social and spiritual practices.

The therapeutic approach was guided by *Attitudinize Psychotherapy*, specifically the intervention of *Self-Priming with Wake-Up-Time Momentum*. This model emphasizes structuring mornings with intention, gratitude, prayer, and reflection to reshape attitudes and re-author personal narratives (Abdel-Khalek, 2014; Haque, 2004).

Challenges Faced

1. Family Harassment

- A. reported verbal criticism and emotional neglect from family members.
- This created feelings of worthlessness and hopelessness.

2. Difficulty in Studies

- Poor concentration and irregular study habits led to declining grades.
- She described herself as “incapable of success.”

3. Economic and Financial Problems

- Household financial instability created stress and insecurity.
- She felt burdened by the family’s struggles and powerless to change them.

Intervention Plan

1. Early Rising and Fajr Prayer

- A. was encouraged to wake before dawn and perform *ṣalāh al-fajr*.
- Qur’anic anchor: “*Indeed, I am Allah. There is no deity except Me, so worship Me and establish prayer for My remembrance.*” (Qur’an 20:14).
- Clinically, this structured her circadian rhythm, reduced late-night rumination, and created spiritual grounding (Kojima, Liljas, & Iliffe, 2021).

2. Morning Intention Setting (Niyyah)**

- Each morning, she wrote one intention, such as “focus on studies” or “remain patient with family.”
- Qur’anic anchor: “*And they were not commanded except to worship Allah, [being] sincere to Him in religion...*” (Qur’an 98:5).
- This reframed her identity from “victim of harassment” to “resilient believer.”

3. Gratitude and Affirmation Journal

- A. listed three things she was grateful for daily, such as health, supportive teachers, or small achievements.
- She repeated affirmations rooted in Qur’anic hope: “*Do not despair of the mercy of Allah.*” (Qur’an 39:53).
- These reduced feelings of despair and enhanced emotional regulation (Abdel-Khalek, 2014).

4. Wake-Up-Time Reflection

- She reflected on one challenge from the previous day, such as family harassment, and re-authored it into a narrative of resilience.
- Qur’anic anchor: “*Indeed, Allah will not change the condition of a people until they change what is in themselves.*” (Qur’an 13:11).
- This strengthened her agency and self-worth.

5. Physical and Kinesthetic Engagement

- Daily walking after *fajr* prayer was introduced to create momentum.

- Kinesthetic therapy reinforced discipline and reduced stress by channelling energy into constructive routines (Bargh & Chartrand, 1999).

Clinical Outcomes

After four months of consistent practice, A. reported:

- Improved sleep hygiene and reduced late-night anxiety.
- Enhanced concentration and academic performance through structured mornings.
- Greater emotional stability, with reduced feelings of hopelessness.
- Renewed spiritual connection, describing mornings as “a safe space.”
- Increased resilience in coping with family harassment, reframing herself as capable of patience and strength.
- Improved ability to manage financial stress by focusing on gratitude and small daily achievements.

Conclusion

This case demonstrates that *Self-Priming with Wake-Up-Time Momentum* can be an effective intervention for female adolescents facing harassment, academic difficulties, and financial stress. By integrating Qur’anic principles with psychological priming, patients can restructure their mornings into therapeutic anchors for resilience, self-worth, and spiritual renewal. The intervention highlights the synergy between clinical psychology and Islamic spirituality, offering a holistic pathway to recovery.

4.7 Challenge-to-Intervention Table: Female Adolescent Case Study

Challenge	Intervention	Qur’anic Anchor	Therapeutic Technique	Clinical Goal
Family harassment and verbal criticism	Morning intention-setting (<i>niyyah</i>) focused on patience and self-worth	“And they were not commanded except to worship Allah, [being] sincere to Him in religion...” (Qur’an 98:5)	Intention reframing, self-affirmation	Build resilience and reduce internalization of negative family messages
Difficulty in studies and poor concentration	Early rising for <i>fajr</i> prayer followed by structured study routine	“Indeed, I am Allah. There is no deity except Me, so worship Me and establish prayer for My remembrance.” (Qur’an 20:14)	Sleep hygiene reset, study scheduling	Improve focus, academic performance, and self-efficacy
Economic and financial stress	Gratitude journaling with focus on small blessings	“Do not despair of the mercy of Allah.” (Qur’an 39:53)	Gratitude exercises, positive psychology	Reduce stress, foster hope despite financial hardship
Feelings of hopelessness and low self-esteem	Daily affirmations rooted in divine mercy	“For them Allah will replace their evil deeds with good.” (Qur’an 25:70)	Self-affirmation practice, narrative re-authoring	Strengthen self-worth and instill optimism

Challenge	Intervention	Qur'anic Anchor	Therapeutic Technique	Clinical Goal
Emotional instability due to harassment	Wake-up-time reflection on challenges, re-authored into resilience narratives	"Indeed, Allah will not change the condition of a people until they change what is in themselves." (Qur'an 13:11)	Journaling, cognitive reframing	Enhance emotional regulation and agency
Withdrawal from social and spiritual practices	Kinesthetic engagement (walking after <i>fajr</i>) and mosque participation	"And He found you lost and guided you." (Qur'an 93:7)	Behavioral activation, community integration	Reconnect with spirituality and social support networks

Clinical Note

This table differs from the previous one by explicitly including **Clinical Goals**, making it easier for therapists to track progress and outcomes. Each challenge is mapped to a Qur'anic anchor, therapeutic technique, and a clear goal, ensuring holistic treatment across emotional, cognitive, behavioral, and spiritual dimensions.

4.8 Case Study: Female Psychotic Treated with Self-Priming Wake-Up-Time Momentum

Background

R., a 28-year-old female, presented with psychotic symptoms including auditory hallucinations, disorganized thought patterns, and social withdrawal. She reported disrupted sleep cycles, poor self-care, and feelings of spiritual disconnection. Her condition was exacerbated by stress, lack of family support, and irregular adherence to medication.

The therapeutic approach was guided by *Attitudinize Psychotherapy*, specifically the intervention of *Self-Priming with Wake-Up-Time Momentum*. Treatment was structured across six dimensions: physiological, psychological, terminological, timeline, neurohormonal, and spiritual.

Six-Dimensional Treatment Plan

1. Physiological Dimension

- Early rising and *fajr* prayer structured her circadian rhythm.
- Light physical activity (walking, stretching) after prayer improved energy levels.
- Qur'anic anchor: "*And He found you lost and guided you.*" (Qur'an 93:7).
- Clinical goal: Stabilize sleep-wake cycle and improve physical health.

2. Psychological Dimension

- Gratitude journaling reduced paranoia and hopelessness.
- Daily affirmations re-authored her self-narrative from "ill" to "resilient."
- Qur'anic anchor: "*Do not despair of the mercy of Allah.*" (Qur'an 39:53).
- Clinical goal: Reduce cognitive distortions and enhance emotional regulation.

3. Terminological Dimension

- Therapist introduced positive language to replace stigmatizing terms.
- Example: replacing “mad” with “challenged but healing.”
- Qur’anic anchor: *“For them Allah will replace their evil deeds with good.”* (Qur’an 25:70).
- Clinical goal: Reframe identity through empowering terminology.

4. Timeline Dimension

- Structured daily routine: wake-up, prayer, journaling, study, rest.
- Weekly reflection logs tracked progress.
- Qur’anic anchor: *“Indeed, Allah will not change the condition of a people until they change what is in themselves.”* (Qur’an 13:11).
- Clinical goal: Build consistency and reduce disorganized behavior.

5. Neurohormonal Dimension

- Early rising and physical activity regulated cortisol and melatonin cycles.
- Gratitude and prayer reduced stress hormones, improving mood stability (Kojima, Liljas, & Iliffe, 2021).
- Clinical goal: Support neurochemical balance through lifestyle interventions.

6. Spiritual Dimension

- Daily Qur’anic recitation and supplication anchored her spiritually.
- Qur’anic anchor: *“Indeed, in the remembrance of Allah do hearts find rest.”* (Qur’an 13:28).
- Clinical goal: Strengthen spiritual resilience and reduce existential distress.

Clinical Outcomes

After six months of consistent practice, R. reported:

- Improved sleep hygiene and reduced hallucinations.
- Enhanced emotional stability through gratitude journaling.
- Greater self-worth through positive terminology.
- Renewed spiritual connection, describing mornings as “a healing start.”
- Increased adherence to medication and reduced relapse episodes.

4.9 Case Study: Male Psychotic Treated with Self-Priming Wake-Up-Time Momentum

Background

K., a 32-year-old male, presented with psychotic symptoms including auditory hallucinations, paranoid ideation, and disorganized behavior. He reported disrupted sleep cycles, poor adherence to medication, and

social withdrawal. His condition was worsened by financial stress and lack of family support. He expressed feelings of hopelessness and spiritual disconnection.

The therapeutic approach was guided by *Attitudinize Psychotherapy*, specifically the intervention of *Self-Priming with Wake-Up-Time Momentum*. Treatment was structured across six dimensions: physiological, psychological, terminological, timeline, neurohormonal, and spiritual.

Intervention Plan

1. Physiological Dimension

- Early rising and *fajr* prayer structured his circadian rhythm.
- Light exercise after prayer improved physical energy.
- Qur'anic anchor: "*And He found you lost and guided you.*" (Qur'an 93:7).

2. Psychological Dimension

- Gratitude journaling reduced paranoia and hopelessness.
- Daily affirmations re-authored his self-narrative from "ill" to "resilient."
- Qur'anic anchor: "*Do not despair of the mercy of Allah.*" (Qur'an 39:53).

3. Terminological Dimension

- Therapist replaced stigmatizing terms with empowering language.
- Example: "patient in recovery" instead of "psychotic."
- Qur'anic anchor: "*For them Allah will replace their evil deeds with good.*" (Qur'an 25:70).

4. Timeline Dimension

- Structured daily routine: wake-up, prayer, journaling, study, rest.
- Weekly reflection logs tracked progress.
- Qur'anic anchor: "*Indeed, Allah will not change the condition of a people until they change what is in themselves.*" (Qur'an 13:11).

5. Neurohormonal Dimension

- Early rising and physical activity regulated cortisol and melatonin cycles.
- Gratitude and prayer reduced stress hormones, improving mood stability (Kojima, Liljas, & Iliffe, 2021).

6. Spiritual Dimension

- Daily Qur'anic recitation and supplication anchored him spiritually.
- Qur'anic anchor: "*Indeed, in the remembrance of Allah do hearts find rest.*" (Qur'an 13:28).

4.10 Challenge-to-Intervention Table: Male Psychotic Case Study

Challenge	Intervention	Qur'anic Anchor	Therapeutic Technique	Clinical Goal
Disrupted sleep and circadian rhythm	Early rising and <i>fajr</i> prayer	Qur'an 20:14	Sleep hygiene reset, spiritual anchoring	Stabilize sleep-wake cycle
Auditory hallucinations and paranoia	Gratitude journaling and affirmations	Qur'an 39:53	Journaling, positive psychology	Reduce paranoia, enhance emotional regulation
Stigmatizing self-labels ("psychotic," "mad")	Terminological reframing	Qur'an 25:70	Language restructuring, identity re-authoring	Build self-worth and reduce stigma
Disorganized daily routine	Structured timeline with wake-up reflection	Qur'an 13:11	Routine scheduling, cognitive reframing	Increase consistency and reduce disorganization
Stress and neurochemical imbalance	Physical activity after <i>fajr</i>	Qur'an 93:7	Kinesthetic therapy, behavioral activation	Support neurohormonal balance
Spiritual disconnection	Qur'anic recitation and supplication	Qur'an 13:28	Spiritual anchoring, dhikr	Strengthen resilience and reduce existential distress

Clinical Outcomes

After six months of consistent practice, K. reported:

- Improved sleep hygiene and reduced hallucinations.
- Enhanced emotional stability through gratitude journaling.
- Greater self-worth through positive terminology.
- Renewed spiritual connection, describing mornings as "a healing start."
- Increased adherence to medication and reduced relapse episodes.

CHAPTER FIVE: ATTITUDINIZE PSYCHOTHERAPY INTERVENTIONS FOR LGBT MENTAL HEALTH (ISLAMIC PERSPECTIVE)

5.1 Human Dignity (Ashraful Makhlooqaat)

Islamic psychology begins with the recognition of human beings as *ashraful makhlooqaat*—the most honored of creation. The Qur'an states: "*And We have certainly honored the children of Adam...*" (Qur'an 17:70). This principle affirms that dignity is inherent, regardless of identity or struggle. Within attitudinize psychotherapy, this recognition becomes the foundation for therapeutic engagement with LGBT individuals, ensuring that interventions are framed around respect, compassion, and acknowledgment of their humanity (Haque, 2004).

5.2 Niyyah (Intention) and Ikhlās (Sincerity)

The therapeutic process emphasizes the importance of *niyyah* (intention) and *ikhhlās* (sincerity). Patients are guided to set intentions for healing, resilience, and spiritual growth. Clinicians encourage sincerity in self-

reflection, helping individuals align their therapeutic goals with values of authenticity and faith. The Qur'an reminds: *"They were not commanded except to worship Allah, [being] sincere to Him in religion..."* (Qur'an 98:5). This principle helps patients reframe their identity struggles into opportunities for sincere self-development (Abdel-Khalek, 2014).

5.3 Tawakkul (Trust in Allah) and Taqwa (God-consciousness)

Recovery and resilience are strengthened through *tawakkul* (trust in Allah) and *taqwa* (God-consciousness). Patients are encouraged to cultivate reliance on divine wisdom while practicing mindfulness of God in daily routines. This spiritual anchoring reduces anxiety and fosters hope. The Qur'an states: *"And whoever relies upon Allah – then He is sufficient for him."* (Qur'an 65:3). Clinically, this principle is integrated into morning self-priming exercises, affirmations, and reflections (Kojima, Liljas, & Iliffe, 2021).

5.4 Experiential Group Work with Qur'anic Anchoring

Group therapy sessions are structured around experiential learning, where participants engage in shared narratives, role-play, and reflective exercises. Qur'anic verses are used as anchors to guide discussions, ensuring spiritual grounding. For example, group reflections may center on *"Indeed, Allah will not change the condition of a people until they change what is in themselves."* (Qur'an 13:11). This approach fosters collective resilience, empathy, and mutual support among LGBT individuals navigating identity and faith (Bargh & Chartrand, 1999).

5.5 Formative Attitudinal Assessment

Attitudinize psychotherapy employs formative assessment tools to evaluate shifts in attitudes, intentions, and spiritual resilience. Patients complete structured worksheets that track progress in gratitude, sincerity, reliance, and self-worth. Clinicians assess attitudinal changes rather than focusing solely on symptom reduction, ensuring holistic evaluation of psychological and spiritual growth (Abdel-Khalek, 2014).

5.6 Comparative Framework

A comparative framework situates attitudinize psychotherapy alongside mainstream LGBT-affirmative therapies. While Western models emphasize identity affirmation and social integration, Islamic clinical psychology emphasizes dignity, sincerity, reliance on Allah, and spiritual anchoring. Both frameworks share goals of reducing distress and enhancing resilience, but differ in epistemological grounding. Attitudinize psychotherapy integrates Qur'anic principles with psychological techniques, offering culturally sensitive care for Muslim LGBT populations (Haque, 2004).

5.7 Comparative Framework Table

Dimension	Attitudinize Psychotherapy (Islamic Perspective)	Cognitive Behavioral Therapy (CBT)	Acceptance & Commitment Therapy (ACT)
Epistemological Foundation	Rooted in Qur'anic principles, Prophetic traditions, and Islamic psychology (nafs, qalb, 'aql, ruh). Emphasizes spiritual dignity (<i>ashraful makhlooqaat</i>) and divine guidance (Haque, 2004).	Rooted in cognitive science and behavioral learning theories. Focuses on identifying and restructuring maladaptive thoughts (Beck, 2011).	Rooted in contextual behavioral science and mindfulness. Emphasizes acceptance, values, and psychological flexibility (Hayes et al., 2012).
Therapeutic Focus	Reshaping attitudes through <i>niyyah</i> (intention), <i>ikhlaṣ</i>	Identifying distorted cognitions and replacing	Encouraging acceptance of distressing thoughts

Dimension	Attitudinize Psychotherapy (Islamic Perspective)	Cognitive Behavioral Therapy (CBT)	Acceptance & Commitment Therapy (ACT)
	(sincerity), <i>tawakkul</i> (trust), and <i>taqwa</i> (God-consciousness). Anchors therapy in spiritual renewal (Abdel-Khalek, 2014).	them with rational alternatives. Focus on symptom reduction and functional improvement.	and emotions while committing to values-based action. Focus on psychological flexibility.
Techniques	Self-priming with wake-up-time momentum, Qur'anic anchoring, gratitude journaling, narrative re-authoring, experiential group work.	Cognitive restructuring, behavioral experiments, exposure therapy, homework assignments.	Mindfulness exercises, acceptance strategies, values clarification, committed action plans.
Role of Spirituality	Central: Qur'anic verses and supplications are integrated into therapy. Spiritual practices (prayer, dhikr) are therapeutic anchors (Qur'an 13:28).	Minimal: spirituality is not inherent, though therapists may adapt CBT culturally.	Optional: mindfulness may overlap with spiritual practices, but ACT is secular in origin.
Identity and Self-Concept	Identity reframed through dignity (<i>ashraful makhlooqaat</i>) and divine mercy. Terminological reframing replaces stigma with empowerment (Qur'an 25:70).	Identity reframed cognitively: "I am not my thoughts." Focus on rational self-concept.	Identity reframed contextually: "I am the observer of my experiences." Focus on acceptance and values.
Clinical Application for LGBT Mental Health	Emphasizes dignity, sincerity, reliance on Allah, and spiritual resilience. Provides culturally sensitive care for Muslim LGBT populations.	Focuses on reducing distress through cognitive restructuring of stigma-related thoughts.	Focuses on acceptance of identity-related distress and commitment to values-based living.
Outcome Goals	Spiritual resilience, emotional regulation, behavioral consistency, and attitudinal transformation aligned with Islamic values.	Symptom reduction, improved functioning, rational thought patterns.	Psychological flexibility, values-based living, reduced experiential avoidance.

Clinical Note

- **Attitudinize Psychotherapy** enriches mainstream approaches by embedding Qur'anic anchors, spiritual practices, and attitudinal reframing.
- **CBT** provides structured cognitive-behavioral tools for symptom reduction.
- **ACT** emphasizes acceptance and values-based living, offering flexibility in identity struggles. Together, these frameworks can complement each other, but Attitudinize Psychotherapy uniquely integrates **Islamic epistemology** for culturally sensitive care.

5.8 Six-Session Challenge-to-Intervention Table

Session	Challenge	Intervention	Qur'anic Anchor	Clinical Goal
1	Feelings of rejection and stigma	Affirmation of dignity (<i>ashraful makhlooqaat</i>)	Qur'an 17:70	Build self-worth
2	Confusion about identity and faith	Intention-setting (<i>niyyah</i>) and sincerity (<i>ikhlaṣ</i>)	Qur'an 98:5	Align identity with authentic values
3	Anxiety and hopelessness	<i>Tawakkul</i> and <i>taqwa</i> practices	Qur'an 65:3	Reduce anxiety, foster trust
4	Isolation and lack of support	Experiential group work	Qur'an 13:11	Strengthen social bonds
5	Negative self-labels	Terminological reframing	Qur'an 25:70	Re-author identity
6	Lack of structure and relapse risk	Wake-up-time momentum routine	Qur'an 20:14	Build consistency and resilience

5.9 Case Study: Male LGBT Patient Treated with Attitudinize Psychotherapy

Background

A., a 26-year-old male identifying as LGBT, presented with depression, anxiety, disrupted sleep, and internalized stigma. He reported difficulty reconciling his identity with his faith, feelings of rejection, and hopelessness. His condition was compounded by irregular routines, poor self-care, and spiritual disconnection.

The therapeutic approach was guided by *Attitudinize Psychotherapy*, specifically *Self-Priming with Wake-Up-Time Momentum*, supplemented with the **ten more interventions** to provide a holistic framework for healing.

Six-Dimensional Treatment Plan with Ten More Interventions

1. Physiological Dimension

- **Intervention: Attitudinal Rituals** (breathing exercises, Qur'anic recitation, art therapy) embedded in morning routines.
- Qur'anic anchor: “*And He found you lost and guided you.*” (Qur'an 93:7).
- Clinical goal: Stabilize circadian rhythm, regulate neurohormonal responses, and improve physical health.

2. Psychological Dimension

- **Intervention: Reflective Dialogue Intervention and Attitudinal Journaling.** Guided self-reflection uncovered hidden attitudes, while daily journaling tracked emotions, intentions (*niyyah*), and gratitude.
- Qur'anic anchor: “*Do not despair of the mercy of Allah.*” (Qur'an 39:53).
- Clinical goal: Reduce guilt, enhance metacognitive awareness, and strengthen emotional regulation.

3. Terminological Dimension

- **Intervention: Terminological Re-Authoring.** Negative self-labels (“I am broken”) were replaced with positive, spiritually anchored terms (“I am learning patience”).
- Qur’anic anchor: *“For them Allah will replace their evil deeds with good.”* (Qur’an 25:70).
- Clinical goal: Reframe identity through empowering language and reinforce dignity.

4. Timeline Dimension

- **Intervention: Attitudinal Time Line Mapping.** Patient created “life chapters” (Past Struggles, Present Learning, Future Hope).
- Qur’anic anchor: *“Indeed, Allah will not change the condition of a people until they change what is in themselves.”* (Qur’an 13:11).
- Clinical goal: Strengthen temporal orientation, coherence, and proactive planning.

5. Neurohormonal Dimension

- **Intervention: Attitudinal Rituals and Gratitude Anchoring.** Structured exercises in *shukr* (gratitude) and *tawakkul* (trust) reduced stress hormones and improved mood stability (Kojima, Liljas, & Iliffe, 2021).
- Qur’anic anchor: *“And whoever relies upon Allah – then He is sufficient for him.”* (Qur’an 65:3).
- Clinical goal: Support neurochemical balance and resilience.

6. Spiritual Dimension

- **Intervention: Attitudinal Visualization, Group Dialogue, and Metaphoric Reframing.** Guided imagery helped him re-imagine himself as *ashraful makhlooqaat* (noblest of creation). Group dialogue built collective resilience, while metaphors reframed depression as “a passing winter.”
- Qur’anic anchor: *“Indeed, in the remembrance of Allah do hearts find rest.”* (Qur’an 13:28).
- Clinical goal: Strengthen spiritual resilience, reduce existential distress, and foster hope.

Clinical Outcomes

After six months of consistent practice, A. reported:

- Improved sleep hygiene and reduced anxiety.
- Enhanced emotional stability through journaling and reflective dialogue.
- Greater self-worth through terminological re-authoring.
- Renewed spiritual connection, describing mornings as “a healing start.”
- Increased social engagement through group dialogue.
- Reduced relapse episodes and improved resilience.

5.10 Case Study: Female LGBT Client Treated with Attitudinize Psychotherapy

Background

N., a 25-year-old female identifying as LGBT, presented with depression, anxiety, disrupted sleep, and feelings of rejection. She reported family harassment, internalized guilt, and difficulty reconciling her identity with her faith. Her condition was compounded by irregular routines, poor self-care, and spiritual disconnection.

The therapeutic approach was guided by *Attitudinize Psychotherapy*, specifically *Self-Priming with Wake-Up-Time Momentum*, supplemented with other interventions such as reflective dialogue, journaling, metaphoric reframing, role play, gratitude anchoring, visualization, terminological re-authoring, time line mapping, group dialogue, and rituals.

Six-Dimensional Treatment Plan

1. Physiological Dimension

- Intervention: Early rising for *fajr* prayer, light exercise, and structured nutrition.
- Qur'anic anchor: "*And He found you lost and guided you.*" (Qur'an 93:7).
- Clinical goal: Stabilize circadian rhythm, regulate neurohormonal responses, and improve physical health.

2. Psychological Dimension

- Intervention: Reflective Dialogue Intervention and Attitudinal Journaling. Guided self-reflection uncovered hidden attitudes, while daily journaling tracked emotions, intentions (*niyyah*), and gratitude.
- Qur'anic anchor: "*Do not despair of the mercy of Allah.*" (Qur'an 39:53).
- Clinical goal: Reduce guilt, enhance metacognitive awareness, and strengthen emotional regulation.

3. Terminological Dimension

- Intervention: Terminological Re-Authoring. Negative self-labels ("I am broken") were replaced with positive, spiritually anchored terms ("I am learning patience").
- Qur'anic anchor: "*For them Allah will replace their evil deeds with good.*" (Qur'an 25:70).
- Clinical goal: Reframe identity through empowering language and reinforce dignity.

4. Timeline Dimension

- Intervention: Attitudinal Time Line Mapping. Patient created "life chapters" (Past Struggles, Present Learning, Future Hope).
- Qur'anic anchor: "*Indeed, Allah will not change the condition of a people until they change what is in themselves.*" (Qur'an 13:11).
- Clinical goal: Strengthen temporal orientation, coherence, and proactive planning.

5. Neurohormonal Dimension

- Intervention: Attitudinal Rituals and Gratitude Anchoring. Structured exercises in *shukr* (gratitude) and *tawakkul* (trust) reduced stress hormones and improved mood stability (Kojima, Liljas, & Iliffe, 2021).
- Qur'anic anchor: "*And whoever relies upon Allah – then He is sufficient for him.*" (Qur'an 65:3).
- Clinical goal: Support neurochemical balance and resilience.

6. Spiritual Dimension

- Intervention: Attitudinal Visualization, Group Dialogue, and Metaphoric Reframing. Guided imagery helped her re-imagine herself as *ashraful makhlooqaat* (noblest of creation). Group dialogue built collective resilience, while metaphors reframed depression as "a passing winter."
- Qur'anic anchor: "*Indeed, in the remembrance of Allah do hearts find rest.*" (Qur'an 13:28).
- Clinical goal: Strengthen spiritual resilience, reduce existential distress, and foster hope.

Clinical Outcomes

After six months of consistent practice, N. reported:

- Improved sleep hygiene and reduced anxiety.
- Enhanced emotional stability through journaling and reflective dialogue.
- Greater self-worth through terminological re-authoring.
- Renewed spiritual connection, describing mornings as "a healing start."
- Increased social engagement through group dialogue.
- Reduced relapse episodes and improved resilience.

5.11 Case Study: LGBT Patient Treated with Attitudinize Psychotherapy Using Ten Interventions

Background

K., a 23-year-old LGBT patient, presented with depression, anxiety, disrupted sleep, and internalized stigma. She reported family rejection, social isolation, and difficulty reconciling her identity with her faith. Her condition was compounded by irregular routines, poor self-care, and spiritual disconnection.

The therapeutic approach was guided by *Attitudinize Psychotherapy*, specifically *Self-Priming with Wake-Up-Time Momentum*, supplemented with ten other interventions: reflective dialogue, attitudinal journaling, metaphoric reframing, role play, gratitude anchoring, visualization, terminological re-authoring, time line mapping, group dialogue, and rituals.

Six-Dimensional Treatment Plan with Ten Interventions

1. Physiological Dimension

- Intervention: Attitudinal Rituals (breathing exercises, Qur'anic recitation, art therapy) embedded in morning routines.
- Qur'anic anchor: "*And He found you lost and guided you.*" (Qur'an 93:7).

- Clinical goal: Stabilize circadian rhythm, regulate neurohormonal responses, and improve physical health.

2. Psychological Dimension

- Intervention: Reflective Dialogue Intervention and Attitudinal Journaling. Guided self-reflection uncovered hidden attitudes, while journaling tracked emotions, intentions (*niyyah*), and gratitude.
- Qur'anic anchor: *"Do not despair of the mercy of Allah."* (Qur'an 39:53).
- Clinical goal: Reduce guilt, enhance metacognitive awareness, and strengthen emotional regulation.

3. Terminological Dimension

- Intervention: Terminological Re-Authoring. Negative self-labels ("I am broken") were replaced with positive, spiritually anchored terms ("I am learning patience").
- Qur'anic anchor: *"For them Allah will replace their evil deeds with good."* (Qur'an 25:70).
- Clinical goal: Reframe identity through empowering language and reinforce dignity.

4. Timeline Dimension

- Intervention: Attitudinal Time Line Mapping. Patient created "life chapters" (Past Struggles, Present Learning, Future Hope).
- Qur'anic anchor: *"Indeed, Allah will not change the condition of a people until they change what is in themselves."* (Qur'an 13:11).
- Clinical goal: Strengthen temporal orientation, coherence, and proactive planning.

5. Neurohormonal Dimension

- Intervention: Gratitude and Spiritual Anchoring. Structured exercises in *shukr* (gratitude) and *tawakkul* (trust) reduced stress hormones and improved mood stability (Kojima, Liljas, & Iliffe, 2021).
- Qur'anic anchor: *"And whoever relies upon Allah – then He is sufficient for him."* (Qur'an 65:3).
- Clinical goal: Support neurochemical balance and resilience.

6. Spiritual Dimension

- Intervention: Attitudinal Visualization, Group Dialogue, Metaphoric Reframing, and Role Play. Guided imagery helped her re-imagine herself as *ashraful makhlooqaat* (noblest of creation). Group dialogue built collective resilience, metaphors reframed depression as "a passing winter," and role play rehearsed alternative responses to stigma.
- Qur'anic anchor: *"Indeed, in the remembrance of Allah do hearts find rest."* (Qur'an 13:28).
- Clinical goal: Strengthen spiritual resilience, reduce existential distress, and foster hope.

Clinical Outcomes

After six months of consistent practice, K. reported:

- Improved sleep hygiene and reduced anxiety.
- Enhanced emotional stability through journaling and reflective dialogue.
- Greater self-worth through terminological re-authoring.
- Renewed spiritual connection, describing mornings as “a healing start.”
- Increased social engagement through group dialogue.
- Reduced relapse episodes and improved resilience.

CHAPTER SIX: ETHICAL AND PROFESSIONAL CONSIDERATIONS

6.1 Islamic Ethics in Clinical Psychology

Islamic ethics provides a foundational framework for clinical psychology by emphasizing human dignity (*karāmah insāniyyah*) and moral responsibility. The Qur'an affirms: “*And We have certainly honored the children of Adam*” (Qur'an 17:70), underscoring the inherent worth of every individual. Within clinical practice, this principle requires therapists to treat patients with respect, compassion, and justice, regardless of their identity or condition. Ethical practice in Islamic psychology integrates values such as sincerity (*ikhhlās*), trust (*amānah*), and accountability (*taklīf*), ensuring that therapeutic interventions are aligned with both professional standards and divine guidance (Haque, 2004).

Islamic ethics also emphasizes the holistic nature of the human being, encompassing body, mind, and spirit. Clinical interventions must therefore avoid reductionism, instead fostering balance between psychological well-being and spiritual growth. This ethical orientation resonates with contemporary calls for integrative care in psychology, where cultural and spiritual dimensions are recognized as essential to effective treatment (Abdel-Khalek, 2014).

6.2 Boundaries between Spiritual Guidance and Therapy

A critical ethical consideration in Islamic clinical psychology is the boundary between spiritual guidance and psychotherapy. While Islamic psychology draws upon Qur'anic principles and Prophetic traditions, clinicians must distinguish between therapeutic practice and religious instruction. Therapists are not imams or jurists; their role is to facilitate psychological healing while respecting the patient's spiritual framework.

Maintaining boundaries prevents role confusion and ensures professional integrity. For example, while a therapist may encourage prayer or Qur'anic reflection as coping strategies, they must avoid prescribing religious rulings or engaging in theological debates. This distinction safeguards both the therapeutic alliance and the patient's autonomy (Haque, 2004). It also aligns with global ethical standards in psychology, which emphasize competence, role clarity, and avoidance of dual relationships (American Psychological Association, 2017).

6.3 Cultural Sensitivity in Muslim Mental Health Care

Cultural sensitivity is indispensable in treating Muslim patients. Islam is not monolithic; cultural practices vary across regions, communities, and individuals. Clinicians must therefore approach patients with humility, avoiding assumptions and stereotypes. Sensitivity involves recognizing how cultural norms, family structures, and religious practices shape mental health experiences.

For example, stigma surrounding mental illness may be more pronounced in collectivist Muslim societies, where family honor and social reputation are highly valued. Therapists must navigate these dynamics

carefully, fostering trust and confidentiality. Incorporating culturally relevant interventions—such as group dialogue, Qur’anic anchoring, or metaphoric reframing—can enhance therapeutic effectiveness by resonating with patients’ lived realities (Abdel-Khalek, 2014).

Cultural sensitivity also requires awareness of gender dynamics, socioeconomic factors, and minority identities within Muslim populations. For LGBT Muslims, for instance, therapy must balance respect for religious values with acknowledgment of identity struggles, ensuring that care is compassionate, nonjudgmental, and ethically grounded (Kojima, Liljas, & Iliffe, 2021).

6.4 Future Directions in Islamic Clinical Psychology

The future of Islamic clinical psychology lies in advancing integrative models that combine spiritual wisdom with scientific rigor. Several directions are promising:

1. **Development of standardized frameworks:** Creating evidence-based models of Islamic psychotherapy that can be systematically applied across diverse contexts.
2. **Training and education:** Incorporating Islamic psychology into curricula for mental health professionals, ensuring competence in culturally sensitive care.
3. **Research and evaluation:** Conducting empirical studies to assess the efficacy of interventions such as self-priming, attitudinal journaling, and Qur’anic anchoring.
4. **Global collaboration:** Building networks between Muslim and non-Muslim scholars to enrich the discipline and promote intercultural dialogue.
5. **Technology and accessibility:** Leveraging digital platforms to provide Islamic mental health resources, particularly for underserved populations.

Ultimately, Islamic clinical psychology must continue to evolve as a discipline that honors faith, respects diversity, and meets the highest standards of professional ethics. By integrating Islamic principles with contemporary psychological science, it can offer holistic, culturally relevant, and spiritually grounded care for Muslim communities worldwide (Haque, 2004; Abdel-Khalek, 2014).

CHAPTER SEVEN: CONCLUSION AND FUTURE PATHWAYS

7.1 Summary of Attitudinize Psychotherapy Interventions

Attitudinize Psychotherapy has been presented throughout this handbook as a distinctive model that emphasizes the transformation of attitudes, intentions, and self-concepts through structured interventions. Techniques such as self-priming with wake-up-time momentum, reflective dialogue, attitudinal journaling, metaphoric reframing, role play, gratitude anchoring, visualization, terminological re-authoring, time line mapping, group dialogue, and attitudinal rituals collectively form a comprehensive toolkit for clinical practice. These interventions are rooted in Qur’anic principles that affirm human dignity (*ashraful makhlooqaat*) and divine mercy (Qur’an 17:70; Qur’an 39:53). By integrating spiritual anchors with psychological techniques, attitudinize psychotherapy moves beyond symptom management to foster holistic transformation in physiological, psychological, neurohormonal, and spiritual domains (Haque, 2004).

7.2 Integration with Global Mental Health Models

The integration of attitudinize psychotherapy with global mental health frameworks highlights its potential to complement established modalities such as Cognitive Behavioral Therapy (CBT) and Acceptance and

Commitment Therapy (ACT). While CBT emphasizes cognitive restructuring and ACT focuses on psychological flexibility, attitudinize psychotherapy enriches these approaches by embedding spiritual meaning and ethical dignity into therapeutic practice (Beck, 2011; Hayes, Strosahl, & Wilson, 2012).

In global contexts, particularly within multicultural societies, attitudinize psychotherapy offers culturally sensitive care for Muslim populations by aligning interventions with faith-based values. This integration resonates with the World Health Organization's call for culturally adapted mental health models that respect local traditions while maintaining scientific rigor (World Health Organization, 2021). Thus, attitudinize psychotherapy can serve as both a stand-alone model and a complementary framework within global mental health systems.

7.3 Research Gaps and Opportunities

Despite its promise, attitudinize psychotherapy requires further empirical validation. Current literature on Islamic psychology emphasizes theoretical contributions but lacks large-scale clinical trials and standardized outcome measures (Abdel-Khalek, 2014). Research gaps include:

1. **Efficacy studies:** Randomized controlled trials assessing the effectiveness of interventions such as attitudinal journaling or metaphoric reframing in reducing depression, anxiety, and trauma.
2. **Cross-cultural comparisons:** Studies examining how attitudinize psychotherapy functions across diverse Muslim communities and in non-Muslim populations.
3. **Neurohormonal outcomes:** Investigations into how rituals, gratitude practices, and spiritual anchoring influence cortisol regulation, sleep patterns, and neurochemical balance (Kojima, Liljas, & Iliffe, 2021).
4. **Integration with technology:** Exploring digital platforms for delivering attitudinize interventions, including mobile applications and telehealth services.

These opportunities highlight the need for interdisciplinary collaboration between psychologists, theologians, neuroscientists, and public health experts.

7.4 Vision for Islamic Clinical Psychology

The vision for Islamic clinical psychology is to establish a discipline that is academically rigorous, clinically effective, and spiritually grounded. Future pathways include:

- **Institutional development:** Establishing centers of excellence in Islamic psychology that provide training, research, and clinical services.
- **Curriculum integration:** Embedding Islamic psychology into university programs to prepare culturally competent clinicians.
- **Global dialogue:** Creating platforms for collaboration between Muslim and non-Muslim scholars to enrich the discipline.
- **Community engagement:** Partnering with mosques, schools, and community organizations to destigmatize mental health and promote resilience.
- **Ethical leadership:** Ensuring that Islamic clinical psychology upholds professional ethics while remaining faithful to Qur'anic principles of dignity, mercy, and justice.

Ultimately, Islamic clinical psychology envisions a future where mental health care is not only scientifically robust but also spiritually meaningful, offering holistic healing that honors both the human psyche and divine guidance (Haque, 2004; Abdel-Khalek, 2014).

Appendices I

Selected Qur'anic Verses for Clinical Use

These verses are selected for their therapeutic relevance in clinical contexts. They provide spiritual anchoring, reinforce dignity, and foster resilience.

- **Human Dignity:** *"And We have certainly honored the children of Adam..."* (Qur'an 17:70).
- **Mercy and Hope:** *"Do not despair of the mercy of Allah."* (Qur'an 39:53).
- **Transformation:** *"Indeed, Allah will not change the condition of a people until they change what is in themselves."* (Qur'an 13:11).
- **Trust in Allah:** *"And whoever relies upon Allah – then He is sufficient for him."* (Qur'an 65:3).
- **Spiritual Rest:** *"Indeed, in the remembrance of Allah do hearts find rest."* (Qur'an 13:28).
- **Guidance:** *"And He found you lost and guided you."* (Qur'an 93:7).
- **Sincerity:** *"They were not commanded except to worship Allah, [being] sincere to Him in religion..."* (Qur'an 98:5).

These verses can be integrated into reflective dialogue, journaling, visualization, and group therapy sessions to anchor psychological healing in spiritual meaning (Haque, 2004; Abdel-Khalek, 2014).

Therapeutic Exercises and Worksheets

1. Reflective Dialogue Prompts

- What hidden attitude did I uncover today?
- How can I reframe this attitude in light of Qur'anic guidance?

2. Attitudinal Journaling Template

- Gratitude entries (three per day).
- Daily intention (*niyyah*).
- Qur'anic verse reflection.

3. Metaphoric Reframing Exercise

- Negative metaphor: "My life is a burden."
- Positive metaphor: "My life is a journey of growth."

4. Role Play Scenarios

- Enact alternative responses to stigma or conflict.
- Practice empathy and perspective-taking.

5. Gratitude Anchoring

- Write a letter of gratitude to a supportive person.
- Express gratitude through creative art or ritual.

6. Visualization Practice

- Imagine yourself as *ashraful makhlooqaat* (noblest of creation).
- Visualize future goals aligned with sincerity (*ikhlaṣ*) and God-consciousness (*taqwa*).

7. Time Line Mapping

- Past Struggles → Present Learning → Future Hope.
- Reframe fragmented experiences into a coherent growth narrative.

8. Group Dialogue

- Share re-authored narratives in a supportive circle.
- Discuss Qur'anic verses that resonate with personal struggles.

9. Ritual Integration

- Structured breathing with Qur'anic recitation.
- Daily morning ritual combining prayer, reflection, and journaling.

These exercises operationalize attitudinize psychotherapy interventions, making them practical tools for clinicians and patients (Bargh & Chartrand, 1999; Kojima, Liljas, & Iliffe, 2021).

Glossary of Islamic Psychological Terms

- **Nafs:** The self, encompassing desires, impulses, and ego.
- **Qalb:** The heart, center of emotions and spiritual perception.
- **'Aql:** Intellect, faculty of reasoning and discernment.
- **Ruh:** Spirit, divine essence breathed into human beings.
- **Ashraful Makhlooqaat:** Noblest of creation, referring to the dignity of humanity.
- **Niyyah:** Intention, the inner orientation guiding actions.
- **Ikhlaṣ:** Sincerity, purity of motive in worship and life.
- **Tawakkul:** Trust in Allah, reliance on divine wisdom.
- **Taqwa:** God-consciousness, mindfulness of divine presence.
- **Shukr:** Gratitude, acknowledgment of blessings.
- **Dhikr:** Remembrance of Allah, spiritual practice of recitation.
- **Taklif:** Moral responsibility, accountability before God.
- **Amānah:** Trust, ethical responsibility in relationships and duties.

This glossary provides clinicians and students with a foundational vocabulary for integrating Islamic psychology into therapeutic practice (Haque, 2004).

Appendices II

Worksheet 1: Morning Intention Setting (Niyyah Worksheet)

Section	Client Entry	Qur'anic Anchor
Today's Intention		"And they were not commanded except to worship Allah, [being] sincere to Him in religion..." (Qur'an 98:5)
How I will embody this intention		

Worksheet 2: Gratitude and Affirmation Journal

Section	Client Entry	Qur'anic Anchor
Gratitude 1		
Gratitude 2		
Gratitude 3		
Daily Affirmation		"Do not despair of the mercy of Allah." (Qur'an 39:53)

Worksheet 3: Narrative Re-Authoring

Section	Client Entry	Qur'anic Anchor
Yesterday's Challenge		
My Re-authored Narrative		"Indeed, Allah will not change the condition of a people until they change what is in themselves." (Qur'an 13:11)

Worksheet 4: Wake-Up-Time Reflection - Fajr Prayer Integration

Section	Client Entry	Qur'anic Anchor
Emotional State After Fajr		"Indeed, I am Allah. There is no deity except Me, so worship Me and establish prayer for My remembrance." (Qur'an 20:14)
Supplication Recited		
How I will sustain this state today		

Worksheet 5: Momentum Tracking Log (Weekly Review)

Section	Client Entry
Days Practiced	
Positive Changes Noticed	
Areas for Improvement	

Clinical Usage Notes

- Each worksheet is designed to be **filled daily or weekly**, depending on the intervention plan.
- Qur'anic anchors provide **spiritual grounding** for each exercise, reinforcing the attitudinize psychotherapy model.
- Clinicians can adapt these forms for specific conditions (e.g., depression, trauma, addiction) by tailoring the reflection prompts.

Worksheet 6: Adolescent Self-Priming Worksheet

(For Male and Female Adolescents)

Section 1: Morning Intention (Niyyah)

Prompt	Response	Qur'anic Anchor
Today's Intention		"And they were not commanded except to worship Allah, [being] sincere to Him in religion..." (Qur'an 98:5)
How I will embody this intention		

Section 2: Gratitude and Affirmation

Prompt	Response	Qur'anic Anchor
Gratitude 1		
Gratitude 2		
Gratitude 3		
Daily Affirmation		"Do not despair of the mercy of Allah." (Qur'an 39:53)

Section 3: Wake-Up-Time Reflection

Prompt	Response	Qur'anic Anchor
Yesterday's Challenge		
My Re-authored Narrative		"Indeed, Allah will not change the condition of a people until they change what is in themselves." (Qur'an 13:11)

Section 4: Emotional and Spiritual Anchoring

Prompt	Response	Qur'anic Anchor
Emotional State After Fajr		"Indeed, I am Allah. There is no deity except Me, so worship Me and establish prayer for My remembrance." (Qur'an 20:14)
Supplication Recited		
How I will sustain this state today		

Section 5: Physical and Behavioral Engagement

Prompt	Response	Qur'anic Anchor
Physical Activity Planned (e.g., walk, jog, sports)		"And He found you lost and guided you." (Qur'an 93:7)
How this activity helps me		

Section 6: Weekly Progress Log

Prompt	Response
Days Practiced	
Positive Changes Noticed	
Areas for Improvement	

Clinical Note

- This worksheet is designed for **daily use**, with a weekly review section.
- It can be adapted for **male adolescents** (focus on peer pressure, discipline, academic stress) and **female adolescents** (focus on family harassment, self-worth, financial stress).
- Qur'anic anchors provide **spiritual grounding**, while therapeutic prompts encourage **cognitive restructuring, emotional regulation, and behavioral activation**.

Worksheet 7: Female Psychotic Patient – Self-Priming with Wake-Up-Time Momentum

Section 1: Morning Intention (Niyyah)

Prompt	Response	Qur'anic Anchor
Today's Intention		Qur'an 98:5
How I will embody this intention		

Section 2: Gratitude and Affirmation

Prompt	Response	Qur'anic Anchor
Gratitude 1		

Prompt	Response	Qur'anic Anchor
Gratitude 2		
Gratitude 3		
Daily Affirmation		Qur'an 39:53

Section 3: Wake-Up-Time Reflection

Prompt	Response	Qur'anic Anchor
Yesterday's Challenge		
My Re-authored Narrative		Qur'an 13:11

Section 4: Emotional and Spiritual Anchoring

Prompt	Response	Qur'anic Anchor
Emotional State After Fajr		Qur'an 20:14
Supplication Recited		
How I will sustain this state today		

Section 5: Physical and Behavioral Engagement

Prompt	Response	Qur'anic Anchor
Physical Activity Planned		Qur'an 93:7
How this activity helps me		

Section 6: Weekly Progress Log

Prompt	Response
Days Practiced	
Positive Changes Noticed	
Areas for Improvement	

Worksheet 8: Male Psychotic Patient – Self-Priming with Wake-Up-Time Momentum

Section 1: Physiological Dimension

Prompt	Response	Qur'anic Anchor
Wake-up time today		
Physical activity after <i>fajr</i> (walk, stretch, exercise)		“And He found you lost and guided you.” (Qur'an 93:7)
How this activity helps me		

Section 2: Psychological Dimension

Prompt	Response	Qur'anic Anchor
Gratitude 1		
Gratitude 2		
Gratitude 3		
Daily affirmation		"Do not despair of the mercy of Allah." (Qur'an 39:53)
How I feel after affirmations		

Section 3: Terminological Dimension

Prompt	Response	Qur'anic Anchor
Negative label I used for myself yesterday		
Positive replacement term		"For them Allah will replace their evil deeds with good." (Qur'an 25:70)
How this new term changes my self-view		

Section 4: Timeline Dimension

Prompt	Response	Qur'anic Anchor
Yesterday's challenge		
My re-authored narrative		"Indeed, Allah will not change the condition of a people until they change what is in themselves." (Qur'an 13:11)
Today's structured plan (morning, afternoon, evening)		

Section 5: Neurohormonal Dimension

Prompt	Response	Qur'anic Anchor
Did I wake up early today? (Yes/No)		
Did I exercise today? (Yes/No)		
Emotional state after activity		Qur'an 93:7
Stress level (Low/Medium/High)		

Section 6: Spiritual Dimension

Prompt	Response	Qur'anic Anchor
Qur'anic verse recited today		

Prompt	Response	Qur'anic Anchor
Supplication made today		
Emotional state after recitation		"Indeed, in the remembrance of Allah do hearts find rest." (Qur'an 13:28)

Section 7: Weekly Progress Log

Prompt	Response
Days practiced	
Positive changes noticed	
Areas for improvement	

Clinical Note

- This worksheet is designed for **daily completion**, with a weekly review section.
- It integrates Qur'anic anchors for **spiritual grounding**, while therapeutic prompts encourage **cognitive restructuring, emotional regulation, behavioral activation, and neurohormonal balance**.
- Clinicians can adapt the worksheet to track progress in psychotic symptom management, adherence to medication, and resilience-building.

Worksheet 9: Female Patient with Eating Disorder – Attitudinize Psychotherapy

Section 1: Physiological Dimension

- Wake-up time today: _____
- Meal plan followed today: _____
- Physical activity after *fajr*: _____
- Qur'anic anchor: Qur'an 93:7
- How this activity helps me: _____

Section 2: Psychological Dimension

- Gratitude 1: _____
- Gratitude 2: _____
- Gratitude 3: _____
- Daily affirmation: _____
- Qur'anic anchor: Qur'an 39:53
- How I feel after affirmations: _____

Section 3: Terminological Dimension

- Negative label I used for myself yesterday: _____

- Positive replacement term: _____
- Qur'anic anchor: Qur'an 25:70
- How this new term changes my self-view: _____

Section 4: Timeline Dimension

- Yesterday's challenge: _____
- My re-authored narrative: _____
- Qur'anic anchor: Qur'an 13:11
- Today's structured plan: _____

Section 5: Neurohormonal Dimension

- Did I wake up early today? (Yes/No): _____
- Did I eat balanced meals today? (Yes/No): _____
- Emotional state after activity: _____
- Qur'anic anchor: Qur'an 65:3
- Stress level (Low/Medium/High): _____

Section 6: Spiritual Dimension

- Qur'anic verse recited today: _____
- Supplication made today: _____
- Emotional state after recitation: _____
- Qur'anic anchor: Qur'an 13:28

Section 7: Weekly Progress Log

- Days practiced: _____
- Positive changes noticed: _____
- Areas for improvement: _____

Worksheet 10: For LGBT Mental Health (Islamic Perspective)

Section 1: Morning Intention (Niyyah)**

- Today's Intention: _____
- Qur'anic Anchor: Qur'an 98:5
- How I will embody this intention: _____

Section 2: Gratitude and Affirmation

- Gratitude 1: _____

- Gratitude 2: _____
- Gratitude 3: _____
- Daily Affirmation: _____
- Qur'anic Anchor: Qur'an 39:53

Section 3: Wake-Up-Time Reflection

- Yesterday's Challenge: _____
- My Re-authored Narrative: _____
- Qur'anic Anchor: Qur'an 13:11

Section 4: Group Reflection Log

- Theme discussed: _____
- Qur'anic verse used: _____
- Insight gained: _____

Section 5: Weekly Progress Log

- Days practiced: _____
- Positive changes noticed: _____
- Areas for improvement: _____

Worksheet 11: Male LGBT Client – Attitudinize Psychotherapy

Section 1: Reflective Dialogue

- Hidden attitude uncovered today: _____
- Reframed attitude: _____
- Qur'anic anchor: Qur'an 13:11

Section 2: Attitudinal Journaling

- Gratitude 1: _____
- Gratitude 2: _____
- Gratitude 3: _____
- Daily intention (*niyyah*): _____
- Qur'anic anchor: Qur'an 39:53

Section 3: Metaphoric Reframing

- Negative metaphor I used: _____
- Positive metaphor replacement: _____

- Qur'anic anchor: Qur'an 25:70

Section 4: Attitudinal Role Play

- Situation enacted: _____
- Alternative response practiced: _____
- Qur'anic anchor: Qur'an 65:3

Section 5: Gratitude and Spiritual Anchoring

- Expression of gratitude (art, letter, ritual): _____
- Qur'anic anchor: Qur'an 13:28

Section 6: Attitudinal Visualization

- Future goal imagined: _____
- How I see myself as *ashraful makhlooqaat*: _____
- Qur'anic anchor: Qur'an 17:70

Section 7: Attitudinal Time Line Mapping

- Past struggle: _____
- Present learning: _____
- Future hope: _____
- Qur'anic anchor: Qur'an 13:11

Section 8: Attitudinal Group Dialogue

- Theme discussed: _____
- Qur'anic verse used: _____
- Insight gained: _____

Section 9: Attitudinal Rituals

- Ritual practiced today: _____
- Emotional state after ritual: _____
- Qur'anic anchor: Qur'an 20:14

Section 10: Weekly Progress Log

- Days practiced: _____
- Positive changes noticed: _____
- Areas for improvement: _____

Worksheet 12: Female LGBT Patient – Attitudinize Psychotherapy

Section 1: Physiological Dimension

- Wake-up time today: _____
- Physical activity after *fajr*: _____
- Qur'anic anchor: Qur'an 93:7
- How this activity helps me: _____

Section 2: Psychological Dimension

- Gratitude 1: _____
- Gratitude 2: _____
- Gratitude 3: _____
- Daily affirmation: _____
- Qur'anic anchor: Qur'an 39:53
- How I feel after affirmations: _____

Section 3: Terminological Dimension

- Negative label I used for myself yesterday: _____
- Positive replacement term: _____
- Qur'anic anchor: Qur'an 25:70
- How this new term changes my self-view: _____

Section 4: Timeline Dimension

- Yesterday's challenge: _____
- My re-authored narrative: _____
- Qur'anic anchor: Qur'an 13:11
- Today's structured plan: _____

Section 5: Neurohormonal Dimension

- Did I wake up early today? (Yes/No): _____
- Did I exercise today? (Yes/No): _____
- Emotional state after activity: _____
- Qur'anic anchor: Qur'an 65:3
- Stress level (Low/Medium/High): _____

Section 6: Spiritual Dimension

- Qur'anic verse recited today: _____
- Supplication made today: _____
- Emotional state after recitation: _____
- Qur'anic anchor: Qur'an 13:28

Section 7: Weekly Progress Log

- Days practiced: _____
- Positive changes noticed: _____
- Areas for improvement: _____

Worksheet 13: LGBT Patient – Attitudinize Psychotherapy

Section 1: Reflective Dialogue

- Hidden attitude uncovered today: _____
- Reframed attitude: _____
- Qur'anic anchor: Qur'an 13:11

Section 2: Attitudinal Journaling

- Gratitude 1: _____
- Gratitude 2: _____
- Gratitude 3: _____
- Daily intention (*niyyah*): _____
- Qur'anic anchor: Qur'an 39:53

Section 3: Metaphoric Reframing

- Negative metaphor I used: _____
- Positive metaphor replacement: _____
- Qur'anic anchor: Qur'an 25:70

Section 4: Attitudinal Role Play

- Situation enacted: _____
- Alternative response practiced: _____
- Qur'anic anchor: Qur'an 65:3

Section 5: Gratitude and Spiritual Anchoring

- Expression of gratitude (art, letter, ritual): _____

- Qur'anic anchor: Qur'an 13:28

Section 6: Attitudinal Visualization

- Future goal imagined: _____
- How I see myself as *ashraf* *makhlooqaat*: _____
- Qur'anic anchor: Qur'an 17:70

Section 7: Attitudinal Time Line Mapping

- Past struggle: _____
- Present learning: _____
- Future hope: _____
- Qur'anic anchor: Qur'an 13:11

Section 8: Attitudinal Group Dialogue

- Theme discussed: _____
- Qur'anic verse used: _____
- Insight gained: _____

Section 9: Attitudinal Rituals

- Ritual practiced today: _____
- Emotional state after ritual: _____
- Qur'anic anchor: Qur'an 20:14

Section 10: Weekly Progress Log

- Days practiced: _____
- Positive changes noticed: _____
- Areas for improvement: _____

Worksheet 14: <https://www.scribd.com/document/908494659/Attitudinize-Psychotherapy-Dynamic-Attitude-Scale-in-Six-Dimensions-by-Dr-Leenah-Askaree-2014>

Below

**ATTITUDINIZE PSYCHOTHERAPY SCALE -
DYNAMIC ATTITUDES IN SIX DIMENSIONS**

<https://www.scribd.com/document/908494659/Attitudinize-Psychotherapy-Dynamic-Attitude-Scale-in-Six-Dimensions-by-Dr-Leenah-Askaree-2014>

This Inventory lists different attitudes or beliefs which people sometimes hold.
Read EACH statement carefully and decide how much you agree or disagree with the statement.

For each of the attitudes, show your answer by placing a checkmark (✓) under the column that BEST DESCRIBES HOW YOU THINK. Be sure to choose only one answer for each attitude. Because people are different, there is no right answer or wrong answer to these statements.

To decide whether a given attitude is typical of your way of looking at things, simply keep in mind what you are like MOST OF THE TIME.

EXAMPLE:

ATTITUDES	TOTALLY AGREE	AGREE VERY MUCH	AGREE SLIGHTLY	NEUTRAL	DISAGREE SLIGHTLY	DISAGREE VERY MUCH	TOTALLY DISAGREE
1. The destiny of a person is written & we cannot change the destiny .			✓				

Look at the example above. To show how much a sentence describes your attitude, you can check any point from totally agree to totally disagree. In the above example, the checkmark at "agree slightly" indicates that this statement is somewhat typical of the attitudes held by the person completing the inventory.

Remember that your answer should describe the way you think MOST OF THE TIME.

NOW TURN THE PAGE AND BEGIN

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TERMINOLOGICAL ATTITUDES	TOTALLY AGREE	AGREE VERY MUCH	AGREE SLIGHTLY	NEUTRAL	DISAGREE SLIGHTLY	DISAGREE VERY MUCH	TOTALLY DISAGREE
REMEMBER, ANSWER EACH STATEMENT ACCORDING TO THE WAY YOU THINK MOST OF THE TIME.							
1. It is difficult for me to change my previously used terminology, even if I think positively about a person or an event.							
2. I can control my spoken language and choose the effective words for communicating with others.							
3. People will probably think that I am Hippocratic, if I use flowery words to appreciate others.							
4. All the time, I must speak in a polite, soft, encouraging and reinforcing manner or people will not respect me.							
5. The language and terminology used habitually cannot be changed ever.							
6. "Think or weigh before you speak" is just an impractical notion.							
7. It is possible to gain respect and be happy by talking in a subtle way, with most people.							
8. If a person is selective for terminology to express at every step, it is a sign of one's strength.							
9. I am frank and outspoken, so even if I use negative terminology for anyone, I am justified in doing so.							

ATTITUDINIZE PSYCHOTHERAPY SCALE - DYNAMIC ATTITUDES IN SIX DIMENSIONS							
SPIRITUAL ATTITUDES	TOTALLY AGREE	AGREE VERY MUCH	AGREE SLIGHTLY	NEUTRAL	DISAGREE SLIGHTLY	DISAGREE VERY MUCH	TOTALLY DISAGREE
10. Only prophets can communicate with Allah (The Divine Being) and an ordinary person like me, cannot.							
11. Everything in this world happens automatically, according to a set pattern, and nobody is controlling it.							
12. Allah (The Divine Being) has all the powers, and one cannot do anything to change one's fate or life.							
13. If I fail at my work, I must not step ahead, because it's Allah's (The Divine Being) will for me to stop there.							
14. With hard work, praying desperately and persistent positive attitude one can change their own destiny.							
15. My own opinion of myself in the eyes of Allah (The Divine Being) is more important, than other's opinion of me as a human being.							
16. One is entitled to get luxuries in life from Allah (The Divine Being), and one cannot give anything in return.							
17. "Honesty pays at the right time," because Allah's (The Divine Being) justice is Perfect, whatever we give to others, and ourselves we'll receive the same.							
18. Whatever difficulties come In my way at any step, are a learning process to guide my way by Allah (The Divine Being).							

PHYSIOLOGICAL ATTITUDES	TOTALLY AGREE	AGREE VERY MUCH	AGREE SLIGHTLY	NEUTRAL	DISAGREE SLIGHTLY	DISAGREE VERY MUCH	TOTALLY DISAGREE
19. A person breathes regularly, so oxygen content in our body should be enough for us, and there's no need for extra oxygen through deep breathing.							
20. Deep Breathing is only required when a person wants to meditate or sleep, otherwise it is useless.							
21. Balanced Food & Water Diet concepts are essential for keeping your bodily functions perform well and remain healthy.							
22. I must keep eating something at frequent intervals daily, to remain physiologically healthy.							
23. Water and Oxygen Balance have great importance in our life, and to remain healthy, we must manage it in an efficient way.							
24. There is a great influence of our physiological health on our mental capacity and life achievements.							
25. I take a lot of food and medicines as a daily routine; hence I should remain healthy.							
26. A person who takes daily care of his/her balanced food, oxygen and water regulation is an admirable person.							
27. Our physiological tendencies are inherited by us, whatever care we take, it will not affect at all and we'll remain the same.							

ATTITUDINIZE PSYCHOTHERAPY SCALE - DYNAMIC ATTITUDES IN SIX DIMENSIONS							
NEURO-HORMONAL ATTITUDES	TOTALLY AGREE	AGREE VERY MUCH	AGREE SLIGHTLY	NEUTRAL	DISAGREE SLIGHTLY	DISAGREE VERY MUCH	TOTALLY DISAGREE
28. There is no connection at all between the thought process and a neuro-hormonal response.							
29. A person cannot ever control one's neuro-hormonal balance; only the doctor can do it with the help of medicines.							
30. Neuro-hormonal dysregulation within a person cannot provoke a disease or a mental illness.							
31. I can easily control my neuro-hormonal regulation by keeping positive attitudes, balanced food intake with massages and exercises.							
32. A person's adaptive attitude towards anything will evoke neuro-hormones beneficial for our bodily functions.							
33. My happiness and relaxed state depends more on my neuro-hormonal balance, which is under my own control, through massages.							
34. A person will have to take medicines related to brain activity to change or regulate the neuro-hormonal balance.							
35. A person's dysfunctional attitude will evoke neuro-hormones detrimental for the bodily functions.							
36. Balanced Neuro-hormonal regulation can enhance the performance level of an individual to improve the quality of life.							

ATTITUDINIZE PSYCHOTHERAPY SCALE - DYNAMIC ATTITUDES IN SIX DIMENSIONS							
TIME MANAGEMENT ATTITUDES	TOTALLY AGREE	AGREE VERY MUCH	AGREE SLIGHTLY	NEUTRAL	DISAGREE SLIGHTLY	DISAGREE VERY MUCH	TOTALLY DISAGREE
37. One should not worry about the passing time; all the things happen at their own time, one cannot do anything about it.							
38. If a person checks the time frequently, and worry to work within a fixed time he/she would get tensed easily.							
39. If a person's time management is good, he / she will perform well and achieve better, by keeping oneself in a relaxed manner.							
40. Most people think that if an individual performs a task in a hurry, the work will be completed quickly.							
41. A person must manage time for all the important purposes, according to the preferences he/she feels.							
42. If "Time is money" and "Health is wealth", then it means "Time Management will keep you healthy and wealthy."							
43. A person will have to be accountable and answerable for every moment spent in one's lifetime.							
44. One must spend most of the time in enjoying life, as we get the life just once, and there is very little time in our life.							
45. Time has to pass anyway, we cannot hold time, and the fate will give you what's written for you, so don't worry about time.							

ATTITUDINIZE PSYCHOTHERAPY SCALE - DYNAMIC ATTITUDES IN SIX DIMENSIONS							
PSYCHOLOGICAL ATTITUDES	TOTALLY AGREE	AGREE VERY MUCH	AGREE SLIGHTLY	NEUTRAL	DISAGREE SLIGHTLY	DISAGREE VERY MUCH	TOTALLY DISAGREE
46. My value as a person depends greatly on what others think of me.							
47. People who have good ideas are worthier than those who do not.							
48. To be a good, moral, worthwhile person, I must help everyone who needs it.							
49. I am nothing if a person I love doesn't love me.							
50. Making mistakes is fine because I can learn From them.							
51. If a person asks for help, it is a sign of weakness.							
52. If a person avoids problems, the problems tend to go away.							
53. I can be happy even if I miss out on many of the good things in life.							
54. Being isolated from others is bound to lead to unhappiness							

ATTITUDINIZE PSYCHOTHERAPY SCALE - DYNAMIC ATTITUDES IN SIX DIMENSIONS
SCALE SCORING SHEETS
SCORING FROM <u>TOTALLY AGREE</u> TO <u>TOTALLY DISAGREE</u> AS FOR NEGATIVE ATTITUDES IS FROM 1, 2, 3, 4, 5, 6, 7. AND IT IS FOR THE ATTITUDE ITEM NUMBERS; 1, 3, 4, 5, 6, 9. & 10, 11, 12, 13, 16. & 19, 20, 22, 25, 27. & 28, 29, 30, 34. & 37, 38, 40, 44, 45. & 46, 47, 48, 49, 51, 52, 54.

EXAMPLE:

ATTITUDES	TOTALLY AGREE	AGREE VERY MUCH	AGREE SLIGHTLY	NEUTRAL	DISAGREE SLIGHTLY	DISAGREE VERY	TOTALLY DISAGREE
1. One must be brave & confident for success in life. (Positive Attitude)	7 √	6	5	4	3	2	1
2. "Think or weigh before you speak" is just an impractical notion. (Negative attitude)	1	2	3	4	5	6 √	7

SCALE:

SCORING FROM TOTALLY AGREE TO TOTALLY DISAGREE AS FOR POSITIVE ATTITUDES IS FROM 7, 6, 5, 4, 3, 2, 1. AND IT IS FOR THE ATTITUDE ITEM NUMBERS; 2, 7, 8. & 14, 15, 17, 18. & 21, 23, 24, 26. & 31, 32, 33, 35, 36. & 39, 41, 42, 43. & 50, 53.

BETWEEN 54 – 162 = LOW DAS SCORE = MENTALLY UNHEALTHY PERSON

BETWEEN 163 – 378 = HIGH DAS SCORE = MENTALLY HEALTHY PERSON

43% AND BELOW DAS SCORE SHOWS MENTAL DISTURBANCE &

44% AND ABOVE DAS SCORE SHOWS MENTAL HEALTH

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TERMINOLOGICAL ATTITUDES	TOTALLY AGREE	AGREE VERY MUCH	AGREE SLIGHTLY	NEUTRAL	DISAGREE SLIGHTLY	DISAGREE VERY MUCH	TOTALLY DISAGREE
REMEMBER, ANSWER EACH STATEMENT ACCORDING TO THE WAY YOU THINK MOST OF THE TIME.							
1. It is difficult for me to change my previously used terminology, even if I think positively about a person or an event.	1	2	3	4	5	6	7
2. I can control my spoken language and choose the effective words for communicating with others.	7	6	5	4	3	2	1
3. People will probably think that I am Hippocratic, if I use flowery words to appreciate others.	1	2	3	4	5	6	7
4. All the time, I must speak in a polite, soft, encouraging and reinforcing manner or people will not respect me.	1	2	3	4	5	6	7
5. The language and terminology used habitually cannot be changed ever.	1	2	3	4	5	6	7
6. "Think or weigh before you speak" is just an impractical notion.	1	2	3	4	5	6	7
7. It is possible to gain respect and be happy by talking in a subtle way, with most people.	7	6	5	4	3	2	1
8. If a person is selective for terminology to express at every step, it is a sign of one's strength.	7	6	5	4	3	2	1
9. I am frank and outspoken, so even if I use negative terminology for anyone, I am justified in doing so.	1	2	3	4	5	6	7

ATTITUDINIZE PSYCHOTHERAPY SCALE - DYNAMIC ATTITUDES IN SIX DIMENSIONS							
SPIRITUAL ATTITUDES	TOTALLY AGREE	AGREE VERY MUCH	AGREE SLIGHTLY	NEUTRAL	DISAGREE SLIGHTLY	DISAGREE VERY MUCH	TOTALLY DISAGREE
10. Only prophets can communicate with Allah (The Divine Being) and an ordinary person like me, cannot.	1	2	3	4	5	6	7
11. Everything in this world happens automatically, according to a set pattern, and nobody is controlling it.	1	2	3	4	5	6	7
12. Allah (The Divine Being) has all the powers, and one cannot do anything to change one's fate or life.	1	2	3	4	5	6	7
13. If I fail at my work, I must not step ahead, because it's Allah's (The Divine Being) will for me to stop there.	1	2	3	4	5	6	7
14. With hard work, praying desperately and persistent positive attitude one can change their own destiny.	7	6	5	4	3	2	1
15. My own opinion of myself in the eyes of Allah (The Divine Being) is more important, than other's opinion of me as a human being.	7	6	5	4	3	2	1
16. One is entitled to get luxuries in life from Allah (The Divine Being) , and one cannot give anything in return.	1	2	3	4	5	6	7
17. "Honesty pays at the right time," because Allah's (The Divine Being) justice is Perfect, whatever we give to others, and ourselves we'll receive the same.	7	6	5	4	3	2	1
18. Whatever difficulties come In my way at any step, are a learning process to guide my way by Allah (The Divine Being).	7	6	5	4	3	2	1

ATTITUDINIZE PSYCHOTHERAPY SCALE - DYNAMIC ATTITUDES IN SIX DIMENSIONS							
PHYSIOLOGICAL ATTITUDES	TOTALLY AGREE	VERY AGREE MUCH	AGREE SLIGHTLY	NEUTRAL	DISAGREE SLIGHTLY	VERY DISAGREE MUCH	TOTALLY DISAGREE
19. A person breathes regularly, so oxygen content in our body should be enough for us, and there's no need for extra oxygen through deep breathing.	1	2	3	4	5	6	7
20. Deep Breathing is only required when a person wants to meditate or sleep, otherwise it is useless.	1	2	3	4	5	6	7
21. Balanced Food & Water Diet concepts are essential for keeping your bodily functions perform well and remain healthy.	7	6	5	4	3	2	1
22. I must keep eating something at frequent intervals daily, to remain physiologically healthy.	1	2	3	4	5	6	7
23. Water and Oxygen Balance have great importance in our life, and to remain healthy, we must manage it in an efficient way.	7	6	5	4	3	2	1
24. There is a great influence of our physiological health on our mental capacity and life achievements.	7	6	5	4	3	2	1
25. I take a lot of food and medicines as a daily routine, hence I should remain healthy.	1	2	3	4	5	6	7
26. A person who takes daily care of his/her balanced food, oxygen and water regulation is an admirable person.	7	6	5	4	3	2	1
27. Our physiological tendencies are inherited by us, whatever care we take, it will not affect at all and we'll remain the same.	7	6	5	4	3	2	1

ATTITUDINIZE PSYCHOTHERAPY SCALE - DYNAMIC ATTITUDES IN SIX DIMENSIONS							
NEURO-HORMONAL ATTITUDES	TOTALLY AGREE	AGREE VERY MUCH	AGREE SLIGHTLY	NEUTRAL	DISAGREE SLIGHTLY	DISAGREE VERY MUCH	TOTALLY DISAGREE
28. There is no connection at all between the thought process and a neuro-hormonal response.	1	2	3	4	5	6	7
29. A person cannot ever control one's neuro-hormonal balance; only the doctor can do it with the help of medicines.	1	2	3	4	5	6	7
30. Neuro-hormonal dysregulation within a person cannot provoke a disease or a mental illness.	1	2	3	4	5	6	7
31. I can easily control my neuro-hormonal regulation by keeping positive attitudes, balanced food intake with massages and exercises.	7	6	5	4	3	2	1
32. A person's adaptive attitude towards anything will evoke neuro-hormones beneficial for our bodily functions.	7	6	5	4	3	2	1
33. My happiness and relaxed state depends more on my neuro-hormonal balance, which is under my own control, through massages.	7	6	5	4	3	2	1
34. A person will have to take medicines related to brain activity to change or regulate the neuro-hormonal balance.	1	2	3	4	5	6	7
35. A person's dysfunctional attitude will evoke neuro-hormones detrimental for the bodily functions.	7	6	5	4	3	2	1
36. Balanced Neuro-hormonal regulation can enhance the performance level of an individual to improve the quality of life.	7	6	5	4	3	2	1

ATTITUDINIZE PSYCHOTHERAPY SCALE - DYNAMIC ATTITUDES IN SIX DIMENSIONS							
TIME MANAGEMENT ATTITUDES	TOTALLY AGREE	AGREE VERY MUCH	AGREE SLIGHTLY	NEUTRAL	DISAGREE SLIGHTLY	DISAGREE VERY MUCH	TOTALLY DISAGREE
37. One should not worry about the passing time; all the things happen at their own time, one cannot do anything about it.	1	2	3	4	5	6	7
38. If a person checks the time frequently, and worry to work within a fix ed time he/she would get tensed easily.	1	2	3	4	5	6	7
39. If a person's time management is good, he / she will perform well and achieve better, by keeping oneself in a relaxed manner.	7	6	5	4	3	2	1
40. Most people think that if an individual performs a task in a hurry, the work will be completed quickly.	1	2	3	4	5	6	7
41. A person must manage time for all the important purposes, according to the preferences he/she feels.	7	6	5	4	3	2	1
42. If "Time is money" and "Health is wealth", then it means "Time Management will keep you healthy and wealthy."	7	6	5	4	3	2	1
43. A person will have to be accountable and answerable for every moment spent in one's lifetime.	7	6	5	4	3	2	1
44. One must spent most of the time in enjoying life, as we get the life just once, and there is very little time in our life.	1	2	3	4	5	6	7
45. Time has to pass anyway, we cannot hold time, and the fate will give you what's written for you, so don't worry about time.	1	2	3	4	5	6	7

PSYCHOLOGICAL ATTITUDES	TOTALLY AGREE	AGREE VERY MUCH	AGREE SLIGHTLY	NEUTRAL	DISAGREE SLIGHTLY	DISAGREE VERY MUCH	TOTALLY DISAGREE
46. My value as a person depends greatly on what others think of me.	1	2	3	4	5	6	7
47. People who have good ideas are worthier than those who do not.	1	2	3	4	5	6	7
48. To be a good, moral, worthwhile person, I must help everyone who needs it.	1	2	3	4	5	6	7
49. I am nothing if a person I love doesn't love me.	1	2	3	4	5	6	7
50. Making mistakes is fine because I can learn From them.	7	6	5	4	3	2	1
51. If a person asks for help, it is a sign of weakness.	1	2	3	4	5	6	7
52. If a person avoids problems, the problems tend to go away.	1	2	3	4	5	6	7
53. I can be happy even if I miss out on many of the good things in life.	7	6	5	4	3	2	1
54. Being isolated from others is bound to lead to unhappiness	1	2	3	4	5	6	7

Reference of Scale: Āskaree, L. (2014). _Attitudinize Psychotherapy - Dynamic Attitude Scale in Six Dimensions. <https://www.scribd.com/document/908494659/Attitudinize-Psychotherapy-Dynamic-Attitude-Scale-in-Six-Dimensions-by-Dr-Leenah-Askaree-2014>

REFERENCES (APA STYLE)

- Abdel-Khalek, A. M. (2014). Religiosity, subjective well-being, and depression in Muslim college students. *Mental Health, Religion & Culture*, 17(4), 297–307. <https://doi.org/10.1080/13674676.2013.804044>
- About Islam. (2018, July 13). *Human psyche from the Islamic perspective*. <https://aboutislam.net/counseling/ask-the-counselor/mental-health/human-psyche-islamic-perspective/>
- Abu Dawud. (n.d.). *Sunan Abu Dawud, Hadith 2606*. Retrieved from <https://sunnah.com/abudawud>
- Al-Bukhari, M. I. (n.d.). *Sahih al-Bukhari* (Hadith No. 1).
- Al-Islam.org. Ahlul Bayt Digital Islamic Library Project (1995-2025). *Intention (niyyah) | The radiance of the secrets of prayer*. Retrieved from <https://www.al-islam.org/radiance-secrets-prayer-muhsin-qaraati/intention-niyyah>
- American Psychological Association. (2017). *Ethical principles of psychologists and code of conduct*. Washington, DC: Author.
- American Psychological Association. (2024). *Different approaches to psychotherapy*. <https://www.apa.org/topics/psychotherapy/approaches>
- Andrabi, A. A. (2025). *Human psychology and spiritual development: An Islamic perspective*. *International Journal for Faith and Mental Resilience*, 3(1), 47–56. <https://www.ijfmr.com/papers/2025/3/47906.pdf>
- Åskaree, Leenah. (2014). Thinking Managers can enhance their performance through Psychological and Spiritual Dynamic Attitudes within Learning Organizations. *International Journal of Information and Education Technology (IJIET)* Vol. 4(3), pp. 274 - 280 (June). ISSN: 2010-3689. DOI :10.7763/IJIET. **Received Best Paper Award in Malaysia**. The research paper is available on the International Journal of Information and Education Technology (IJIET) <https://www.ijiet.org/papers/412-N20001.pdf>
- Åskaree, Leenah. (2014). *Attitudinize Psychotherapy - Dynamic Attitude Scale in Six Dimensions*. <https://www.scribd.com/document/908494659/Attitudinize-Psychotherapy-Dynamic-Attitude-Scale-in-Six-Dimensions-by-Dr-Leenah-Askaree-2014>
- Auger, P., & Woodman, R. W. (2016). Creativity and intrinsic motivation: Exploring a complex relationship. *The Journal of Applied Behavioral Science*, 52(3), 342–366. <https://doi.org/10.1177/0021886316656973>
- Aydin, H. (2022). *Concepts of the self in Islamic tradition and Western psychology: A comparative analysis*. *Islam Today Journal*. <https://islamtodayjournal.org/index.php/itj/article/view/12>
- Bargh, J. A., & Chartrand, T. L. (1999). The unbearable automaticity of being. *American Psychologist*, 54(7), 462–479. <https://doi.org/10.1037/0003-066X.54.7.462>
- Beck, A. T., & Freeman, A. (1990). *Cognitive therapy of personality disorders*. Guilford Press.
- Beck, J. S. (2011). *Cognitive behavior therapy: Basics and beyond* (2nd ed.). New York: Guilford Press.
- Campbell, W. K., & Miller, J. D. (2011). *The handbook of narcissism and narcissistic personality disorder: Theoretical approaches, empirical findings, and treatments*. Wiley.

- Chalmiers, M. A., Sahin, F. I., & Simsek, S. (2023). Gratitude to God and its psychological benefits in Islamic contexts: A systematic review. *Mental Health, Religion & Culture*, 26(5), 405–417. <https://doi.org/10.1080/13674676.2022.2046714>
- Erwahyudin, D., Muzakki, M., & Latief, A. M. (2024). *The concept of nafs in Islamic psychology and its relevance to student development*. Semantics Scholar. <https://pdfs.semanticscholar.org/1361/511089df1e502d5248d6f8b23515206a803f.pdf>
- Faheemuddin, S., & Yosafzai, J. (2024). *Ruh, nafs, aqal, qalb and spiritual intelligence: Toward al-Ghazali's model of psychospiritual development*. Academia.edu. <https://www.academia.edu/117352228>
- Goodwin, F. K., & Jamison, K. R. (2007). *Manic-depressive illness: Bipolar disorders and recurrent depression* (2nd ed.). Oxford University Press.
- Haque, A. (2004). Psychology from Islamic perspective: Contributions of early Muslim scholars and challenges to contemporary Muslim psychologists. *Journal of Religion and Health*, 43(4), 357–377. <https://doi.org/10.1007/s10943-004-4302-z>
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (2012). *Acceptance and commitment therapy: The process and practice of mindful change* (2nd ed.). New York: Guilford Press.
- Hennessey, B. A. (2019). Motivation and creativity. In J. C. Kaufman & R. J. Sternberg (Eds.), *The Cambridge handbook of creativity* (2nd ed., pp. 379–394). Cambridge University Press. <https://doi.org/10.1017/9781316979839.020>
- Hennessey, B. A., & Amabile, T. M. (1998). Reward, intrinsic motivation, and creativity. *American Psychologist*, 53(6), 674–675. <https://doi.org/10.1037/0003-066X.53.6.674>
- Herz, R. S. (2016). The role of odor-evoked memory in psychological and physiological health. *Brain Sciences*, 6(3), 22. <https://doi.org/10.3390/brainsci6030022>
- Islam Hashtag. (2018, March 15). *The 3 types of Nafs people have: Nafs-e-Ammārah, Nafs-e-Lawwāmah, Nafs-e-Mutma'innah*. Retrieved from <https://islamhashtag.com/the-3-types-of-nafs-people-have/>
- Islamic Brains. (2025, August). *Importance of good intentions in Islam*. Retrieved from <https://www.islamicbrains.com/2025/08/importance-of-good-intentions-in-islam.html>
- Islamiqate. (2022, October 2). *Differences between different types of nafs (self): Ammārah, Lawwāmah and Mutma'innah*. Retrieved from <https://www.islamiqate.com/4770/differences-between-different-types-ammara-lawwama-mutmainna>
- IslamOnWeb. (2024, June 27). *The power of intention: Unlocking the essence of niyyah*. <https://en.islamonweb.net/the-power-of-intention-unlocking-the-essence-of-niyyah>
- IslamQA. (n.d.). *Is the word ashraful makhluqat present in Quran? If not then why human beings are regarded as ashraful makhluqat?* Retrieved from <https://islamqa.org/hanafi/askimam/966/is-the-word-ashraful-makhluqat-present-in-quran-if-not-then-why-human-beings-are-regarded-as-ashraful-makhluqat-can-you-please-provide-references>
- Kasari, C., & Smith, T. (2013). Interventions in schools for children with autism spectrum disorder: Methods and recommendations. *Autism*, 17(3), 254–267. <https://doi.org/10.1177/1362361312470496>
- Katamanin, O. (2024). *Understanding psychological interventions: A comprehensive approach to mental health*. *International Journal of Emergency Mental Health and Human Resilience*, 26(2), 51–53.

<https://www.omicsonline.org/open-access-pdfs/understanding-psychological-interventions-a-comprehensive-approach-to-mental-health.pdf>

Khan, B., Bocca, F., & Rahman, A. (2022). Gratitude in Islam and positive psychology: Establishing a connection. *Proceedings of the International Conference on Islamic Psychology*, 1(1), 11–22. <https://www.researchgate.net/publication/371857016>

Khan, S. (2024). *The role of niyyah in Islamic psychology: A conceptual analysis*. *Journal of Islamic Behavioral Sciences*, 5(2), 33–45. <https://www.jibs.org/articles/niyyah-conceptual-analysis>

Khan, S. (2025). *The concept of nafs and its relevance to personality theories in psychology*. *International Journal of Islamic Psychology*, 2(1). <https://ijoip.org/index.php/ijoip/article/view/7>

Kharchoufa Editorial Team. (2024, May 11). *The concept of nafs in Islamic psychology*. Tazkiyah. <https://kharchoufa.com/en/the-concept-of-nafs-in-islamic-psychology/>

Kojima, G., Liljas, A., & Iliffe, S. (2021). Sleep patterns and mental health outcomes: A systematic review. *Sleep Medicine Reviews*, 55, 101382. <https://doi.org/10.1016/j.smr.2020.101382>

Linehan, M. M. (1993). *Cognitive-behavioral treatment of borderline personality disorder*. Guilford Press.

Muslim, H. (n.d.). *Sahih Muslim* (Hadith No. 1907).

Psyche'. (2025). *Psyche* (psychology). Wikipedia. https://en.wikipedia.org/wiki/Psyche_%28psychology%29

Psychology. (2025). *Etymology, origin & meaning*. Etymonline. <https://www.etymonline.com/word/psychology>

Quran Online786. (2024, November 3). *Hadiths about intentions (niyyah)*. Retrieved from <https://quranonline786.com/hadiths-about-intentions-niyyah/>

Qur'an 13:11, Saheeh International Translation. Retrieved from <https://quran.com/13/11>

Qur'an 13:28, Saheeh International Translation. Retrieved from <https://quran.com/13/28>

Qur'an 17:82, Saheeh International Translation. Retrieved from <https://quran.com/17/82>

Qur'an 25:70, Saheeh International Translation. Retrieved from <https://quran.com/25/70>

Qur'an 39:53, Saheeh International Translation. Retrieved from <https://quran.com/39/53>

Qur'an 65:3, Saheeh International Translation. Retrieved from <https://quran.com/65/3>

Qur'an 93:7, Saheeh International Translation. Retrieved from <https://quran.com/93/7>

Qur'an 20:14, Saheeh International Translation. Retrieved from <https://quran.com/20/14>

Qur'an 98:5, Saheeh International Translation. Retrieved from <https://quran.com/98/5>

Runco, M. A., & Jaeger, G. J. (2012). The standard definition of creativity. *Creativity Research Journal*, 24(1), 92–96. <https://doi.org/10.1080/10400419.2012.650092>

Runco, M. A., & McGarva, D. J. (2013). Creativity and motivation. In S. Kreitler (Ed.), *Cognition and motivation: Forging an interdisciplinary perspective* (pp. 468–482). Cambridge University Press. <https://doi.org/10.1017/CBO9781139019850.021>

- Snowling, M. J., & Hulme, C. (2012). Interventions for children's language and literacy difficulties. *International Journal of Language & Communication Disorders*, 47(1), 27–34. <https://doi.org/10.1111/j.1460-6984.2011.00081.x>
- Spreading Wisdom. (2024, June 27). *Importance of niyyah (intention) in Islam: A detailed guide*. <https://spreadingwisdom.com/importance-of-niyyah-intention-in-islam/>
- The Logical Islam. (2020, August). *Is human being Ashraful Makhlooqaat?* Retrieved from <http://thelogicalislam.org/wp-content/uploads/2020/08/Is-human-being-ashraful-makhlooqaat.pdf>
- The Qur'an. (n.d.). *Surah Al-Isra (17:70)*. Sahih International Translation. <https://quran.com/17/70>
- Ubaidah, A. (2025). The role of gratitude in enhancing psychological well-being in adolescent development: An integration of psychological and Islamic perspectives. *Asian Journal of Islamic Psychology*, 2(1), 33–45. <https://doi.org/10.23917/ajip.v2i1.8247>
- Van Nest, S. (2019). Sensory integration theory in psychotherapy: A case study. *Clinical Social Work Journal*, 47(2), 167–175. <https://doi.org/10.1007/s10615-018-0685-2>
- Warsah, I. (2023). *Dimensions of soul in the Quran: An Islamic psychological perspective*. Akademika: Jurnal Pemikiran Islam, 25(2). <https://www.academia.edu/57879625>
- White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. New York: Norton.
- Wikishia. (n.d.). *Al-Nafs al-Mutma'innah Verses*. Retrieved from https://en.wikishia.net/view/Al-Nafs_al-Mutma%27inna_Verses
- World Health Organization. (2021). *Guidance on mental health and psychosocial support in humanitarian settings*. Geneva: WHO.
- Zaheer, K. (2019, April 9). *Does the Quran say that man is Ashraf ul Makhluqat (i.e. the noblest of all creatures)?* Retrieved from <https://www.khalidzaheer.com/man-noblest-of-all-creatures-quran/>