

Confronting the Mental Health among Muslim Community: The use of Al-Ghazali approach

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ABSTRACT

The objective of this study was to obtain consensus and expert opinions on the criteria for addressing mental health issues within the Muslim community. This study utilizes the Fuzzy Delphi approach, employing a 7-point Likert scale to gather views from 7 experts across different sectors in Malaysia. Experts were given a questionnaire consisting of 20 items for evaluation. The Fuzzy Delphi approach was employed for data analysis. The data were analyzed using triangular fuzzy numbering, which involves assigning triangular fuzzy numbers to each variable. The position or ranking of each variable is then established using the defuzzification procedure. The findings indicate that the reaction and expert consensus on the guidelines for addressing mental health issues within the Muslim community are satisfactory. The expert consensus agreement is above 75% regarding overall findings, the threshold value (d) is less than 0.2, and an α -cut exceeds 0.5. The priority guidelines aspects were arranged based on their level of importance and were further improved by incorporating and removing items as suggested by experts.

Keywords: Confronting, Mental health, Muslim community, Fuzzy Delphi.

BACKGROUND OF THE STUDY

Emotional, psychological, and social health all contribute to what is known as “mental health,” which is an essential part of general wellness. The World Health Organisation defines optimal mental health as “a state of wellbeing in which an individual realizes his or her abilities, can cope with the normal stresses of life, can work productively, and can contribute to his or her community” (WHO, 2018). Our mental health impacts our thoughts, feelings, and behaviors. It also plays a role in determining how we deal with stress, form relationships, and make decisions (CDC, 2021). It remains crucial throughout life, from youth to maturity and old age. Mental health encompasses more than just the absence of impairments or illnesses related to the mind.

On the other hand, happiness is a pleasant mental state that facilitates the actualization of one’s potential, management of everyday pressures, efficiency in the workplace, and positive social impact (Galderisi et al.,

2015). Biological, psychological, and social aspects all interact intricately to impact mental health. Hereditary factors, chemical imbalances in the brain, upbringing, adverse events, and societal factors are all potential contributors (NIMH, 2021). Therefore, improving mental health calls for integrating strategies that target these different factors. Despite its critical nature, mental health is often misunderstood and stigmatized in many communities. Discrimination and obstacles to getting aid might result from this. To improve public health and wellness as a whole, however, it is essential to raise consciousness of mental health (Corrigan & Watson, 2002).

Muslims and Mental health

There is a lack of data on the overall incidence of mental illness in Muslim communities. Muslims have not been the subject of any large-scale epidemiological studies about mental diseases. Rather than being widespread among Muslims, mental illness is more common among certain Muslim subcultures in Muslim nations (Keshavarzi & Haque, 2013). Nonetheless, there are a few stories of more localized issues that Muslims face. According to 2007 national demographic research by the Pew Research Centre, which surveyed 1,050 Muslims in the United States, 78% of those surveyed reported being “happy” or “very happy” overall. Compared to the normative American group, this was lower at 87%. Immigrant Muslims also reported lower levels of happiness compared to native-born Muslims. The prevalence of schizophrenia among Muslims is comparable to that among non-Muslims, according to existing worldwide epidemiological statistics on various illnesses (Al-Abdul-Jabbar & Al-Issa, 2000). It seems, nevertheless, that schizophrenia manifests itself in different ways. For example, although Christians and Jews often have religious delusions with negative themes and ontological guilt illusions, Muslims seldom do (Stompe et al., 2006).

Additionally, Muslims seldom record acts of religious grandiosity. Muslim women, like the general American population, have a greater risk of depression than Muslim males. Although the overall prevalence of anxiety disorders in the United States is comparable to that of the general population, individuals who identify as Muslim and have experienced trauma as a result of 9/11, domestic conflicts, or prejudice are more likely to exhibit symptoms of post-traumatic stress disorder (PTSD) (Abu-Ras & Abu Bader, 2008). It would suggest that observant Muslim communities in Western nations share the low prevalence of alcohol misuse seen in Muslim countries (Cochrane & Bal, 1990). Nearly half of Muslim college students (47%) admitted to drinking alcohol in a 2009 Gallup study for the American Muslim Report. According to this survey, American Muslims also have the lowest likelihood of having a reliable friend or family member to lean on in times of crisis, further illustrating the precarious position of Muslim social support systems (Keshavarzi & Haque, 2013).

Several Muslim communities have turned to imams (religious scholars/leaders) for help with mental health concerns after 9/11, according to research by Ali, Milstein, and Marzuk (2005). This emphasizes the need for mental health services for Muslims in the US and the fact that Muslim clerics are often the first responders in such situations. It is concerning that traditional healing practices alone were ineffective in treating these religious academics' mental health issues, as few of them had any expertise in mental health care. According to Razali (1999), Islamic traditional healing approaches work better for less serious ailments; patients with serious mental or physical illnesses should seek professional help or work together to improve their condition. Muslims in the West confront a lot of obstacles, such as prejudice, assimilating, and finding their identity, as well as marriage and family issues, for which there may not be enough resources.

Furthermore, spiritual healers and Muslim clergy are sometimes unfamiliar with dealing with certain problems. Muslim immigrants from nations including Afghanistan, Iraq, Bosnia, and Palestine have experienced wars and political unrest. These people could be clinically concerned due to diseases like post-traumatic stress disorder (PTSD) (Weine & Laub, 1995). Iraqi migrants have suffered post-traumatic stress

disorder (PTSD), attention deficit hyperactivity disorder (ADHD), depression, and drug misuse (Nasser-MacMillian & Hakim-Larson, 2003).

Mental Health and Islamic Psychology

Islamic psychology stresses the many positive aspects that lead to and sustain mental wellbeing, even if it defines mental health as the lack of psychopathology. Hasan Langgulung (1991) argues that adhering to Islamic moral values leads to a condition of mental health characterized by contentment and peace of mind. He goes on to say that he feels the Islamic emphasis on morality and the avoidance of demeaning habits and behaviors in life explains why following good morals leads to good mental health and poor habits and behavior leads to bad mental health (Langgulung Hassan, 1991). According to Hasan, the Islamic understanding of mental health is rooted in Islamic morality since Islam encourages and supports a healthy connection between a person and Allah Almighty, in addition to oneself, nature, and society as a whole. Because many of man's psychological troubles, such as stress, anxiety, conflict, envy, fury, etc. It is thought that a person who can create and maintain the aforementioned healthy connections will also appreciate good mental health, even when any one of these relationships fails (Mustapha et al., 2024).

An individual must undergo a process of spiritual cleaning known as "*tazkiyatal-nafs*" to achieve excellent mental health, according to Islamic psychology. Rather than relying on drugs and surgery, spiritual practices like dhikr, tilawah, and tawbah provide tangible remedies for various spiritual diseases that individuals may face during spiritual cleansing. The early Muslim thinkers produced a plethora of literature on mental health. In particular, the great Sufi philosopher and thinker Ghazali (1058–1111) wrote passionately about human nature and the spiritual path. His works on the journey of the human spirit are chronicled in the epic book "Revival of the Religious Sciences" (*Ihyā' Ulūmal-Dīn*). Knowledge, worship, physical and spiritual cleanliness, ties between people and God, relationships between humans themselves, and many more are only a few of the numerous topics covered by al-Ghazali in *Ihya*. Al-Ghazali discusses in this book how to purify one's soul of baser, more animalistic inclinations via meditation and religious observances. As a means to attain the spiritual enlightenment that offers delight in this life and everlasting felicity in the next, al-Ghazali outlined the steps one might take to better themselves. In his analysis of man's spiritual side, Al-Ghazali delves into the nature of the human soul and its psychospiritual development toward perfection. *Insan Kamil*, also known as the virtuous man, is one of his goals in life, along with a person's good mental health and spiritual training, to help people overcome the spiritual diseases that plague all humans (Langgulung, 1991).

In *Kitab Riyada al-Nafs*, al-Ghazali delves more into the topic of spiritual heart ailments, namely *Amrad al-Qulub*, in the Islamic tradition. Many different spiritual illnesses may impact a person's soul, and The Great Imam spends considerable time examining them in this chapter. Al-Ghazali, a mystic, shed light on the spiritual diseases that individuals face and provided answers to many mental and spiritual problems (Razak et al., 1991). In al-Ghazali's view, the human soul acts as the "monarch of the body," commanding obedience from the rest of the organism like a beehive. Once a man's soul is filled with excellent spiritual qualities, directed by the Divine Will, and steeped in real knowledge, his mental attitude and disposition will be advantageous and favourable in every area. Based on the Sunnah and the teachings of Islam, Islamic psychology posits that a person's spirituality is an important factor in developing a healthy personality and mental condition. Spirit, heart, mind, and self are some of the phrases used to define man's spiritual aspect in the Qur'an. Each person's personality and mental health are shaped by the dynamic interaction and constant struggle between these four areas of the mind. According to Islamic thought, the four elements of psychology must be in perfect harmony with one another. Research into the spiritual aspect of Islam has shown that the *Qalbis* are the most important of the four groups. In the Quran, the term *al-Qalb* appears 124 times. The literal biological structure present in a person's chest should not be confused with the abstract concept of "heart" (*al-Qalb*) mentioned in the Qur'an. In the Muslim world, the *Qal'i* is seen as a delicate

spiritual beacon inside the human heart. According to Ahmad Absar (1992), the physical heart is the site of interaction between the physical body and the spiritual Qalb.

Al Ghazali and its Influence on Mental Health

According to the Muslim philosopher and ascetic Abu Hamid Muhammad al-Ghazali, who lived in the eleventh century CE, a person's level of spiritual or psychological health is directly related to how close they feel to God (Ghazali, 1986). Having a healthy spiritual and mental life may not be the same as having a healthy work, family, and social life if this is the criterion used. In contrast to the lack of disease, good mental health is characterized by the existence of positive character characteristics and behaviors. Narcissism, riches, celebrity, position, ignorance, cowardice, cruelty, desire, doubt, malevolence, calumny, dishonesty, greed, and calumny are additional signs of disorders that are not often associated with mental illness (Ghazali, 1986). To that end, developing an understanding of one's interior experience of reality is central to the way of life for many Muslims.

Moreover, following the example set by the Prophet Muhammad is the blueprint and benchmark for becoming near to God. As part of this process, one must purify their heart, change their behavior, and adopt an Islamic worldview (i.e., think like the Prophet). An idealistic view holds that "the Muslim" is making progress towards God and that realizing one's identity entails bringing one's beliefs and actions into harmony with one another. One analogy is Carl Rogers's (1959) concept of the actualizing self, also known as the development tendency, which he saw as a universal human need. This is known as the fitrah in Islam; it is the fundamental belief that every person is born with inherent goodness and has a divine purpose in their pursuit of self-actualization. Although people generally have noble intentions, the fitrah teaches that they also have the capacity and propensity to commit evil. The ability to know good from wrong is innate. Reaching one's fitrah potential requires work on many levels, including thought, religion, and conduct (Mohamed, 1996).

In his theory of the soul, Al-Ghazali posits that each individual's spiritual identity is manifest in four distinct ways. The *nafs*, *aql*, *ruh*, and *qalb* are these. All of these interconnected factors impact the current and future actions of man (refer to Figure 1). An individual's *aql* is their logical mind. Reason, logic, and the intellectual views we've picked up throughout the years reside there. To live a life that is full of purpose and goodness, one must tend to their *ruh*, which is the human spirit.

As a consequence of the *nafs*' wicked tendencies, the *aql* being either latent or unresponsive to the *nafs*, or a dearth of sound reason and spiritual malnutrition, the heart may also harbour hidden defects like pride, envy, and jealousy (Ghazali, 1986). Restoring a person's spiritual health requires tending to their *nafs*' good tendencies, reorganizing and gaining all positive and moral ideas, and nourishing the spirit via remembering God. In contrast to the egocentric need to conform to escape God's wrath or societal consequence, the goal is an innately driven, comprehensive way of being. By engaging in extra/optional worship and behavior, one might strive to embellish their religion by trying to emulate the garments of the Prophet's life (Sunnah).

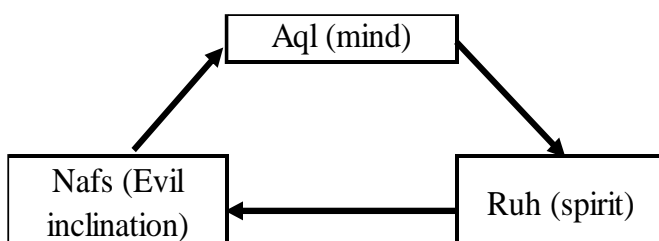


Figure 1: Al Ghazali Model of Mental Health

Based on the discussion above, the researcher wants to draw up a specific framework in proposing a method

to solve mental health problems based on the framework of Al Ghazali's model since Al Ghazali is a very popular pioneer in Islam and one of the most important methods in treating internal issues in the context of Islam and in general.

OBJECTIVES OF THE STUDY

This study aims to develop a model for confronting mental health using the Al-Ghazali theory based on expert consensus.

METHODOLOGY

This study uses the Fuzzy Delphi method. A method for fuzzy Delphi It combines elements of both the traditional Delphi technique and fuzzy set theory, and it has found extensive application in a variety of fields. When a panel of experts needs to reach an agreement due to the depth of the study, this method comes in handy. Furthermore, Jani et al. (2018) found that the Fuzzy Delphi technique was an attractive way to get a group decision on vague ideas by consensus among experts. Compared to the traditional Delphi approach, which requires an indefinite number of evaluation rounds until experts reach a consensus, the new Fuzzy Delphi allows for more survey replies in less time with fewer expenses. To ensure completeness and consistency of opinion, experts' truthful responses can be understood without distortion (Noh et al., 2013). In this inquiry, the Fuzzy Delphi technique was selected as the main review method due to its several advantages over the standard Delphi method. An expert questionnaire is an excellent tool for data collection if the Delphi method and the process of interviewing individuals are not possible due to constraints in time or group composition (Dalkey & Helmer, 1963).

FUZZY DELPHI METHOD

The Delphi Method (FDM) has evolved and been refined several times since its creation by Dalkey and Helmer in 1963. In contrast, the Fuzzy Delphi Method (FDM) is an expanded and improved version of the original Delphi process. In comparison to FDM, which relies on mathematical ideas to resolve decision-making fuzziness, the Delphi method makes use of probability theory. As a result, Hsu, Lee, and Kreng (2010) suggested Fuzzy DM (FDM), which combines fuzzy theory with traditional DM, to consider people's language preferences during the decision-making process.

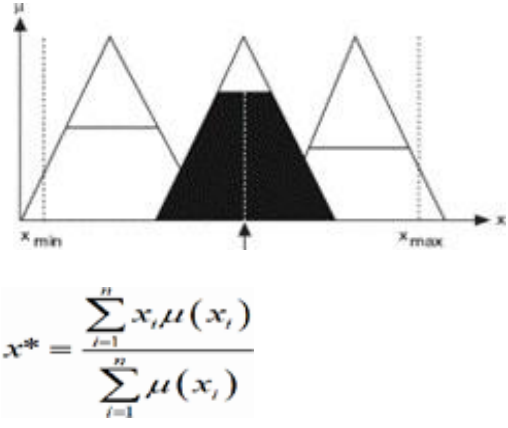
Instead, the FDM was created by merging traditional DM with fuzzy theory. It was initially proposed by (Murray, Pipino, & Gigch, 1985 Mustapha & Darussalam, 2022) to combine conventional DM with fuzzy theory in order to solve the imprecision of the latter, and one of the earliest articles on the use of FDM in forecasting was by Kaufmann and Gupta (1988). As (Ishikawa, Amagasa, Shiga, Tomizawa, Tatsuta, and Mieno, 1993; Mustapha and Darussalam, 2022) also note that the theory was expanded to include FDM and the max-min and fuzzy integration algorithms in preparation for the advent of computers. The use of weights in the FDM version further highlights the diversity in expert knowledge and expertise (Garai, 2013). A novel version of fuzzy decision-making (FDM) based on fuzzy statistics can stabilize the iterative process by fitting the continuous mathematically explicit membership functions (Chang, Hsu, & Chang, 2011).

The fuzzy Delphi Method involves several steps. FDM steps are as follows:

Table 1: Fuzzy Step

Criteria	Step
1. Experts' selection	Choosing the Right Expert: This Investigation Involved Seven Different Experts. We assembled an expert panel to dissect the significance of language variables in order to determine how much weight each component gave to the assessment criteria.

<p>2. Determining linguistic scale</p>	<p>Triangular fuzzy numbers, a kind of fuzzy logic, are used to represent all grammar factors in the decision-making process. Hsieh, Lu, & Tzeng (2004) note that fuzzy numbers have also been applied to linguistic variables. Triangle fuzzy numbers (m_1, m_2, m_3) stand for M1, M2, and M3. At the very bottom, we have a minimum (m_1), and at the very top, we have a maximum (m_3). By applying the Fuzzy Scale, which is built from regular fuzzy numbers, the original linguistic variables are transformed into fuzzy numbers.</p> $\mu_A(x) = \begin{cases} 0, & x \leq a \\ \frac{x-a}{b-a}, & a < x \leq b \\ 1, & x = b \\ \frac{c-x}{c-b}, & b < x \leq c \\ 0, & x \geq c. \end{cases}$																		
<p>3. The Determination of Linguistic Variables and Average Responses</p>	<p>The researcher must change all Likert scales to Fuzzy scales after receiving a response from the chosen expert. Identifying the average reaction of each fuzzy number is another name for this approach (Benitez, Martin & Roman, 2007).</p> <table border="1" data-bbox="341 981 1209 1263"> <thead> <tr> <th>Response</th> <th>Triangular fuzzy</th> <th>Likert Scale</th> </tr> </thead> <tbody> <tr> <td>Strongly disagree</td> <td>0.00, 0.00, 0.20</td> <td>1</td> </tr> <tr> <td>Disagree</td> <td>0.00, 0.20, 0.40</td> <td>2</td> </tr> <tr> <td>Moderate Agree</td> <td>0.20, 0.40, 0.60</td> <td>3</td> </tr> <tr> <td>Agree</td> <td>0.40, 0.60, 0.80</td> <td>4</td> </tr> <tr> <td>Strongly agree</td> <td>0.60, 0.80, 1.00</td> <td>5</td> </tr> </tbody> </table>	Response	Triangular fuzzy	Likert Scale	Strongly disagree	0.00, 0.00, 0.20	1	Disagree	0.00, 0.20, 0.40	2	Moderate Agree	0.20, 0.40, 0.60	3	Agree	0.40, 0.60, 0.80	4	Strongly agree	0.60, 0.80, 1.00	5
Response	Triangular fuzzy	Likert Scale																	
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Moderate Agree	0.20, 0.40, 0.60	3																	
Agree	0.40, 0.60, 0.80	4																	
Strongly agree	0.60, 0.80, 1.00	5																	
<p>4. The determination of threshold value “d”</p>	<p>How to find the value of “d” when it’s really important: A threshold value must be defined in order to ascertain the extent to which experts agree (Thomaidis, Nikitakos, & Dounias, 2006). To find the distance between two fuzzy integers, use the following formulas.</p> $d(\bar{m}, \bar{n}) = \sqrt{\frac{1}{2} [(m_1 - n_1)^2 + (m_2 - n_2)^2 + (m_3 - n_3)^2]}$																		
<p>5. Identify the alpha cut the aggregate level of fuzzy assessment</p>	<p>The moment when every single expert agrees on an ill-defined grade for everything (Mustapha & Darussalam, 2018). When working with fuzzy numbers, the following equation is useful: The area that can be used at most is $(4m_1 + (2m_2) m_3)$.</p>																		

<p>6. Defuzzification</p>	<p>The formula $A_{max} = (1)/4 (a_1 + 2 a_m + a_3)$ is utilized in this procedure. Scores can be anything from zero to one when researchers employ average responses or average fuzzy numbers. The following three formulae are involved in this procedure: i. $A = 1/3 * (m_1 + m_2 + m_3)$, or ii. $A = 1/4 * (m_1 + 2m_2 + m_3)$, or iii. $A = 1/6 * (m_1 + 4m_2 + m_3)$. The median value for '0' and '1' is equal to half of the A-cut value, which is calculated as $(0 + 1)$ divided by 2. We will reject the item since it does not reflect expert agreement if the resultant A value is less than the α-cut value = 0.5. The alpha cutoff value ought to be more than 0.5, as stated by Bojdanova (2006). Tang and Wu (2010) provided evidence for the idea that the α-cut value needs to be greater than 0.5.</p>  $x^* = \frac{\sum_{i=1}^n x_i \mu(x_i)}{\sum_{i=1}^n \mu(x_i)}$
<p>7. Ranking</p>	<p>Elements are selected using a ranking system that takes defuzzification values as determined by expert consensus; the highest-valued item is given the top place in the ranking (Fortemps & Roubens, 1996).</p>

SAMPLING

Purposive sampling was employed in this research. Due to the researcher’s need for a unified viewpoint and conclusion, this approach is optimal. Hasson, Keeney, and McKenna (2000) state that deliberate sampling is the best strategy for FDM. At the same time, this study included the participation of seven experts. Table 2 details the participating experts. Their extensive background and mastery in their respective domains are the deciding factors in their selection as experts. Assuming all experts are the same, this study finds that 5–10 specialists are necessary. According to Adler and Ziglio (1996), if there is a certain degree of homogeneity, the Delphi approach calls for a group of 10–15 experts. If the sample is homogeneous and adequate, the recommended sample size for FDM is 8–12, according to Sforza & Ortolano (1984), while according to Philip (2000), the recommended sample size for experts is 7–12. Nevertheless, due to the time constraints and difficulty in obtaining expert responses, a total of seven experts were consulted for this study. To get information and consensus among experts, nevertheless, 7 samples are more than enough.

Table 2: List of experts

No	experts	No of experts	Field of expertise	Institution
1	Counsellor	3	Islamic Counselling	Institute of Teacher Training
2	Psychologist	2	Psychology expert	Private University
3	Lecturer	2	Psychology	Public university

EXPERTS CRITERIA

According to Booker and McNamara (2004), experts are individuals who have dedicated themselves to

obtaining the necessary credentials, including adequate education, training, experience, professional affiliation, and endorsement from peers (Nikolopoulos, 2004; Perera et al., 2012). According to Cantrill, Sibbald, & Buetow (1996) and Mullen (2003), an “expert” is someone who has extensive knowledge and expertise in a certain field. A key component of Fuzzy Delphi investigations is the selection of experts. The credibility, validity, and reliability of the study can be assured by selecting experts with care according to predetermined criteria (Mustapha & Darussalam, 2018). According to Kaynak and Macauley (1984), experts in the field need to be familiar with the subject matter or be able to convey it adequately. The researcher uses strict criteria, such as a minimum of seven years of experience, to choose experts. These experts must also have the right level of skill and expertise for the study.

INSTRUMENTATION

The researcher consulted relevant literature while creating the Fuzzy Delphi methodology. According to Skulmoski et al. (2007), researchers might draw on their personal experiences, small-scale studies, and previous research to construct questionnaire items. According to Mustapha and Darussalam (2018), the questions used in the Fuzzy Delphi technique were developed by consulting scholarly literature, conducting in-depth interviews, and holding group discussions. According to Okoli and Pawlowski (2004), before developing study items and content, it is necessary to do a literature review and gather relevant data. The researcher emphasizes relevant literature and proposes a partnership to establish factors and elements connected to this investigation. After that, we use a fuzzy scale with seven points to compile questions for the experts. Results improved with the use of additional scales, leading to the adoption of a 7-point scale (Chen & Chen 2014). To make the questionnaire more user-friendly for specialists, the researcher replaced the fuzzy value with a scale value (ranging from 1 to 7), as shown in Table 3.

Table 3: Fuzzy scale

Item	Fuzzy Scale
Strongly disagree	(0.0, 0.0, 0.1)
Disagree	(0.0, 0.1, 0.3)
Somewhat Disagree	(0.1, 0.3, 0.5)
Neutral	(0.3, 0.5, 0.7)
Somewhat agree	(0.5, 0.7, 0.9)
Agree	(0.7, 0.9, 1.0)
Strongly agree	(0.9, 1.0, 1.0)

DATA ANALYSIS

To analyze the findings of this study, the researcher used FUDELO 1.0 software (Fuzzy Delphi Logic Software), which was specifically designed to analyze FDM data.

FINDINGS

In this section, the researcher will present the results of the study and the results of data analysis using FDM. After highlighting the literature and matching it with the research theory, the researcher formulates a method that can be used to confront mental health problems. After analyzing the literature, the researcher formulates some elements or guidelines that can be used to confront mental health problems based on the Al-Ghazali Methodology. The aspects of the guidelines are as follows:

Table 4: Confronting the mental health guidelines

<p>Aql (mind)</p>	<ul style="list-style-type: none"> ● Tafakkur (Reflection): Reflecting on the creation of Allah (SWT) and one’s purpose in life can bring peace and clarity. The Qur’an encourages pondering over the signs of Allah in the universe. ● Tadabbur (Contemplation): Deep contemplation of the Qur’an helps to understand its messages and apply them to personal situations, promoting mental clarity and resilience. ● Cognitive Restructuring with Tawakkul: Trusting in Allah’s plan and wisdom (Tawakkul) can help reframe negative thoughts. Recognize that hardships are tests from Allah and have a purpose. ● Gratitude (Shukr) Journaling: Regularly writing down things you are grateful for helps shift focus from negative to positive, as encouraged in the Qur’an and Hadith. ● Dhikr (Remembrance of Allah): Repeating phrases such as “<i>SubhanAllah</i>,” “<i>Alhamdulillah</i>,” and “<i>Allahu Akbar</i>” to calm the mind and focus on the divine. ● Gratitude Practice (Shukr): Regularly acknowledging Allah’s blessings. The Prophet Muhammad (PBUH) emphasized gratitude, saying that those who are grateful will be given more (Qur’an 14:7). ● Savoring Islamic Moments: Fully engaging in moments of worship and spiritual connection, such as during Salah or while reading the Qur’an
<p>Ruh (spirit)</p>	<ul style="list-style-type: none"> ● Salah (Prayer): Regular Prayers: Performing the five daily prayers (Salah) helps establish a routine, reduce stress, and enhance spiritual connection. Voluntary Prayers (Nafl and Tahajjud): Engaging in additional prayers, especially during the night (Tahajjud), can bring a sense of peace and closeness to Allah. ● Dua (Supplication): Personal Supplications: Making personal Duas to seek help and comfort from Allah during times of distress. Using Prophetic Duas: Incorporating Duas from the Hadith that addresses specific concerns and emotions. ● Tadabbur (Contemplation): Reflecting on the meanings of the Qur’anic verses to gain deeper insights and guidance. ● Memorizing Verses: Learning and internalizing verses that provide solace and guidance can be a source of strength. ● Studying the Seerah (Life of the Prophet): Earning from His Life: Understanding how the Prophet (PBUH) dealt with challenges, stress, and emotions can provide practical guidance. Emulating His Character: Striving to embody the qualities of patience, kindness, and forgiveness. ● Sabr (Patience): Cultivating Patience: Practicing patience during difficult times, knowing that Allah rewards those who are patient

	<ul style="list-style-type: none"> • Viewing Trials as Tests: Understanding that hardships are tests from Allah meant to strengthen faith and character.
Nafs (Evil inclination)	<ul style="list-style-type: none"> • Istia'dha: Regularly reciting “A’udhu billahi min ash-shaytan ir-rajim” (I seek refuge with Allah from the accursed devil) to protect oneself from Shaytan’s whisperings. • Surah An-Nas and Surah Al-Falaq: Reciting these chapters from the Qur’an for protection against evil inclinations. • Tawakkul (Reliance on Allah): Trusting in Allah’s protection and guidance. • Murāqabah (Self-Observation): Being mindful of one’s thoughts and actions, recognizing when evil inclinations influence them. • Affirmations of Faith: Using affirmations like “Allah is with me” and “I trust in Allah’s plan” to combat negative whisperings. • Istiqamah (Steadfastness): Remaining steadfast in one’s faith and practices, especially during times of spiritual or emotional struggle.

After the researcher issued some methods that can be practiced and used for confronting mental health. Then, the researcher forms an expert questionnaire and performs an FDM session with the experts who have been selected to give their views and then reach a consensus. The findings are analyzed as follows:

Table 5: Aql (Mind)

Results	Item1	Item2	Item3	Item4	Item5	Item6	Item7
Expert1	0.14846	0.09897	0.00825	0.06598	0.03299	0.0165	0.02474
Expert2	0.02474	0.0165	0.00825	0.00825	0.02474	0.04124	0.03299
Expert3	0.14021	0.09897	0.04949	0.06598	0.03299	0.04124	0.03299
Expert4	0.14021	0.0165	0.12372	0.22269	0.02474	0.0165	0.03299
Expert5	0.02474	0.07423	0.04949	0.00825	0.03299	0.0165	0.02474
Expert6	0.09073	0.07423	0.04949	0.00825	0.02474	0.0165	0.02474
Expert7	0.09073	0.0165	0.00825	0.06598	0.02474	0.0165	0.02474
Statistics	Item1	Item2	Item3	Item4	Item5	Item6	Item7
Value of the item	0.09426	0.05656	0.04242	0.06363	0.02828	0.02357	0.02828
Value of the “d” construct	0.04814						
Item < 0.2	7	7	7	6	7	7	7
% of item < 0.2	100%	100%	100%	85%	100%	100%	100%
Average of % consensus	97						
Defuzzification	0.74286	0.87143	0.91429	0.88571	0.95714	0.97143	0.95714
Ranking	6	5	3	4	2	1	2
Status	Accept	Accept	Accept	Accept	Accept	Accept	Accept

Table 6: Ruh (spirit)

Results	Item1	Item2	Item3	Item4	Item5	Item6	Item7
Expert1	0.1072	0.0165	0.0165	0.033	0.099	0.0495	0.033
Expert2	0.0083	0.0412	0.0412	0.033	0.0742	0.0495	0.198

Expert3	0.0083	0.2165	0.0412	0.0907	0.0165	0.1237	0.2330
Expert4	0.066	0.0165	0.0165	0.033	0.0165	0.0083	0.0907
Expert5	0.0083	0.0165	0.0165	0.198	0.0742	0.0083	0.0330
Expert6	0.0083	0.0412	0.0165	0.0907	0.099	0.0495	0.0825
Expert7	0.0083	0.0165	0.0165	0.0825	0.0165	0.0083	0.0907
Statistics	Item1	Item2	Item3	Item4	Item5	Item6	Item7
Value of the item	0.0306	0.0236	0.0236	0.0801	0.0566	0.0424	0.0801
Value of the construct	0.0481						
Item < 0.2	7	7	7	7	7	7	7
% of item < 0.2	100%	100%	100%	100%	100%	100%	100%
Average of % consensus	100						
Defuzzification	0.8857	0.9286	0.9714	0.8429	0.8714	0.9143	0.8429
Ranking	4	2	1	6	5	3	6
Status	Accept	Accept	Accept	Accept	Accept	Accept	Accept

Table 7: Nafs (Evil inclination)

Results	Item1	Item2	Item3	Item4	Item5	Item6
Expert1	0.0000	0.10722	0.0165	0.0165	0.13197	0.10722
Expert2	0.0577	0.10722	0.04124	0.04124	0.04124	0.04949
Expert3	0.2155	0.00825	0.0165	0.0165	0.0165	0.29692
Expert4	0.0000	0.06598	0.04124	0.24124	0.04124	0.06598
Expert5	0.0577	0.00825	0.13197	0.13197	0.04124	0.04949
Expert6	0.0000	0.06598	0.04124	0.04124	0.0165	0.10722
Expert7	0.0000	0.06598	0.04124	0.04124	0.04124	0.04949

Table 8: Nafs (Evil inclination)

Statistics	Item1	Item2	Item3	Item4	Item5	Item6
Value of the item	0.03299	0.06127	0.04713	0.04713	0.04713	0.10369
Value of the “d” construct	0.05656					
Item < 0.2	7	7	7	7	7	6
% of item < 0.2	100%	100%	100%	100%	100%	85%
Average of % consensus	97					
Defuzzification	0.9	0.88571	0.92857	0.92857	0.92857	0.81429
Ranking	2	3	1	1	1	4
Status	Accept	Accept	Accept	Accept	Accept	Accept

The data analysis shows that the darkened threshold value is greater than 0.2, as shown in Table (5,6,7). In other words, certain expert viewpoints aren’t congruent or even don’t agree on anything. Nevertheless, a threshold value average of (d) <0.2 is displayed by the average value of all academic dishonesty indicators. The item has achieved good expert consensus if the average value of the threshold (d) is less than 0.2 (Cheng & Lin, 2002; Chang, Hsu & Chang, 2011). Concurrently, the total proportion of experts’ agreement is 85%, which is more than the threshold of 75% required to be considered an expert opinion on the matter.

Furthermore, all values for Alpha-Cut defuzzification (the average of the fuzzy answer) surpass α -cut \Rightarrow 0.5. The alpha cutoff value needs to be greater than 0.5; if it falls below that threshold, it ought to be eliminated (Tang & Wu, 2010; Bojdanova, 2006). This analysis's results demonstrate that experts have reached a consensus on the items for confronting mental health.

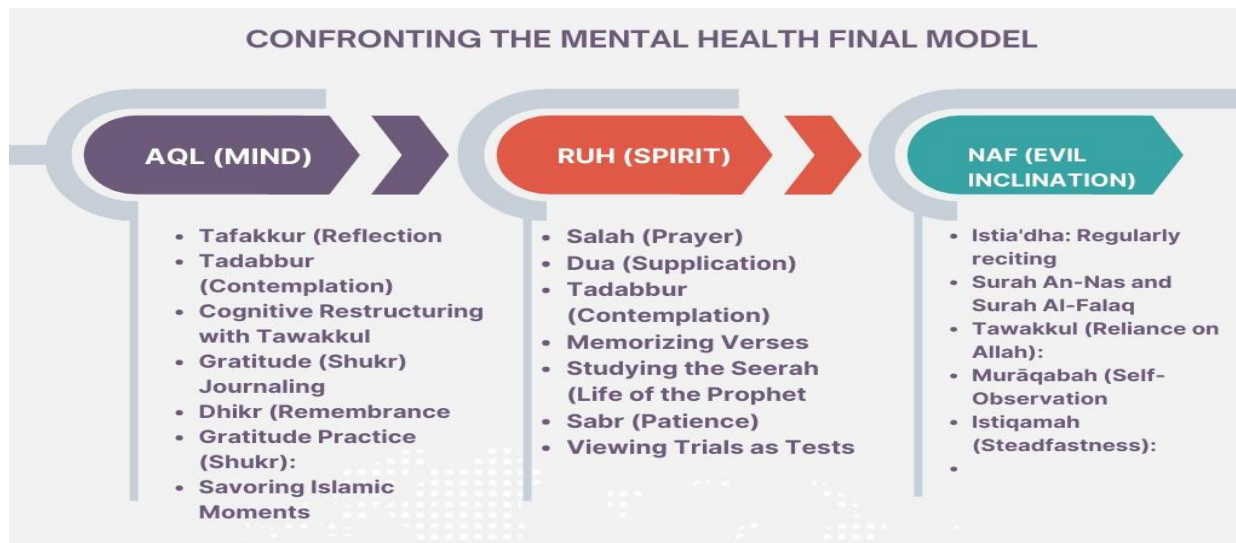


Figure 2: Final model

DISCUSSION & CONCLUSION

This research aimed to use expert opinion to formulate a strategy for addressing mental health difficulties by Al-Ghazali's philosophy. The Fuzzy Delphi Method was used to examine professional viewpoints on suggested regulations about the *Aql* (thinking), *Ruh* (spirit), and *Nafs* (evil tendency) components. The results showed that all of the suggested things were highly agreed upon by experts, with agreement percentages ranging from 85% to 100%.

The results indicate that Al-Ghazali's method provides a potential foundation for dealing with mental health issues, especially in Muslim communities, since it combines Islamic precepts with psychological ideas. All three dimensions of mental health cognitive, spiritual, and behavioral are considered in the suggested standards. For mental health providers assisting Muslim clients, this integrated model may offer religiously congruent and culturally aware solutions. As a viable alternative to or supplement traditional Western psychological approaches, the study emphasizes the possibility of integrating Islamic spirituality and psychology into mental health treatments. Mental health care for Muslim communities may be more successful and acceptable if this paradigm integrates traditional Islamic knowledge with modern mental health methods.

In conclusion, confronting mental health has become increasingly important in recent years due to a confluence of factors. There is a growing global awareness about the significance of mental health and its impact on overall well-being, leading to more open discussions and reduced stigma. Simultaneously, studies indicate a rising prevalence of mental health disorders worldwide, particularly in the wake of global events like the COVID-19 pandemic. The substantial economic consequences of mental health issues, including reduced productivity and increased healthcare costs, have also brought this topic to the forefront. There's a growing recognition that mental health is integral to overall health, not separate from physical health, leading to more comprehensive healthcare approaches. Technological advancements have made mental health support more accessible, while cultural considerations have emphasized the need for culturally sensitive approaches. Concerns about youth mental health, the impact of global stressors, and the focus on

workplace mental health have all contributed to the urgency of addressing these issues. Moreover, the growing attention to how mental health intersects with other aspects of identity and social issues highlights the need for nuanced approaches to mental health care. By addressing mental health more comprehensively and with culturally sensitive approaches, such as the Islamic-based model proposed in this study, we can work towards creating healthier, more resilient individuals and communities in an increasingly complex world.

GUIDELINE FOR FURTHER RESEARCH

Future studies must conduct clinical trials with Muslim clients suffering from a range of mental health conditions in order to evaluate the efficacy of the recommended guidelines experimentally. This Islamic-based method could be compared to other culturally-specific mental health models as well as Western psychological treatments through cross-cultural comparisons to see how they stack up in terms of results and client satisfaction. Training programs for mental health practitioners to properly apply this Al-Ghazali-inspired approach in their practice should be developed and evaluated. In contrast to more conventional methods, treatments grounded on this model could be studied over the long run to see how they do.

Adaptations of this model for certain mental health difficulties, such as trauma-related problems, anxiety disorders, or depression, should be investigated by researchers. It may be instructive to look into how this Islamic perspective can be combined with evidence-based psychotherapies such as Mindfulness-Based Interventions or Cognitive Behavioural Therapy. This concept has the potential to be widely used and accessible through the creation and evaluation of digital mental health therapies like online therapy platforms or mobile apps. There may be substantial public health benefits to investigating the potential of this approach for use in preventative mental health programs in Muslim communities, educational institutions, or houses of worship.

More in-depth qualitative research is needed to better comprehend the perspectives of both clients and practitioners. Lastly, useful scientific validation could be obtained by studying the neurobiological impacts of this model-based intervention using neuroimaging techniques. Potentially more effective and culturally relevant treatments for Muslim populations globally could result from these additional study initiatives that aim to validate, develop, and broaden the use of the Al-Ghazali-inspired approach to mental health.

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