

Rethinking Psycho-Ontology in the Context of Ilm an-Nafs (the Study of Self by Muslim Scholars) and Clinical Applications

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While modern psychotherapies are generally effective, they often face challenges, especially in addressing the more profound aspects of human experience. Ilm an-Nafs, as a discipline rooted in the Islamic intellectual tradition, encompasses various interpretations that offer a multidimensional perspective by integrating scientific, philosophical, and theological insights. This article focuses on my specific interpretation of Ilm an-Nafs, from which we have developed the 3K model (drive/power model), the 3N model (consciousness model), the 4T model (cognitive model), and the Nafs (self) model. In order to explore their potential advantages, these models will be compared with psychoanalytic concepts and cognitive behavioral therapy. The methodology includes a comparative analysis of these models, highlighting how the Ilm an-Nafs models provide a more holistic understanding of human psychology. Findings from six previous studies, comprising four single-case studies, one case series, and one randomized controlled trial group study, showed significant symptom reduction among patients. These patients found the Ilm an-Nafs models to be more explanatory and holistic than modern psychotherapies. They reported that these models helped them distinguish between psychopathology and spirituality and offered a sense of security by integrating religious and scientific perspectives. The Ilm an-Nafs models offer a richer psycho-ontological framework that not only aligns more closely with the values and beliefs of Muslim patients but also provides inspiring insights that can expand the definition of the human being in modern psychology. This approach opens new avenues for religiously sensitive therapeutic interventions and suggests promising new directions for integrating Ilm an-Nafs with contemporary psychology. Future research may further explore this integration, potentially leading to more holistic therapies that better serve diverse populations.


Keywords: study of Nafs (self); Islamic psychology; psycho-ontology; Ilm an-Nafs models (4T, 3K, 3N, and Nafs [self] model)

Since the dawn of modern science, pioneering psychotherapeutic methods such as psychoanalysis and cognitive behavioral therapy (CBT) have emerged and been widely adopted to assist patients in coping with psychosocial challenges. While these methods have significantly advanced

the discipline, none of the existing models have fully succeeded in comprehensively explaining and transforming individuals' psychological experiences. However, despite their contributions, these approaches face notable limitations, especially when addressing religious and spiritual

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dimensions (Abdul Razak et al., 2017; Carlson & González Prendes, 2016; Cucchi, 2022). Consequently, there is an increasing need for broader explanatory models and tailored interventions that address these gaps in current psychological practice (Ağilkaya Şahin, 2018; Haque & Keshavarzi, 2014).

In response to these challenges, this article explores whether the limitations and dilemmas in contemporary therapeutic processes like psychoanalysis and CBT can be addressed through the explanations and interventions offered by *Ilm an-Nafs*,¹ a profound and ancient discipline within the Islamic intellectual tradition. Specifically, this article will examine the findings of five studies on obsessive-compulsive disorder (OCD) and one on posttraumatic stress disorder (PTSD), conducting a comparative analysis between modern psychotherapy approaches, and in my specific interpretation of *Ilm an-Nafs*, I have developed the 3K model (drive/power model), the 3N model (consciousness model), the 4T model (cognitive model), and the Nafs (self) model. Through this analysis, I will discuss new contributions and possibilities.

Psychoanalysis, as one of the modern psychotherapeutic approaches, has provided profound insights into understanding human nature since its inception. However, it falls short in comprehending spiritual experiences due to its materialistic foundation (Mills, 2012; Orange, 2009). In psychoanalysis, structures such as the id, ego, and superego, along with drives including the libido, the distinction between the unconscious and conscious mind, and the emphasis on dreams in the therapeutic process (Freud, 1965), as well as elements like transference (Freud, 1997), demonstrate the depth of psychoanalysis in therapeutic work and analysis (Siegfried, 2014). While this depth offers significant richness in understanding human psychology, it limits its ability to explain religious experiences and other expansive phenomena (Freud, 1919). Consequently, matters of meaning, belief, and will are often interpreted within a materialistic framework (Thahir & Hidayat, 2020). For instance, a religious OCD patient with blasphemous intrusive thoughts might be interpreted as harboring hidden anger toward God or as exhibiting symptoms rooted in naïve religious attachments (Toprak, 2018b). This rigid approach not only complicates treatment but also hinders the establishment of a therapeutic relationship grounded in the patient's religious and cultural sensitivities.

CBT, due to its strong alignment with empirical psychology, offers a broad and practical framework through its evidence-based, nonspeculative explanations, favoring simple yet explanatory models of human experience (Dobson & Dozois, 2019; Hofmann et al., 2012). CBT utilizes the principles of behaviorism and cognitive psychology, providing scientifically robust models for explanation and intervention. However, it remains within the mind-body dichotomy. Thus, while not as reductive as psychoanalysis, CBT still struggles to fully address spiritual experiences (Carlson & González Prendes, 2016). Religious OCD patients, for example, may find it difficult to

¹ *Ilm an-Nafs* is defined as a branch of religious and secular sciences that examines the nature, structure, and function of the self (*nafs*), including both internal and external senses, as well as mental abilities such as reason and imagination, within the field of psychology (Kutluer, 2000). Given the rich content of various traditions, *Ilm an-Nafs* can also be described as an interdisciplinary field where scholars in medicine, philosophy, sufism, and revivalist academics collaborate to explore, understand, and generate knowledge on human psychology (Toprak, 2018a). In particular, self (*nafs*) is used here instead of *psyche*, because according to the American Psychological Association (n.d.), the term “*psyche*” is limited to the mind; however, in the Islamic tradition, “*nafs*” (self) comprises a complex and multifaceted structure composing of the following: *jism/badan* (body), *dhihn/dimağ* (mind), *qalb* (heart), *wijdan* (conscience, a subcomponent of “*nafs*” [self]), and *ruh* (spirit; Toprak, 2021). Therefore, the term “*psyche*” is not sufficiently adequate to cover the term “*nafs* (self)” in this research.

What *psyche* refers to as a term is also an important issue in terms of the history of human thought. In summary, it can be said that this term has shifted from the spiritual to the material in the history of thought. It is seen that this term, whose spiritual nature and transcendental connection possibilities are pointed out in Plato's expressions, started to be handled in a much more biological-physiological way after Aristotle (Aristotle, 2018; Haslakoglu, 2016). In the course of time, this understanding has oscillated between these two different extremes in the tradition of Islamic thought. According to their understanding of *psyche/nafs*, traditions have sometimes seen it as almost a function of the biological body, sometimes as a mind with a separate existence, and sometimes as a vast and rich structure that includes higher level (transcendentally connected) faculties such as the heart and the soul. However, it is possible to say that during the foundation and progression of modern psychology, *psyche* for modern psychology is closer to the idea that it was a function of the body or that it pointed to a partially mentally separate entity than any of these ideas. In this regard, it is difficult to think of *nafs* and *psyche* as synonymous/exact equivalents of each other. However, it is possible to say yes if it is taken the efforts in all periods of the history of human thought as a basis. In this context, where the term *psyche* is used throughout the text, it will be kept in its original form and will be expressed differently depending on what is meant there.

obtain satisfactory answers to questions about the source of their symptoms or how to distinguish between faith, values, and obsessions within the same cognitive space (Toprak, 2024). Therefore, while both approaches offer valuable insights, psychoanalysis risks undermining the patient's relationship with their spiritual experiences through its rigid framework, and CBT, in its effort to avoid speculative reductionism, reduces its explanatory power, failing to fully encompass religious and spiritual experiences.

Considering the limitations of these approaches, it becomes crucial to explore alternative frameworks that can effectively address religious and spiritual dimensions. In this context, there have been many significant contributions, particularly focusing on Christianity (Allport, 1950; Hall, 1917; Starbuck, 1899). For Muslims, the initial critiques emerged from Malik Badri (1979), who argued that the materialistic framework of contemporary psychotherapy was unsuitable for Muslims, paving the way for many new contributions in the field (Abu-Raiya, 2015; Keshavarzi & Haque, 2013). These works can be categorized into three main types: those emphasizing a sensitivity to the spiritual values of religious individuals, those integrating religious knowledge and practices within the fundamental theoretical frameworks of existing psychotherapy models, and original models inspired by Islamic traditions (Toprak, 2022).

The first type refers to therapists in contemporary schools taking a more sensitive and respectful stance toward the religious values of patients. Regarding the second type, although integrative studies in religiously integrated cognitive behavioral therapy (R-CBT), acceptance and commitment therapy (ACT), and mindfulness-based therapies (Dehaghi et al., 2022; Isgandarova, 2019) provide significant contributions by addressing religious and cultural sensitivities, they remain distant from comprehensive frameworks that reveal the psychological and spiritual dimensions for Muslims, primarily because they adhere closely to their original theoretical foundations.

In this context, the original models representing the third type are particularly noteworthy, because they offer new psycho-ontological propositions. The works that develop these models can be seen as contemporary interpreters of the rich tradition of *Ilm an-Nafs*.

For instance, Abu-Raiya's (2012) Qur'anic theory of personality model, based on Al-Ghazali's

theoretical suggestions, presents an integrated framework incorporating psychodynamic views alongside novel psycho-ontological contributions. Similarly, Skinner's (2010) Islamic model of the self explains the self through concepts such as *qalb*, *aql*, *hawā*, and the body. Merter (2007, 2014) compared modern psychology and psychotherapy with the knowledge and practices of Islamic Sufism, giving special attention to Mawlana Jalal al-Din Rumi and Ibn Arabi. In this context, he reevaluates the relationship between the concept of *hāl* (mystical state) and psychopathologies. As a result, he introduces a new approach called *Nafs* psychology. Rothman and Coyle's (2023) "model of the soul" is an application model of Islamic psychology, based on the Qur'an and Hadith—the fundamental sources of Islam—and developed through interviews with experts in the field regarding conceptual choices. In this respect, the model makes a significant contribution by blending the rich heritage of Islamic thought with the experiences of practitioners. The Traditional Islamically Integrated Psychotherapy model by Keshavarzi and Haque (2013), centered on the ideas of prominent Muslim scholars such as Suhrawardi and Shah Waliullah Dehlavi, establishes a framework that strongly connects classical Sunni sources with various disciplines including psychology, medicine, philosophy, theology, and Sufism. This model provides a structure grounded in sacred texts and spirituality while equally valuing empirical research and reasoning.

All these models suggest expanding our current understanding of psychology by incorporating concepts like the soul, heart, and mystical state (*hāl*) and rethinking issues such as the self and spiritual maturation. The *Ilm an-Nafs* models, the focus of our article, were developed by Toprak (2018a) by drawing from the works of Muslim scholars, such as Al-Balkhi, Al-Razi, Ibn Sina, Ibn Arabi, Sayyid Sharif al-Jurjani, Ibrahim Hakki of Erzurum, and Al-Ghazali, and is centered on Said Nursi's perspective and works. This model, as detailed below, places particular emphasis on the works of Nursi, whom I see as the last representative of the revisionist tradition of *Ilm an-Nafs*, which offers a powerful synthesis of medicine, philosophy, and Sufism. Both the revivalist tradition and Nursi's approaches, which bridge contemporary science, philosophy, and religion, have facilitated the model's ability

to relate to and propose solutions for current questions and problems.

When all these sources of knowledge are considered together, can the studies of Ilm an-Nafs, which aim to understand the human being not only through the body and mind but also through spiritual dimensions like the heart (*qalb*) and spirit (*ruh*), offer new inspiration where contemporary psychotherapies have reached their limits? Specifically, can it help to elucidate the relationship between faith, values, daily life experiences, and will from a broader perspective?

In this context, the historical origins and deep-rooted traditions of Ilm an-Nafs will be thoroughly examined, detailing how the models used in this article were inspired by these traditions and how they were developed. With the Nafs (self) model as the foundation, a comparative analysis will be conducted between the 3K model (drive/power model of Ilm an-Nafs) and 3N model (consciousness model of Ilm an-Nafs) and the psychoanalytic concepts of drive and consciousness, as well as between the 4T model (cognitive model of Ilm an-Nafs) and the cognitive model of CBT. Throughout this process, the focus will be on the need for reasonable and nonreductive explanations of patients' experiences—specifically, the sources, causes, and meanings of their symptoms. The impact of applying the Ilm an-Nafs models in addressing this need will be highlighted and supported with case examples. Throughout this article, we will use “Ilm an-Nafs” to refer to the broad discipline encompassing its various traditions, whereas “the Ilm an-Nafs” or “the Ilm an-Nafs models” will denote the specific interpretation I have adopted and the models I have developed from it.

In this way, we aim to contribute to culturally and religiously sensitive practices in the field of psychotherapy by proposing models that better align with the values of religious individuals and Muslims in particular. Additionally, by offering a more expansive psycho-ontology, we aspire to provide an inspiring perspective that allows for a broader understanding of human psychology.

Objectives

First, we will embark on an exploration of the medical, philosophical, Sufi, and revivalist traditions of the discipline of Ilm an-Nafs by examining its multifaceted roots. Following this, we will examine Nursi's nuanced understanding

of Ilm an-Nafs and the fundamental conception of human nature presented in his works, which is the main inspiration for the models set forth in this article.² We will then explain how these models are constructed based on Nursi's insights and how they are applied in contemporary clinical practice.

Let us begin by recognizing the different traditions of Ilm an-Nafs and their salient aspects.

Muslim Perspectives on Psychology: The Islamic Tradition of Ilm an-Nafs

The Islamic tradition offers a rich tapestry of psychological insights through the discipline of Ilm an-Nafs. In this context, the term “Ilm” denotes comprehensive knowledge, encompassing both divine and human realms (Kutluer, 2000), while “nafs” refers to the self, encapsulating the entirety of human nature and structure. The field of Ilm an-Nafs has been enriched by contributions from a wide range of scholars, including Muslim philosophers, medical doctors, Sufis, and revivalists (Toprak, 2021). Their discussions focus on the psychological structure and functioning of humans, contextualized within the broader frameworks of contemporary science, philosophy, and theology. According to Islamic tradition, the discipline of Ilm an-Nafs can be categorized into four distinct approaches: medical, philosophical, Sufi, and revivalist (see Table 1).

The Medical Tradition on Ilm an-Nafs

Through the lens of Ilm an-Nafs, which offers rich theoretical and practical insights into human structure and function, there emerges a foundation that holds the potential to enrich and integrate modern psychotherapy discourses. This foundation promises to unite seemingly disparate therapeutic approaches, offering a more cohesive understanding of human psychology (Toprak, 2017). Historical engagements further deepen this dialogue. A prime example is the period when the Islamic scholars encountered Hellenistic philosophies. During this phase, Muslims not only adopted but also harmoniously

² Although the texts of other scholars were also benefited from, these models were developed especially inspired by Nursi's texts.

Table 1
Traditions of Ilm an-Nafs

Tradition	Medicine	Philosophy	Sufi	Revivalist
Fields of work intersecting with modern psychology	Temperament Physiology Ethics	Cognitive sciences Metaphysics Ethics/moral	Religion Spirituality Psychotherapy	Religion Cognitive sciences Ethics/moral Psychotherapy
Representative Core text	Al-Balkhi (850–934) “Mesalihul Ebdan ve’l Enfüs” (<i>Sustenance for the Body and Soul/ Psyche</i>) He defined the diagnostic criteria very similar to <i>DSM-5</i> regarding OCD and made treatment recommendations.	Ibn-i Sina (Avicenna; 980–1037) “ <i>Kitābū’-n-Nefs (Book of the Psyche/Soul)</i> ” He expressed the structure and functioning of the psyche/soul in a rational way.	Ibn-i Arabi (1165–1240) “ <i>Fütūhat-ı Mekkiye (The Meccan Illuminations)</i> ” He described the structure and functioning of the <i>nafs</i> (self) in a spiritual-intuitive-discovery-experiential way.	Al-Ghazali (1058–1111) “ <i>Ihya-u Ulumi’-d-Din (The Revival of the Religious Sciences)</i> ” He described the structure and functioning of the <i>nafs</i> (self) by synthesizing medical, philosophical, and Sufi traditions.
Part of self (<i>Nafs</i>) focused	Body (Jism/Badan)	Mind (Dhihn/Dimag)	Heart (Qalb) Spirit (Ruh)	Body (Jism/Badan)-mind (Dhihn/Dimag)-heart (Qalb)-spirit (Ruh)

Note. OCD = obsessive–compulsive disorder; *DSM-5* = *Diagnostic and Statistical Manual of Mental Disorders*.

integrated Hellenistic tenets, particularly within the realm of medicine.

Focusing on the Medical Ilm an-Nafs approach, the primary emphasis was on physiology, ethics, and theories of temperament. Al-Balkhi (849–934) stands out as a pioneer who integrated Hellenistic medical traditions with his Islamic insights. In his work, *Mesalihul Ebdan ve’l Enfüs* (sustenance for the body and soul/psyche), he notably identified OCD as *waswasah*,^{3,4} a concept remarkably similar to the current *Diagnostic and Statistical Manual of Mental Disorders*, fifth edition, diagnostic criteria (Awaad & Ali, 2015), and proposed specific therapeutic methods (El-Belhi, 2012). This tradition was later advanced by Abu Bakr al-Razi (865–925), who, in his work *et-tabbu’-r-ruhani* (spiritual medicine), explored the psyche’s⁵ intricacies, particularly in relation to temperament, morality, and physiology (Er-Razi, 2004; Tiryaki, 2016). In this tradition, the body (*jism/badan*) is the primary focus of therapeutic intervention, with knowledge produced to explain disease and health through the body and to solve problems by intervening in the body.

In assessing the contemporary relevance of these medical traditions, it is evident that while they offer invaluable historical insights, their empirical utility might seem limited in today’s

advanced scientific milieu. However, the emphasis on temperament, even in these early works, remains a source of inspiration and potential exploration in the modern era.

The Philosophical Tradition on Ilm an-Nafs

Within the Islamic philosophical discourse, Ilm an-Nafs offers profound insights into the

³ Texts of Islamic scholars reveal that *waswasah* (scrupulosity, *vesvese*) does not only refer to a pathological condition; rather it is used for all intrusive/disturbing thought contents (Nursi, 2008a). The terms that point to OCD, which is pathology in modern psychiatry, are mostly terms such as *marad al waswasah* (maraz-i vesvese; Nursi, 2008a) and *waswasah al Qahri* (vesvese-i kahri; Rassool, 2019). However, in terms of general usage habits, the term *waswasah* (scrupulosity, *vesvese*) has been used as a meaning of OCD and religious OCD in particular.

⁴ According to Muslim scholars, and Nursi in particular, there are two sources of scrupulosity (*waswasah*): Satan and Nafs (self). In his text on scrupulosity (*waswasah*) Nursi explains, it is stated that the source of the scrupulosity (*waswasah*) can be *lumme-i satan* (the area, close to the *qalb* [heart]), in which the *satan* whispers), working principles of the mind (*dhihn/dimag*) and the powers (*quwwah*) depending on the context; while the first one refers to the *satan*, the last two refer to the *nafs* (self).

⁵ In medical tradition, *psyche* refers to a mind (*dhihn/dimag*) that emphasizes the physical/biological (body [*jism/badan*]) side of the human being.

understanding of the human psyche.⁶ Noteworthy is the Islamic engagement with Plato's discourses on the psyche, as exemplified in texts like *Phaidon*, *Timaios*, and *Politeia*, which were translated into Arabic by the 9th century. Aristotle's psychological treatise, *De Anima*, known in Arabic as *Kitâbü'n-Nefs* (*Book of the Psyche/Soul*), and his other concise psychological works bundled under the title *Parva Naturalia*, translated as *el-His v'el-mahsûs* (*Book of the Sense and the Sensible*), further solidified this intellectual interplay (Kutluer, 2000).⁷

Key figures such as Kindi (801–873), the pioneer of the translation movement of ancient Greek philosophical texts, embarked on defining the contours of the psyche. In his treatises *Fi'l-ḳavl fi'n-nefs* (*Treatise on Opinions Concerning the Psyche/Soul*) and *Kelâm fi'n-nefs* (*Word on the Psyche/Soul*), Kindi delved into the nature of the psyche, its capabilities, posthumous states, and methodologies for spiritual purification (Kutluer, 2000). In another seminal work, *Risâle fi'l-hîle li-def'i'l-ahzân* (*Ways to Refrain from Sorrow and Sadness*), he philosophically and ethically evaluated the origins and remedies for sorrow, offering cognitive restructuring recommendations and behavior-based remedies grounded both in scripture and moral philosophy. His elucidations bear remarkable similarity to modern-day CBT principles (Kindi, 2016).

A central figure in this discourse was Ibn Sina (980–1037), known as Avicenna in the West. With his foundational text *Kitâbü'n-Nefs*, as part of the *et-Ṭabî'iyât* segment of *eş-Şifâ* (*Book of the Healing*), Ibn Sina constructed a cognitive psychological framework. This framework elucidated the psychic and metapsychic experiences encompassing perceptions, emotions, and thoughts (Kutluer, 2000; Peker, 2011). In his exhaustive examination of the psyche, Avicenna established psychology as a standalone scientific domain within the Islamic intellectual landscape (Kutluer, 2000).

Just as the medical tradition focuses on the body (*jism/badan*), the philosophical tradition centers on the mind (*dhihn/dimag*). In this tradition, concepts of disease and health are formulated through the mind, and it is preferred as the field of intervention. It is noteworthy that the notion of the psyche in this tradition bears similarities to Western thought, particularly post-Aristotle. Here, the psyche is predominantly discussed as a cognitive function of the mind (*dhihn/dimag*), rather than as a spiritual

entity like the spirit (*ruh*) or heart (*qalb*). The more spiritual aspects of the psyche, such as the spirit (*ruh*) and heart (*qalb*) as separate entities, are more relevant to the Sufi and revivalist traditions, which will be discussed below.

The philosophical exploration of Ilm an-Nafs primarily focused on themes such as human happiness and suffering, the psychological construct, cognitive processes, and their layers, as well as the material and spiritual processes of acquiring knowledge, and the relationship between thought, morality, and happiness. It sought to answer profound metaphysical and logical questions, addressing phenomena such as dreams, revelations, prophecies, and the differentiation between intuitive and logical knowledge.

In juxtaposition with contemporary sciences, the philosophical tradition of Ilm an-Nafs stands as a pivotal contributor. It offers a cognitive psychological lens, advancing understandings of human cognition, emotions, perceptions, ideations, and intuitions. This framework critically engages with notions of consciousness, vitality, and the human psyche, providing an enriched understanding of how individuals think, feel, and act.

The Sufi Tradition on Ilm an-Nafs

Sufism, a profound school within Islamic thought, offers a unique interpretation of Ilm an-Nafs, which integrates the study of the “nafs” (self)⁸ with ontology. This branch emphasizes the deep mental and conceptual understanding required to achieve inner serenity. According to Sufi teachings, true inner peace emerges from a profound knowledge of one's nafs, leading to a deeper understanding of the Divine Creator. This principle traces back to the Prophet Muhammad's (peace and blessings upon him) saying, “Who knows his nafs (self) knows his Rab (Lord).” Over the centuries, this insight has been perpetuated by numerous individuals who not only grasped this concept but also helped others understand it and provided healing.

⁶ In philosophical tradition, psyche is used more in the sense of soul, pointing to the structure consisting of body (*jism/badan*) and mind (*dhihn/dimag*).

⁷ Purification in this tradition seems to refer to the purification of the human being from wrong thoughts and ideas. Right thinking will lead to right morality, which in turn will lead to appropriate feelings and behavior.

⁸ In Sufi tradition, the term nafs refers to the spirit (*ruh*) and heart (*qalb*).

During the early post-Prophetic era, luminaries like Hasan al-Basri (642–728) delved into this discourse. In his seminal work, *Epistle of Fate (Qadar)*, he expounded upon the position and responsibilities of humans within the framework of life. Subsequent scholars such as Al-Harith al-Muhasibi (781–857), author of *er-Ri'ayeli Hukukillah (Obeying God's Permits)*; Abdülkadir Geylani (1077–1116); and notably, Ibn Arabi (1165–1240) with his *Futuhatiil Mekkiye (The Meccan Illuminations)* further explored the essence, structure, and functioning of the human nafs (self; Arabi, 2017). A significant contribution came from Ibrahim Hakki of Erzurum (1704–1780), who, in his *Marifetnâme (The Book of Gnosis)*, dissected the various layers of nafs' maturity and consciousness, along with the thoughts, emotions, and behaviors intrinsic to these layers (Hakki, 1999).

In this tradition, the focus is primarily on the spirit (*ruh*) and heart (*qalb*). Consequently, discussions on disease and health are framed through these entities, with these being the preferred areas for intervention. While the Sufi tradition at times overlaps with philosophical inquiries regarding human nature and structure, offering valuable parallels to contemporary psychotherapeutic theories such as psychoanalysis, third-wave CBT, and existentialism, there is a clear divergence when it comes to the meaning of life and methods of healing. For the Sufi tradition, the meaning of life is clearly defined as attaining Allah's pleasure and reaching certainty (*yaqeen*), which necessitates the purification of the heart. This purification is achieved by following the intellectual, behavioral, and emotional example of the Prophet of Islam and emulating his character. In line with this process, various explanations and intervention methods have evolved over time. In addressing profound questions such as the nature of consciousness, its various levels and experiences, and challenges in understanding human nature, pathways to happiness, maturation, and personality shifts, the Sufi tradition provides invaluable insights and enrichments.

The Revivalist Tradition on Ilm an-Nafs

The Revivalist interpretation of Ilm an-Nafs exemplifies the integration of Muslim scholars' expertise in both religious and secular sciences (both modern and classical). This tradition has recalibrated interpretations of philosophy,

medicine, and Sufi perspectives, all underpinned by the foundational teachings of the Qur'an and hadiths. Perhaps the most influential work reflecting this synthesis is Al-Ghazali's (1058–1111) *Ihya' Ulum al-Din (The Revival of the Religious Sciences)*. This seminal work intricately dissects the structure and functioning of human beings, charting the pathways to attain varying levels of consciousness and moral⁹ maturity. A more concise version of this treatise is encapsulated in Kimiya-yi Sa'adat (*The Alchemy of Happiness*), a Persian rendition of the original (Gazali, 2011).

In this tradition, *nafs* (self) is understood as an entity that encompasses all aspects mentioned in the previous traditions and beyond. Disease and health are evaluated through this holistic entity, and interventions are directed toward it. In this context, explanations and interventions related to the body in the medical tradition, the mind in the philosophical tradition, and the heart and soul in the Sufi tradition have been resynthesized within the framework of the Qur'an and Sunnah (practical guide for living based on the life of the Prophet Muhammad), resulting in a truly holistic understanding of the human being.

Nursi's Modern Revivalist's Approach to Ilm an-Nafs

Said Nursi (1878–1960) stands as a paramount figure in the culmination of the revivalist tradition. Born in the village of Nurs in Bitlis, within the Ottoman State, Nursi received a comprehensive education that spanned both madrasahs (traditional Muslim educational institutions) and a broad array of disciplines, including religious studies, logic, philosophy, anatomy, mathematics, and physics. His diverse education allowed him to bridge the gap between traditional Islamic teachings and contemporary scientific and philosophical thought.

Central to Nursi's discourse on human psychology is the assertion that cognitive distortions, rooted in one's belief (*iman*) structure—arising from a misperception of Allah, and consequently of oneself and the universe—are the primary culprits for pervasive and excessive

⁹ According to Sufi and Revivalist tradition, moral(ity) means conformity with the principles of the Qur'an and Sunnah, and the study uses this definition throughout the work, and according to Nursi, the Qur'an and Sunnah refer to the laws of Sharia (Islamic law derived from the Qur'an and Hadith) and the principles of life in religion Islam, which are the fundamental references for belief and behavior.

feelings of unhappiness, anxiety, and anger (Nursi, 2008a).

As a representative of the revivalist tradition, Nursi considers *nafs* (self) to encompass faculties such as the body (*jism/badan*), mind (*dhihn/dimag*), heart (*qalb*), and spirit (*ruh*). However, a unique aspect of his approach is his emphasis on the mind (*dhihn/dimag*) as the primary faculty that must be addressed and balanced for all other faculties to function optimally. The healing of faculties such as the heart (*qalb*) and spirit (*ruh*) begins with learning to think correctly. In this context, the framework that reflects the richness of the ancient Ilm an-Nafs tradition, by addressing faculties such as the heart (*qalb*), spirit (*ruh*), and conscience (*wijdan*), resembles modern psychotherapeutic intervention by encouraging individuals to first engage with their thoughts, reevaluate them collectively, and restructure them.

His *Treatise of “I” (Ene Risalesi)* delves into the intricacies of the nafs and its perceptual processes. Nursi also addressed various life stages and challenges in his works such as *Condolences for Children* and *Guide for Patients*, where he discussed the psychological and psychic resilience required during disease, trauma, and loss. His works, including *Guide for Elderly People* and *Guide for Youth*, highlight the psychological trials of aging and the vulnerabilities of youth to addictions and impulse control, respectively.

Of particular note is Nursi’s *Treatise of Scrupulosity (Risalah Waswasah)*, which offers a nuanced understanding of scrupulosity (*waswasah*). Modern psychological frameworks categorize this as a subtype of OCD, and Nursi’s treatise is rich with examples of cognitive and behavioral interventions, bridging historical insights with modern therapeutic techniques (Besiroğlu et al., 2014). Nursi’s collective works serve as a beacon, illuminating his theoretical and practical perspectives on human nafs and behavior. It is evident that Nursi intricately wove the principles of Ilm an-Nafs throughout his work, synthesizing insights from both Sufi and philosophical traditions with classical and contemporary logic, sciences, and medicine.

Nursi’s Ilm an-Nafs approach suggests aiding individuals not just through treatment but through a journey of maturation, refining the connections between individuals and the existential truths of life.

Basic Human Nature According to Nursi’s Ilm an-Nafs Approach

Nursi’s perspective on human nature provides a unique lens into the interplay between the tangible and intangible components that constitute a human being (see Table 2). The human body (*jism/badan*) serves as the physical representation, a material aspect of existence that is observable, concrete, and substantial. Within the body reside two primary forces: *quwwah shahwiyyah*, the power of desire, and *quwwah ghadabiyyah*, the power of anger (see Table 3). These forces represent our instinctual and animalistic nature, with the former fulfilling bodily desires and the latter acting as a protective mechanism. They are also the source of vitality that a person needs to sustain material existence.

The mind (*dhihn/dimag*) functions as a center for abstract reasoning. It houses various faculties such as imagination (*tahayyul*), conceptualization (*tasawwur*), and memory (*khafida*). Another power, the power of intellect (*quwwa al-‘aqliyya*), also operates within the mind (*dhihn/dimag*) and is responsible for distinguishing between good and bad and beneficial and harmful. The demands

Table 2
Components of Human Nature in Nursi’s Ilm an-Nafs Approach

Component	Characteristic
Body	Represents the concrete, tangible, material aspect of human existence.
Mind	A reservoir for abstract reasoning. Here, capabilities such as imagination, conceptualization, memory, and reasoning coexist.
Heart	The heart serves as an intermediary between the physical realm of the body and the metaphysical essence of the spirit, acting as a conduit to bridge the tangible with the intangible. It is also the center of our decisions.
Spirit	Embodies the indefinable essence within human, a presence that eludes concrete definitions and refuses to be confined by any boundaries.
Subcomponent Conscience	The conscience amalgamates the metaphysical inputs solely from the spirit and conveys them to the heart.

Note. Body: “jism/badan” (Arabic); mind: “dhihn/dimag” (Arabic); heart: “qalb” (Arabic); spirit: “ruh” (Arabic); conscience: “wijdan” (Arabic).

Table 3*3K Model: Three Powers Model of the Ilm an-Nafs*

Power	Characteristic
Power of desire	Governs bodily desires, propels humans to fulfill their physical needs, and represents the human's animalistic nature.
Power of anger	Reflects the body's self-protective function, functions to deter and ward off harm, representing the human's animalistic nature.
Power of intellect	Differentiates humans from animals, discerning right from wrong and beneficial from detrimental.

Note. Power: "Quwwah" (Arabic); power of desire: "Quwwah Shahwiyyah" (Arabic); power of anger: "Quwwah Ghadabiyyah" (Arabic); power of intellect: "Quwwah Aqliyyah" (Arabic).

stemming from the power of desire (quwwah shahwiyyah) and the power of anger (quwwah ghadabiyyah) are transformed within the mind (dhihn/dimag) into imagination and conceptualization. After this transformation, they are analyzed by the power of intellect (quwwa al-'aqliyya), and the resulting decision is communicated to the heart. The heart (qalb), through the conscience (wijdan), also receives information from the spiritual realm during this process. It functions as a bridge, connecting the metaphysical essence of the spirit (ruh) with the tangible reality of the body (jism/badan). The heart (qalb) is not merely a passive conduit; it actively evaluates the information from these two realms according to its belief and value systems, leading to a decision that directs the individual's actions.

What is meant by the heart (qalb) is the dominical subtle faculty—not the piece of flesh shaped like a pine-cone—the emotions of which are manifested in the conscience (wijdan) and the thoughts of which are reflected in the mind (dhihn/dimag). The term heart (qalb) indicates that the dominical subtle faculty is to man's spiritual dimensions (ruhhaniyyat) what the cone-shaped piece of flesh is to the body (jism/badan). For just as the physical heart (qalb) is a life-machine that pumps the water of life to all parts of the body, and if it is obstructed or ceases from activity, [life departs and] the body stiffens; so the subtle inner faculty dispenses the light of true life to all parts of the corpus composed of man's spiritual aspects (ruhaniyyat), and his deeds (amal) and states (hāl). And if, God forbid, the light of belief fades away, his being, with which he contends with the universe, becomes like a motionless specter, dark in its entirety. (Nursi, 2012, pp. 85–86)

The conscience (wijdan) serves as a specialized conduit, transmitting metaphysical knowledge from the spirit (ruh) directly to the heart (qalb). The heart, utilizing the conscience as an intermediary, assimilates spiritual information from the spirit (ruh); concurrently, it gathers material information from the body (badan) via

the cognitive processes of the mind (dhihn/dimag), allowing it to act as a bridge between the material and immaterial. This integration of spiritual and material insights enables informed decision making and the emergence of behavior. Finally, the spirit (ruh), a concept challenging to encapsulate in concrete terms, represents the undefinable essence within humans. While the body represents our physicality, the spirit is the ethereal presence that transcends physical limitations. According to Nursi, the journey of life involves the spirit prevailing over the body, with the heart, guided by the spirit, governing both the mind and the body to achieve harmonious existence.

Yes, true progress is to turn the faces of the heart (qalb), spirit (ruh), mind (dhihn/dimag), and even the imagination (tahayyul) and other faculties (latifa) given to man towards eternal life and for each to be occupied with the particular duty of worship worthy of it. (Nursi, 2008b, p. 331)

Detailed Examination of the Ilm an-Nafs Models and Comparative Analysis With Modern Psychotherapy Schools

After establishing this general framework, we will delve into the specific details of the models (3K, 4T, 3N, and the Nafs models) that we have developed, based on Nursi's approach to Ilm an-Nafs. "The Ilm an-Nafs Models." We refer to these specific ones. Further, a comparison between these specific models and contemporary psychotherapy models will be provided as follows:

- The 3K model: A comparative analysis between the psychoanalytic drive model and the Ilm an-Nafs's "quwwah" power model.
- The 4T model: An exploration juxtaposing the cognitive model of cognitive

psychotherapy and the cognition model of the Ilm an-Nafs.

- The 3N model: A comparative analysis of the concept of consciousness and human maturation/development in modern psychotherapy and the approach of the Ilm an-Nafs.
- The Nafs (self)¹⁰ model: A comparative analysis of the differences between the general understanding of the human being in modern psychotherapy and the human structure and functioning in the Ilm an-Nafs.

In exploring these dimensions, our aim is to consider the original models (3K, 4T, 3N, and Nafs models) derived from the wisdom of the Islamic tradition alongside contemporary psychotherapeutic approaches and to open avenues for insights that could expand our understanding of human psychology. In this context, the basics of the relevant models and how they have been transformed into a psychotherapy model will be explained in detail. Additionally, I will highlight the characteristics of these models to overcome the limitations of psychoanalysis and CBT and how these characteristics impact the psychotherapy process, supported by the results of previous studies related to these models (Cetiner & Toprak, 2023; Isik & Toprak, 2024; Karakan & Toprak, 2023; Toprak, 2018c, 2022, 2024).

The 3K Model: From Drives to Quwwah

Nursi's, (2012) exploration of human nature delves into the innate powers (*quwwah*) that serve as the fundamental sources of energy for humans. In the complex architecture of human beings, where the spirit (*ruh*) residing within the human body (*jism/badan*) serves as a foundational element, three distinct powers emerge as essential mechanisms for preservation and function. First, the power of desire (*quwwah shahwiyyah*), which guides our bodily and material needs, epitomizes the instinctual and animalistic facets of our nature, reminding us of our inherent tendencies. This power not only seeks the fulfillment of desires but also serves as a source of chaste love and mercy. Second, the power of anger (*quwwah ghadabiyyah*) acts as a protective shield, ensuring the individual's safety and well-being. It fuels our defensive reactions, safeguarding us from potential threats, and also serves as a source of selfless, altruistic courage. Finally, the power of intellect (*quwwah aqliyyah*) elevates humans

above mere creatures of instinct, granting the ability to discern, judge, and reason. This power enables us to differentiate between right and wrong and to distinguish what is beneficial from what is detrimental. It also plays a pivotal role in governing the other powers, refining and moderating them with wisdom (*hikma*) and insight.

The Degrees of Power (Quwwah) and Their Implications

Humans, distinct from other creatures, are not innately confined in the expression of their powers (*quwwah*), particularly in terms of desire and the fulfillment of these desires. Instead, the Sharia provides guidance on their usage, discouraging extremes and encouraging moderation (*wasat*; Nursi, 2012). As the Qur'an states, "Pursue then the right course as you have been bidden" (Qur'an, 11:112).

Nursi elaborates on this concept:

However, since His wisdom necessitated that humanity should achieve perfection through the mystery of competition, Allah placed no innate limitation on these powers, as He did on those of other living beings. He did, however, limit them through the Sharia, for it prohibits excess (*ifrât*) and deficiency (*tafrît*) and enjoins the middle way (*wasat*). (Nursi, 2012, p. 29)¹¹

Three distinctive levels are identified for each power (*quwwah*): (a) deficiency (*tafrît*), indicating neglect; (b) excess (*ifrât*), representing overindulgence; and (c) moderation (*wasat*), symbolizing justice or the middle way. For example, deficiency (*tafrît*) in the power of desire (*quwwah shahwiyyah*) results in *humud* (apaty), a state where there is no desire or appetite for either the permissible or the forbidden. The excess (*ifrât*) level is *fucur* (immorality/transgression), leading to an appetite/desire that violates honor and

¹⁰ Nursi preferred the term *ene* (self) instead of *nafs* (self), and in a treatise by this name "Ene Risalesi (The Treatise of I)," he described *ene* (self) as the relic of Allah to man. This relic is a mirror that shows the names, attributes, and actions of Allah to itself and has the characteristic of being different reflections of all the faculties, such as body (*jism/badan*), mind (*dihin/dimağ*), heart (*qalb*), and spirit (*ruh*), that will be explained in detail in the text and names. However, in this article, the term "nafs (self)" has been preferred instead of "ene (self)" in accordance with the intense use in the general Islamic tradition.

¹¹ In the English translation of the texts of Nursi, concepts related to mental health have been negotiated by professionals and replaced with concepts that are considered more appropriate.

modesty. The moderate (*wasat*) level is *iffa* (chastity), where there is desire for the permissible but not for the forbidden.¹² Similarly, deficiency (*tafrîr*) in the power of anger (*quwwah ghadabiyyah*) results in *cebanet* (cowardice), where one fears even things that should not be feared. Excess (*ifrât*) leads to *tehavvur* (audacity), a lack of fear of anything, whether material or spiritual. This level can give rise to tyranny, domination, and oppression. The moderate (*wasat*) level is *shajā'a* (courage), which involves a willingness to sacrifice oneself for religious and worldly rights while refraining from unlawful activities. Finally, deficiency (*tafrîr*) in the power of intellect (*quwwah aqliyyah*) leads to *gabavet* (foolishness), an inability to comprehend even simple things. Excess (*ifrât*) manifests as *cerbeze* (craftiness), where one uses intellect deceptively, presenting falsehood as truth and truth as falsehood. The moderate (*wasat*) level is *hikma* (wisdom), recognizing and embracing the truth while rejecting falsehood. Table 4 outlines the degrees of each power (*quwwah*), elucidating their implications.

A similar classification can be found in the works of Plato and Aristotle. Plato's *Republic* introduces the idea that the soul consists of three parts: reason, anger, and desire. Desire, the lowest part, deals with bodily urges, while reason, the ruling part, is close to the divine and follows what is right. Anger serves as a bridge between reason and desire. Plato emphasizes the need for moderation in these parts to prevent undesirable outcomes (Plato, 2016). Aristotle, in his discussion of virtue, talks about excess, deficiency, and the middle way, characterizing the middle way as the best and the commandment of reason (Aristotle, 1999a), achievable when the soul is under the control of reason (Aristotle, 1999b).

However, Nursi (2012) presented a critical difference: For Nursi, the golden middle is not achieved through the rulership of reason (*aql*) but through the rulership of a heart (*qalb*) guided by revelation (*wahy*). Nursi's framework illuminates a path of justice marked by the integrated embodiment of wisdom (*hikma*), chastity (*iffa*), and courage (*shajā'a*), crucial for shaping human behavior. By aligning the central human powers (*quwwah*) with justice, individuals attain balanced coexistence in both personal and societal realms. However, this balance is only possible when it is realized under the direction of a heart (*qalb*) guided by revelation (*wahy*).

The 3K Model for Psychotherapy

This model represents the “quwwah” (power) framework of Ilm an-Nafs, based on Nursi's (2012) insights. It resembles but also surpasses the classical psychoanalytic drive theory that focuses on the role of innate biological instincts in human behavior. In the domain of human psychology, the “quwwah” (innate powers)—encompassing the power of anger (*quwwah ghadabiyyah*), the power of desire (*quwwah shahwiyyah*), and the power of intellect (*quwwah aqliyyah*)—are foundational and intrinsic to every individual. These powers (*quwwah*) not only echo Freud's concepts of libido and destrudo (sexual and aggressive drives; Toprak, 2018a) but also infuse a spiritual and moral dimension into behavioral determinants.

Both the power of desire (*quwwah shahwiyya*) and the power of anger (*quwwah ghadabiyya*) share similarities with characteristics attributed to psychoanalytic drive theories (Freud, 2002; Nursi, 2012). These powers (*quwwah*) primarily reflect our animalistic tendencies. However, contrary to psychoanalysis, Ilm an-Nafs demarcates these powers as representing only the primitive demands of our animalistic aspect, rather than defining the entirety of the human entity. The most critical distinction here is that Ilm an-Nafs views these powers not as the essence of a human being but as sources of energy. The essence of a human being, on the other hand, is expressed separately from these powers, in the spirit (*ruh*) and its experiential reflection in the heart (*qalb*).

Similar to psychoanalysis, these powers communicate with the mind through cognitive functions such as imagination (*tahayyul*) and conceptualization (*tasawwur*), conveying their demands. Subsequently, the power of intellect (*quwwah aqliyya*) engages in a process of reasoning and reflection (*taakkul*), discerning between right and wrong, as well as appropriateness. However, distinct from and original to psychoanalysis, if the intellect deems these demands logical, it forwards them to the heart (*qalb*). In this realm, where beliefs and values reside, there is an almost secondary confirmation process, where actions are only endorsed if they align with the heart's (*qalb*) beliefs and values. Thus, the resulting behavior hinges on

¹² Permission and forbidden refers to its compliance with Islamic law.

Table 4
Degrees of the Human Powers (Quwwah) and Implications

Power	Deficiency	Excess	Moderation
Power of desire (quwwah shahwiyyah)	Apathy and lack of desire	Transgression (unrestrained desire)	Chastity (iffa; pursuing licit, avoiding illicit)
Power of anger (quwwah ghadabiyyah)	Cowardice and baseless fear	Unrestrained anger (leading to tyranny)	Courage (shajā'a; defending religious and worldly rights)
Power of intellect (quwwah aqliyyah)	Stupidity and foolishness	Craftiness	Wisdom (Hikma)

the heart's (*qalb*) approval or rejection, influenced by both physiological and mental inputs as well as metaphysical insights from the spirit (*ruh*) channeled through the conscience (*wijdan*).¹³ This is because the heart (*qalb*) is where the body–mind (*badan-dhihn/dimag*) and the spirit (*ruh*) converge.

The cornerstone of Nursi's (2012) perspective lies in harnessing these powers (*quwwah*) toward balance. His interpretation of the "Straight Path (al-Sirāt al-Mustaqīm)" offers a framework that delineates a course of justice, uniting wisdom (*hikma*), chastity (*iffa*), and courage (*shajā'a*), essential in molding human behavior. The essence of Nursi's perspective is the transformation of these fundamental human powers into balanced states aligned with the principle of justice; this transformation contributes positively to both the individual and society and is grounded in profound moral principles based on the Qur'an and Sunnah.

Abuse or suppression of these powers yields adverse outcomes: An unregulated power of desire (*quwwah shahwiyya*) may develop into unrestrained greed, while repression can induce severe depression. When channeled correctly, it achieves moral integrity and love, termed chastity (*iffa*) in "Ilm an-Nafs." Similarly, an unrestricted power of anger (*quwwah ghadabiyyah*) may escalate into psychopathy, while repression could result in passivity; optimum control results in courage (*shajā'a*). Mismanaged intellectual power (*quwwah aqliyyah*) can lead to demagoguery in excess and foolishness in deficiency, whereas appropriate channeling leads to wisdom (*hikma*).

While the emphasis on transformation in the 3K model aligns with the psychoanalytic view of emotions and behaviors rooted in drives, it is crucial to remember the critical difference between the two. The 3K model presents the powers (*quwwah*) not as fundamental human

elements but as energy resources. In other words, they are not the sole essence of human imagination, thought, emotion, and behavior; rather, they are seen as some of the sources alongside the spirit (*ruh*), conscience (*wijdan*), and heart (*qalb*). There is a significant difference between a fundamental essence and a fundamental source of energy and vitality. As mentioned earlier, the materialistic nature of psychoanalysis does not allow for the consideration of an essence beyond biological drives. However, in the 3K model, which is part of the Ilm an-Nafs framework, the powers are viewed not as holistic representations of the self (*nafs*) but as harmonious energy resources interacting with other elements of the self, such as the heart (*qalb*), spirit (*ruh*), and conscience (*wijdan*).

Nursi's segmentation of these entities encourages exploration into the interactions between inherent desires and the self's (*nafs*) modulation capabilities, deepening the understanding of human development within this theoretical framework, providing a nuanced comprehension of human motivation, and enhancing discourse on the complex association between primitive impulses and moral actions.

In this way, the model aims to transcend psychoanalysis's limitations by going beyond its biologically determined closed nature and addressing the connection between drives and other ontological aspects of the human being, thus relating them to human moral principles and spiritual maturation (Table 5).

¹³ Here, the decisive role of the Qur'an and Sunnah is valid, similar to what is mentioned above in the footnote on morality. In this sense, conscience (*wijdan*) helps to hear the pure truth, which is essentially revealed in revelation and reflected in the spirit (*ruh*) in a clear way.

Table 5
Comparative Analysis: 3K Model Versus Psychoanalysis

Concept	3K model	Psychoanalysis
Origin of drives	Rooted in animalistic side; not the whole self (<i>nafs</i>)	Entire human being
Impulse control mechanism	Heart (<i>qalb</i>) and mind (<i>dhihn/dimag</i>)	Primarily the mind (<i>dhihn/dimag</i>)
Quality of essence	They are not the essence of a human being but rather a source of energy.	They represent the essence of a human being.

Applications of the 3K Model

Moreover, considering the 3K model instead of the impulse theory of psychoanalytic theory can play a critical role not only in psychoanalytic therapies but also in approaches such as CBT, which address the formation and development of obsessions as part of psychoeducation in the therapy process. Recent studies utilizing the 3K model have unveiled substantial insights (Toprak, 2024). In a comparative assessment between traditional CBT interventions and a 3K-enhanced CBT approach, individuals exposed to the 3K model showcased a profound understanding of the origins and management of intrusive thoughts. They demonstrated a heightened grasp of the interplay between the instinctual power of desire (*quwwah shahwiyyah*), self-preservation (*quwwah ghadabiyyah*), and reasoning (*quwwah aqliyyah*), as elucidated by the 3K model. This model distinctly emphasizes the transformative impact of guiding individuals to comprehend and channel their innate powers of desire (*quwwah shahwiyyah*), anger (*ghadabiyyah*), and intellect (*aqliyyah*) toward balanced behaviors, thereby illuminating their moral paths.

In the application of the 3K model for religious OCD, the following steps were undertaken: To make sense of the origin of intrusive thoughts, clients were taught about the relationship between the powers (*quwwah*) and the cognitive processes. It was explained that the power of desire (*quwwah shahwiyyah*) and the power of anger (*quwwah ghadabiyyah*) are related to the needs of the body, and they constantly send impulses to the mind (*dhihn/dimag*) through imagination (*tahayyul*) and conceptualization (*tasawwur*). Some of the images and thoughts that arise in the mind (*dhihn/dimag*) can be the result of the interaction between these two forces. Clients were informed that the mind (*dhihn/dimag*) evaluates this data, sending what it deems

appropriate for action to the heart (*qalb*) for approval, or rejecting what it considers inappropriate. It was emphasized that, at the most fundamental level, drives (*quwwah*), cognitive processes (*dhihn/dimag*), and the heart (*qalb*), where beliefs and values reside, are distinct domains. The essence of who they are is rooted in their hearts, not in their drives (*quwwah*) or the minds (*dhihn/dimag*) significantly influenced by these drives (*quwwah*), but in their hearts (Toprak, 2018c; Toprak, 2021).

Consequently, this approach paves the way for more refined, religiously and culturally insightful therapeutic interventions that resonate deeply with the multifaceted cognitive and emotional realms of patients. Considering the results of the study, it can be surmised that the 3K model, when used to explain the source of obsessions to patients, may provide a convincing framework.

The 4T Model: Four Cognitive Levels

This model incorporates the cognitive theory as understood in cognitive psychotherapy, which emphasizes the influence of cognitive processes on emotions and behaviors, while aiming to expand it with the cognition theory of Ilm an-Nafs, inspired by Nursi’s perspective (Nursi, 2008a, 2010). It also considers cognition beyond a mere mechanical process, addressing its interaction with spiritual domains.

Nursi (2010) introduces a structured hierarchical model in his seminal work, termed *Dimağdaki Meratib-i İlim* (stages of knowledge in the mind), which translates to the progressive stages of cognition in the mind (*dhihn/dimag*). This model delineates a continuum in cognitive processing, transitioning from initial ideation to comprehensive commitment. It posits that the mind (*dhihn/dimag*) processes information through four pivotal stages: imagination (*tahayyul*), conceptualization (*tasawwur*), reasoning (*taakkul*), and

confirmation (*tasdiq*). Subsequent to these stages, the cognitive process integrates with the heart (*qalb*), producing an experiential form of cognition that manifests in three levels, mirroring those in the mind (*dhihn/dimag*): submission (*iz'ân*), full support (*iltizam*), and commitment (*itikad*; see Table 6).

There are stages of knowledge in the mind with different consequences that can be confused with each other. One first imagines (*tahayyul*) something, then grasps it, and gives it a form so that conceptualization (*tasawwur*) occurs. After that, you reason/reflect (*taakkul*) on it, then you confirm (*tasdiq*) it, then you become completely submitted (*iz'ân*) on it. Then they fully support (*iltizam*) it; then they become committed/devoted (*itikad*) to it. Their commitment/devotion (*itikad*) is different, and so is their full support (*iltizam*), each of which results in a different state or attitude: Steadfastness comes from commitment/devotion (*itikad*), while adherence comes from full support (*iltizam*). Compliance comes from submission (*iz'ân*), advocacy comes from confirmation (*tasdiq*), and impartiality comes from reasoning/reflecting (*taakkul*), while no ideas are formed at the stage of conceptualization (*tasawwur*). If you remain at the stage of imagination (*tahayyul*), the result will be sophistry. (Nursi, 2010, pp. 718–719)

The *tahayyul* phase refers to imagination, which is involuntary and therefore not subject to accountability. *Tasawwur* captures the conceptualization phase, another involuntary process exempt from responsibility. *Taakkul* signifies the act of reasoning or reflection, which can be voluntary or involuntary depending on the context, and for which one is not responsible, unlike a confirmed (*tasdiq*) opinion. Lastly, *tasdiq* encompasses the confirmation stage, a deliberate process where accountability is inherent. Notably, the

confirmation (*tasdiq*) stage has dual affiliations, with both the mind (*dhihn/dimag*) and heart (*qalb*). Nursi emphasizes a progression from the confirmation of reasoning (*tasdiq-i aqli*) to the confirmation of the heart (*tasdiq-i qalbi*), signifying the transition from intellectual confirmation (superficial level) to emotional submission (deep level). Behavior manifests subsequent to the heart's (*qalb's*) confirmation. Through this framework, Nursi's delineations shed light on distinguishing between involuntary thoughts, which absolve individuals of responsibility, and voluntary affirmations that carry inherent accountability (see Table 7).

The 4T Model for Psychotherapy

In the realm of CBT, cognition holds a pivotal role in understanding human behavior (Beck & Weishaar, 1989; Beutler & Guest, 1989). Pioneers in CBT have consistently emphasized the central role of thoughts in effecting change (Beck, 1979; Ellis, 1989; Lazarus, 1989). According to CBT, cognition is fundamentally composed of three interrelated layers: automatic thoughts, intermediate beliefs, and core beliefs (Turkcapar, 2020). These layers are further divided into two categories: images and thoughts. Notably, no established hierarchy differentiates these constructs (Beck, 1979; Ellis, 1989; Tataryn et al., 1989; Turkcapar, 2008). Cognition encompasses both verbal fragments and visual segments; within the CBT framework, the visual aspect of cognition is termed “images,” while the verbal component

Table 6
Hierarchies of Cognition and Knowledge Processing in the Brain

Cognitive process	Facultative domain	Responsibility
Imagination	Mind	They are not influenced by the faculty of will and do not bear responsibility
Conceptualization; baseless assumption/suspicion		
Reasoning/reflecting		
Confirmation	Mind and heart Heart	Influenced by the faculty of will, depending on the context, but not responsible Voluntary, under will, responsible
Submission		
Fully support		
Commitment		

Note. Imagination: “Tahayyul” (Arabic); conceptualization; baseless assumption/suspicion: “Tasawwur; Tewehhum” (Arabic); reasoning/reflecting: “Taakkul” (Arabic); confirmation: “Tasdiq” (Arabic); confirmation of reasoning: “Tasdik-i Akli” (Arabic); submission: “Izan” (Arabic); confirmation of heart: “Tasdik-i Kalbi” (Arabic); fully support: “Iltizam” (Arabic); commitment/devote: “Itikad” (Arabic).

Table 7*4T Model: Four Cognitive Levels of the Ilm an-Nafs*

Term	Will	Responsibility
Imagination	Involuntary (lacks free will)	Not responsible
Conceptualization; baseless assumption/suspicion	Involuntary (lacks free will)	Not responsible
Reasoning/reflecting	Volitional (can be either voluntary or involuntary)	Not responsible
Confirmation	Voluntary (under will)	Responsible (under will)

Note. Imagination: “Tahayyul” (Arabic); conceptualization; baseless assumption/suspicion: “Tasawwur/Tewehhum” (Arabic); reasoning/reflecting: “Taakkul” (Arabic); confirmation “Tasdiq” (Arabic).

is labeled “thoughts,” both of which constitute the flow of consciousness (Turkcapar, 2020).

This cognitive model offers significant opportunities for professionals in understanding and intervening in many disorders. However, in pathologies with unique challenges, such as OCD, some deficiencies in the cognitive model pose problems (Toprak, 2018b). Since there is no hierarchical distinction in cognitive therapy to differentiate between beliefs, values, and other mental processes, it becomes difficult for patients to distinguish between their beliefs, values, and obsessions (Toprak, 2024). This difficulty makes patients, especially those suffering from religious OCD, reluctant to engage in exposure and response prevention (ERP) interventions, which could otherwise lead to improvement in therapy. Research supporting this view suggests that religious symptoms in OCD are associated with poor treatment outcomes (Alonso et al., 2001; Ferrão et al., 2006; Mataix-Cols et al., 2002; Rufer et al., 2005). Furthermore, some CBT techniques, such as ERP, may be met with resistance by patients with religious OCD, ultimately impacting the treatment’s efficacy (Ferrão et al., 2006; Mataix-Cols et al., 2002). Consequently, specific difficulties arise in treating religious OCD, particularly in distinguishing between religious compulsions, obsessions, and ordinary thoughts and actions (Abramowitz, 2001; Huppert & Siev, 2010; Siev & Huppert, 2017; Toprak, 2018b, 2022, 2024).

These classifications present challenges in distinguishing routine thought processes from obsessions, which can manifest as either images or internal dialogue. Consequently, during OCD treatment, a significant theoretical dilemma arises regarding the weight assigned to thoughts: Is there a hierarchical distinction among thoughts, images, and drives in terms of responsibility or

value? Who delineates which cognitions qualify as obsessive? What criteria are utilized? Due to the lack of a clear distinction between cognitive structures, a gap emerges in differentiating obsessions from typical thought patterns. Patients often remark on this ambiguity, questioning how to differentiate standard thoughts from obsessions (Toprak, 2018a, 2024).

Precisely in this context, the 4T model was developed by Toprak (2024) as a psychoeducational model of cognition to address these challenges, drawing on the writings of Muslim scholars, notably Nursi, on cognitive processes. It has been predominantly applied to OCD patients, particularly those with religious OCD, and provides a nuanced understanding of the transitions between cognitive layers. Nursi introduces the characteristics of cognitive structure in his text where he provides psychoeducation on scrupulosity, addressing the topic as follows:

Just as imagining (*tahayyul*) unbelief (*kufir*) is not unbelief (*kufir*), neither is suspecting/assuming baselessly (*tewehhum*) unbelief (*kufir*) unbelief (*kufir*). And just as conceptualizing (*tasawwur*) misguidance is not misguidance, so too reflecting (*tafakkur*) on misguidance is not misguidance. For imagining (*tahayyul*), suspecting/assuming baselessly (*tewehhum*), conceptualizing (*tasawwur*), and reflecting (*tafakkur*) are different from confirmation with reason (*tasdiq-i akli*) and submission of the heart (*iz’ân-i kalbi*); they are other than them; they are free to an extent; they do not listen to the faculty of will; they are not included among the obligations of religion. But confirmation (*tasdiq*) and submission (*iz’ân*) are not like that; they are dependent on a balance. (Nursi, 2008a, p. 285)

The 4T model serves as a hierarchical representation of intrusive thoughts based on their cognitive mechanisms: (a) *Tahayyul* (Imagination); (b) *Tasawwur* (conceptualization/detailed imagination); (c) *Taakkul* (reasoning/reflecting); and (d)

Tasdiq (confirmation). The model educates patients that they are not responsible for concerning thoughts until the stage of *tasdiq* (confirmation; Toprak & Emül, 2016).

The 4T model has undergone partial revisions throughout its development to optimize its efficiency. In this regard, the terms *tasawwur* (conceptualization/detailed imagination) and *tahayyul* (imagination) were merged into a single concept, and the term *tewehhum* (suspicion/baseless assumption) was added to the model. This adaptation aimed to simplify and optimize the psychoeducational process by introducing more resonant terminologies like *tewehhum* and *zan* (suspicion/baseless assumption) in place of the lesser impactful *tasawwur* (conceptualization) or *tasvir* (Toprak, 2021). This term was chosen particularly to address doubts in reactive obsessions (“what if” obsessions) and erroneous interpretations of other intrusive thoughts (e.g., “this represents my morality”).

To enhance the model’s relevance, especially for religious psychoeducation, it incorporates critical ontological concepts like religious information, the Satan, scrupulosity (*waswasah*), and the heart (*qalb*), making it a comprehensive tool for therapy (Toprak, 2021).

Thus, the difficulty that CBT faces due to its mind-centered psycho-ontology (the inability of patients to differentiate the contents they experience—obsessions and other mental processes) has been replaced by a richer psycho-ontology, where the mind (*dhihn/dimag*) is just one part within a heart-centered framework that integrates various structures such as impulses (*quwwah*), the mind (*dhihn/dimag*), and Satan. This shift has made it easier for patients to separate their obsessions from their faith and values.

Additionally, CBT’s inability to distinguish between hierarchy and responsibility among cognitions due to the normativity problem arising from its structuralist approach has been addressed by the 4T model with its clear definitions of hierarchy and responsibility due to its normative nature (Table 8).

Applications of the 4T Model

In recent studies applying the 4T model, significant insights have emerged. For instance, a study by Toprak (2022) compared conventional CBT group therapy with a 4T-enhanced CBT group therapy. During the sessions, patients were

educated about their symptoms through the 4T model. Specifically, autogenous intrusive thoughts were explained using the concept of *tahayyul* (imagination), while reactive doubts were addressed through *tewehhum* (suspicion/baseless assumption). The model emphasized that belief (*iman*) resides in the heart (*qalb*) and that only ideas confirmed by the heart (*qalb*) are located there. Thus, the *tahayyul* (imagination), *tewehhum* (suspicion/baseless assumption), and *taakkul* (reasoning/reflecting) processes of mental contents do not harm the patient’s belief (*iman*). Results showed that the group receiving the 4T-enhanced therapy exhibited more improvement in insight and obsessive belief domains compared to the conventional group. Furthermore, patient feedback underscored the distinction made by the 4T intervention between *tahayyul* (imagination) and *tasdiq* (confirmation) and highlighted that sins are related to actions or thoughts with *tasdiq* (confirmation), not thoughts without *tasdiq* (confirmation). Patients expressed this with the following words:

The 4T model was also an important contribution. It was useful to learn about the distinction between such concepts as *Tewehhum* (suspicion/baseless assumption) and *Tasdiq* (confirmation) and to learn new information about when I am responsible for the thoughts that come to my mind. (Toprak’s Patient 1 in 2022 study)

The 4T model has been very useful. For example, science could not explain why these things came to our minds. We were able to comprehend it when you explained it with the religious model. We tried to make it permeate ourselves in that way. (Toprak’s Patient 2 in 2022 study)

“I learned that we are neither religiously nor scientifically responsible for the thoughts that pass through our minds, that we cannot control them” (Toprak’s Patient 3 in 2022 study).

Additionally, in another study by Toprak (2024), the 4T model was integrated into individual therapy alongside CBT in a case series involving three patients previously exposed to CBT. During the intervention sessions of the 4T model, the patients’ symptoms were formulated through the 4T model: Imaginary intrusive thoughts were evaluated through *tahayyul* (imagination), while obsessions involving questions and doubts about religious matters were formulated through *taakkul* (reasoning/reflecting). Additionally, patients were informed about the sources of obsessions, Satan, the unique functioning principles of the mind, and drives (3K model)

Table 8
Comparative Analysis: 4T Model Versus CBT

Concept	4T model	CBT
Basis of thoughts	Hierarchical: <i>Tahayyul</i> (imagination), <i>Tasawwur</i> (conceptualization), <i>Tewehhum</i> (baseless assumption/suspicion), <i>Taakkul</i> (reasoning/reflecting), and <i>Tasdiq</i> (confirmation) are all included. ^a	Bifurcated: thoughts and images are separated
Sources of obsessions	The source of obsessions is categorized under three headings: the working principles of the mind such as the principles of association, the workings of the three powers (<i>quwwah</i>), and the Satan.	A product of the natural workings of the mind. A source is not explicitly identified.
Approach to treatment	Educational; emphasis on being not responsible for thoughts until confirmation (<i>tasdiq</i>). Distinction between the heart (<i>qalb</i>), where the belief and values reside, and the mental processes.	Educational; the normalization of obsession (such thoughts are a common experience for all people) is limited by the current cognitive model.
Impact on obsessions	Changes the meaning given to the obsession by educating on nuanced understanding and responsibility for thoughts.	Changes the meaning given to the obsession by providing normalization information.
Responsibility and accountability	Graduated; limited to confirmation stage (<i>tasdiq</i>).	Implicit; emphasized within cognitive processes without explicit detailing

Note. CBT = cognitive behavioral therapy.

^a Depending on the stage of development of the model and the context of use, *tasawwur* (conceptualization) was used in some studies and *tewehhum* (suspicion/baseless assumption) in others. Although the current status of the model after the last revision is explained in this text, for the sake of clarity, all the concepts that have been in the 4T model so far are included here.

from religious texts that inspired the 4T model, and they were taught which cognitive processes brought responsibility and which did not. Furthermore, the relationship between belief, values, and the heart (*qalb*) and the distinction between these mental (*dhihn/dimag*) processes were explained. The results showed significant reductions in Yale-Brown Obsession and Compulsion Scale, Padua Inventory (PI), Beck Depression Inventory, and Beck Anxiety Inventory scores post-4T application. For example, after the 4T mode intervention, three patients' scores on Yale-Brown Obsession and Compulsion Scale dropped from 36 to 16, 29 to 20, and 18 to 14, respectively, and PI scores reduced from 80 to 51, 79 to 70, and 32 to 22. Beck Anxiety Inventory scores decreased from 17, 31, and 15 in the assessment session to 18, 8, and 5, respectively, in the last session, and Beck Depression Inventory scores decreased from 44, 28, and 11 to 37, 25, and 4. Feedback illustrates the distinctive impact of the model's concepts: "4T was rational; I realized they were images and not related to my belief (*iman*) or will" (Toprak's Patient 1 in 2024 study); "I learned that as long as it is an imagination (*tahayyul*) and not a confirmation

(*tasdiq*), it does not harm belief (*iman*)" (Toprak's Patient 2 in 2024 study); "I understood that what matters is the behavior. What I will be responsible for is what I perform" (Toprak's Patient 3 in 2024 study).

Moreover, a study by Karakan and Toprak (2023) introducing the 4T intervention to a patient unresponsive to conventional CBT highlighted significant variations. The therapy consisted of five psycho-education sessions based on the 4T model. During these sessions, the disorder cycle specific to the 4T model, how the mind (*dhihn/dimag*) works, the source of obsessions with reference to religious texts (including drives, different ways the mind works, and Satan), and the emphasis on the heart (*qalb*) as the center of beliefs and values were addressed. For example, the patient's Yale-Brown Obsession and Compulsion Scale, Penn Inventory of Scrupulosity, Beck Depression Inventory, and Beck Anxiety Inventory scores were 19, 35, 11, and 12, respectively, at the assessment session. After completing the intervention, their scores dropped to 12, 24, 6, and 7, respectively, and 3-month follow-up scores were 12, 27, 7, and 8. The patient's feedback, such as

“Learning that what goes on in my mind (*dhihn/dimag*) should not be attributed to my heart (*qalb*) and that I should not assign what happens in my mind (*dhihn/dimag*) to my heart (*qalb*),” shows that the patient was able to make sense of her symptoms through the 4T model and distinguish between her belief (*iman*), values, and obsessions.

Another study in which the 4T model was applied to religious OCD was conducted by Cetiner and Toprak (2023). While conventional CBT was initially administered to the patient, religious knowledge integrated interventions were introduced after the completion of cognitive interventions. Narratives about the intolerance of uncertainty in the lives of Islamic figures were shared, the patient’s symptoms were formulated using the 4T model, and the sources of obsessions were addressed according to Nursi’s texts, particularly the *Treatise of Scrupulosity*. The therapy then progressed to ERP. Results showed that the patient’s obsession and compulsion scores decreased from 13 to 6 and 0, respectively, by the end of therapy. The patient’s statements, such as “I assumed that these thoughts were coming from my heart (*qalb*), but now I have learned that they were not coming from my heart (*qalb*) but from Satanic whisperings,” and “Now I have learned from an Islamic scholar that my heart (*qalb*) does not accept these thoughts because they come to my mind (*dhihn/dimag*), and my heart (*qalb*) is disturbed by them,” demonstrate the effectiveness of the 4T model in helping patients easily distinguish between the mind (*dhihn/dimag*) and the heart (*qalb*) and, in this context, between obsessions and their beliefs and values.

The 4T model has also been applied to disorders associated with trauma. For example, in a study where the 4T model, repentance (*tawbah*), CBT, and ACT were used to treat a client who had experienced sexual assault and felt religious guilt and unfairness, it was discovered that the client’s PTSD symptoms significantly decreased. The patient’s score on the Turkish version of the Post-Traumatic Stress Disorder Checklist decreased from 62 at the assessment session to 28 in the final sessions. The patient expressed the benefit of the 4T model, stating:

I was suffering from remorse. I thought I was a sinner when the sexual thoughts came to my mind. After I learned the 4T model, I know that the thoughts came to my mind (*dhihn/dimag*) non-voluntarily. That’s why I don’t think about them, and they come and go. The

thoughts don’t bother me as much as they used to. I don’t feel remorse anymore. I became a more patient and moderate person.

Here, it can also be seen that the 4T model helps to prevent unnecessary excessive guilt by separating the disturbing content that comes to the mind (*dhihn/dimag*) from the heart’s desires and intentions and aids in establishing a more accurate relationship with one’s mental (*dhihn/dimag*) experience (Isik & Toprak, 2024).

These studies highlight the added value of using the 4T model, either on its own or integrated into CBT frameworks, particularly in its significant contributions to accepting the disorder, enhancing insight, and distinguishing obsessive content from one’s personality. The convergence of patients’ perspectives, reflected in their written and verbal feedback, underscores the understanding and applicability of the 4T model’s foundational concepts. Specifically, it emphasizes the differentiating impact in helping individuals discern between imagination (*ta-hayyul*), baseless assumptions (*tewehhum*), ordinary thoughts (*taakkul*), and confirmative (*tasdiq*) beliefs, and their implications for one’s belief (*iman*) and religious responsibility. Feedback regarding the concepts of the heart (*qalb*) and Satan also highlights how a richer psycho-ontological framework contributes to distancing oneself from symptoms and not identifying with them. This model, particularly in cases of OCD, where complex challenges related to patients’ cognitive structures, personality, and moral understanding arise, offers broader and more nuanced perspectives. It proposes to expand our understanding of human psychology while also opening new pathways for therapeutic interventions that are culturally and religiously adapted.

The 3N Model: States of Consciousness in Self Development

Nursi’s introspection of human development transcends the tangible and ventures into the depths of the self (*nafs*), analyzing its advancement in three primary stages. First, the initial stage of human consciousness, the instinctual-self (*nafs al ammarah*), is largely dictated by animalistic impulses (*quwwah shahwiyya* and *quwwah ghadabiyya*). At this juncture, an individual is primarily driven by inherent desires (*quwwah shahwiyya*) and reactive anger (*quwwah*

ghadabiyya), reminiscent of our basic, untamed nature. Here, the self (*nafs*) mostly acts upon bodily urges, with minimal introspection or self-restraint. Second, as one ascends from the instinctual-self, there emerges the self-reproaching-self (*nafs al lawwamah*), marking a significant advancement in consciousness. At this stage, while animalistic urges remain present, the individual gains the capacity for moral reasoning and reflection, courtesy of the mind's (*dhihn/dimag*) dominance. This self-awareness enables the individual to assess/criticize their actions and urges, aligning them with moral principles. Here, the heart (*qalb*) begins to hear and accept the warnings of the conscience (*wijdan*) more clearly, and its control over the mind (*dhihn/dimag*) increases. In this context, the power of intellect (*quwwah aqliyyah*), whose relationship with the heart (*qalb*) is strengthened, plays a significant role here, regulating and moderating emotions and instincts. Finally, representing the zenith of personal development, the congruent-self (*nafs al mutmainnah*) signifies a state of equilibrium and harmony. At this stage, the heart's (*qalb*) wisdom becomes paramount, guiding the individual toward a balance between their desires, intellectual capabilities, and spiritual needs. This profound stage refers to a state in which the individual is at peace with their essence, their desires are in harmony with morality, and their reactive tendencies are channeled constructively. Here, it is seen that all faculties are now submitted and subordinated to the heart (*qalb*) and work in balance with each other (Nursi, 2008a, 2008b, 2009, 2012).

Nursi further elucidates this framework with the concept of “*nafs* (self)” —the core essence of individuality. These components—body (*jism/badan*), mind (*dhihn/dimag*), heart (*qalb*), conscience (*wijdan*), spirit (*ruh*), and *quwwah* (powers)—are collectively termed as “*nafs*” or “*ene*” (self), representing the central self (*nafs*). As illustrated in Table 9, the *nafs* (self) oscillates across a spectrum, beginning from its nascent form as the instinctual-self (*nafs al ammarah*), heavily influenced by instinctual and animalistic urges, progressing to the self-reproaching-self (*nafs al lawwamah*), where intellect begins its dominion, and culminating in the congruent-self (*nafs al mutmainnah*), a harmonious amalgamation of heart (*qalb*), mind (*dhihn/dimag*), and spirit (*ruh*).

Nursi posits that an individual's life purpose is to elevate from the conflicting state of the instinctual-self (*nafs al ammarah*) to the harmonious congruent-self (*nafs al mutmainnah*). In this elevated state, the spirit (*ruh*) prevails over the body (*jism/badan*), and the heart (*qalb*) governs the mind (*dhihn/dimag*) and all other powers (*quwwah*). Thus, the power of desire (*quwwah shahwiyyah*) transforms into chaste love (*iffa*), the power of anger (*quwwah ghadabiyyah*) into courage (*shajā'a*), and the power of intellect (*quwwah aqliyyah*) into complete wisdom (*hikma*). By following the path of the Prophet Muhammed in these processes, a person reaches the leadership of the heart (*qalb*), which means approaching, to the extent of one's abilities, the level expressed in the Islamic tradition as the perfect human (al-Insān al-Kāmil; Nursi, 2008a,

Table 9

The 3N Model: Three Progressive States of Self (Nafs) in the Ilm an-Nafs

State	Characteristic
Instinctual-self	Dominated by animalistic urges like desire and anger.
Self-reproaching-self	Characterized by the mind's (<i>dhihn/dimag</i>) dominance, regulating animalistic urges through moral reasoning.
Congruent-self	Achieving complete harmony between desires, anger, and intellect under the guidance of heart (<i>qalb</i>).

Note. Self: “Nafs” (Arabic); instinctual-self: “Nafs Al Ammarah” (Arabic); self-reproaching-self: “Nafs Al Lawwamah” (Arabic); congruent-self: “Nafs Al Mutmainnah” (Arabic). Nursi has taken the terms in the Qur'an as a basis and defined them in this way. Related verses are “Nor do I absolve my own self (of blame): the (human) soul is certainly prone to evil (1712-A) unless my Lord do bestow His Mercy: but surely my Lord is Oft—forgiving, Most Merciful.” (12:53; *nafs al ammarah*/the instinctual-self); “And I do call to witness the self-reproaching spirit (Eschew Evil).” (75:2; *nafs al lawwamah*/the self-reproaching-self); To the righteous soul will be said : “O (thou) soul, in (complete) rest and satisfaction!” “Come back thou to thy Lord,—well pleased (thyself), and well-pleasing unto Him!” (89:27–28; *nafs al mutmainnah*/the congruent-self).

2008b, 2009, 2012). As a result, all faculties (*quwwah*), body (*jism/badan*), mind (*dhihn/dimag*), heart (*qalb*), spirit (*ruh*), and conscience (*wijdan*) and the entire system reach their summits and fulfill their ultimate goals under the leadership of the heart (*qalb*), focused on the Qur'an and Sunnah (Table 10).

Nursi describes the process of these faculties as follows:

Will, mind, emotion, and the subtle inner faculties, which constitute the four elements of the conscience (*wijdan*) and four faculties of the spirit (*ruh*), each have an ultimate aim. The ultimate aim of the will is worship of God (*ibadatullah*); that of the mind (*dhihn/dimag*) is knowledge of God (*ma'rifatullah*); that of the emotions/heart (*qalb*) is love of God (*muhabbatullah*); and that of the inner faculties/spirit (*ruh*) is the vision of God (*mushahadatullah*). The perfect worship known as *taqwa* (piousness, fear of Allah) comprises all four. The *Sharia* (Islamic law) both cultivates these, and corrects them, and guides them toward their ultimate goals. (Nursi, 1996, pp. 117–118)¹⁴

Thus, the process of progressing through the stages of the self (*nafs*) is tied to the fulfillment of the tasks assigned to each faculty within the human structure with time and patience. As we will discuss shortly in a case example within the framework of the Nafs (self) model, this structuring between the stages of the self (*nafs*; 3N model) and the responsibilities assigned to the faculties within the human structure—body (*badan*), worship of God (*ibadatullah*); mind (*dhihn/dimag*), knowledge of God (*ma'rifatullah*); heart (*qalb*), love of God (*muhabbatullah*); spirit (*ruh*), vision of God (*mushahadatullah*)—offers a unique opportunity for religious OCD patients who are excessively concerned about the deterioration of their spiritual processes.

A Comprehensive Model of Human Nature: The Nafs (Self) Model

All the models we have discussed so far are fundamentally rooted in a basic model of human nature which we call the *Nafs* (self) model. Human beings are composed of four interconnected components: the body (*jism/badan*), the mind (*dhihn/dimag*), the heart (*qalb*), and the spirit (*ruh*). Figure 1 illustrates a comprehensive model of human nature and its inherent interrelated components, each playing a pivotal role in shaping human behaviors and states of self (*nafs*).

The energy that fuels this complex system emanates from inner powers (*quwwah*) embedded within the body (*jism/badan*), such as the power of desire (*quwwah shahwiyyah*) and the power of anger (*quwwah ghadabiyyah*), which articulate the body's needs and demands.

These powers manifest within the mind (*dhihn/dimag*) through imagination (*tahayyul*) and conceptualization (*tasawwur*), highlighting the interplay between the tangible and cognitive realms. Subsequently, these demands undergo a process of reasoning and reflection (*taakkul/quwwah aqliyya*), where their appropriateness and benefits are meticulously evaluated in alignment with real-life possibilities and constraints.

After this analysis, the findings are conveyed to the heart (*qalb*) via the confirmation of reasoning (*tasdiq-i aqli*). The heart (*qalb*), as the center of belief and values, synthesizes the rational data received from the mind (*taakkul/quwwah aqliyya*) with the metaphysical data received from the spirit (*ruh*) through the conscience (*wijdan*). Ultimately, the heart (*qalb*) makes a choice (*tasdiq-i qalbi*), guiding action based on this synthesis of physical and metaphysical information.

When the process is primarily driven by the desires (*quwwah shahwiyyah* and *quwwah ghadabiyyah*) of the body (*jism/badan*), the instinctual-self (*nafs al ammarah*) emerges. Here, the focus is not on what is right or wrong, moral or immoral, but rather on what is satisfying or unsatisfying. As the intellect (*quwwah akliyye*) begins to express the harms and negative consequences of this process and attempts to govern it according to moral principles, the self-reproaching-self (*nafs al lawwamah*) starts to develop. As this reproach becomes more active, it begins to bring about significant transformation in both internal processes and behaviors. The heart (*qalb*), increasingly utilizing the spiritual (*ruh*) insights received through the conscience (*wijdan*), begins to exert control over the other aspects of the self within this framework. When all components of the self seem to surrender to the heart and start working in complete harmony, the congruent-self (*nafs al mutmainnah*) is realized.

¹⁴ Since Nursi uses some terms as synonyms throughout the text, for the purpose of understanding the text, the previously explained terms have been clarified with “/” and interventions have been made in the translation in this context.

Table 10

The Journey Toward the Perfect Human (“Al-Insān Al-Kāmil”): The Transformation of the Powers (Quwwah) and the Stages of the Self (Nafs)

Stage of self	Power of desire	Power of anger	Power of intellect
Instinctual-self	Greed	Psychopathy	Demagogy
Self-reproaching-self	Condemnation of greed and desiring chastity (iffa)	Condemnation of psychopathy and desiring courage (shajā’ a)	Condemnation of demagoguery and desiring wisdom (hikma)
Congruent-self	Chastity (iffa)	Courage (shajā’ a)	Wisdom (hikma)

This proposed model offers an integrative perspective on human nature, highlighting the interconnectedness of body (*jism/badan*), mind (*dhihn/dimag*), heart (*qalb*), and spirit (*ruh*). By understanding the interplay between these components and the resultant states of self (*nafs*), this model provides a comprehensive framework for analyzing human behaviors and motivations from a multidimensional standpoint. Future research can delve deeper into understanding the nuances of these interactions and how they can be optimized for fostering holistic well-being as well as moral and intellectual development.

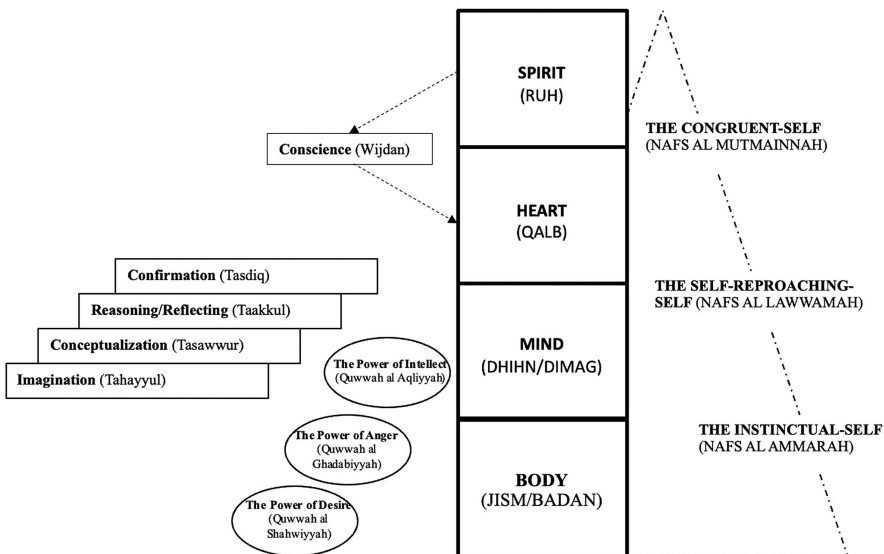
When the *Nafs* model is compared with the human models in modern psychotherapies, similarities can be observed in terms of impulses, emotions, and cognitive processes. However, the source and purpose of these impulses, emotions, and thoughts differ significantly in the *Nafs* model.

Unlike modern psychotherapy, this model introduces new faculties such as the heart (*qalb*), conscience (*wijdan*), and spirit (*ruh*). These elements open up possibilities for rethinking many phenomena that schools such as psychoanalysis and CBT either struggle to explain or constrain within the boundaries of the body–mind dichotomy. For instance, the *Nafs* model provides a more convincing and plausible explanation of the origin, cause, and meaning of obsessions in OCD, as well as a clearer understanding of the differences between obsessions and beliefs or values.

Applications of the Nafs (Self) Model

The *Nafs* (self) model, both as a foundational structure and through its comprehensive 3K, 4T, and 3N frameworks, offers a unique perspective in understanding the impulsive, cognitive, and

Figure 1
The Nafs (Self) Model: A Comprehensive Model of Human Nature



emotional intricacies of patients. This model has demonstrated significant therapeutic value, particularly in treating patients with religious obsessive-compulsive disorder (OCD). Even if the *Nafs* (self) model is not directly used in every study, the distinctions between heart (*qalb*), mind (*dhihnh*), and body (*badan*) are naturally integrated into the psychoeducational sessions of 3K and 4T.

However, in a recent study, a patient with religious OCD was introduced to the *Nafs* (self) model within its structure, as well as the comprehensive 3K, 4T, and 3N frameworks within it. This approach provided a deep understanding of human psychological makeup and the onset and development of OCD symptoms.

After eight sessions, the patient experienced a remarkable alleviation of symptoms, reporting significant decreases in two primary obsessions related to apostasy and marital infidelity. The first obsession involved the thought, "I have become an apostate; my marriage might be nullified, and then I am committing adultery with my spouse." The second prominent obsession revolved around "blasphemous, derogatory, sexually aggressive images, and doubts concerning God."

The patient reported that the intensity of these obsessions had reduced from 100 to 0 and from 100 to 30, respectively (Toprak, 2018c). In verbal and written feedback, the patient mentioned that, for the first time in 5 months, she was able to express love to their child comfortably, noting that the therapist had taught her how to interpret and make sense of certain situations. "I learned to differentiate between my obsessions and my genuine thoughts. I understood that the repetitive and distressing nature of these thoughts, which emotionally unsettled me, is evidence of their obsessive character," the patient said. The patient emphasized the importance of understanding the structure of the self (*nafs*), referring to the *Nafs* (self) model, which differentiates between the body (*jism/badan*), mind (*dhihn/dimag*), heart (*qalb*), and spirit (*ruh*):

This awareness provided clarity when combined with an understanding of the nature of the human self (*nafs*). When you explained the structure of the human self (*nafs*), I learned that these could potentially exist in every self (*nafs*), and that the self (*nafs*) itself could be a source, the patient stated.¹⁵

Furthermore, the 4T model, with its emphasis on distinguishing between imagination (*tahayyul*), reasoning/reflecting (*taakkul*), and confirmation

(*tasdiq*), illuminated the patient's path. The patient conveyed:

The reasoning/reflecting (*taakkul*) part in 4T lit a green light for me. I mistook my reasoning for blasphemy before. 4T helped me think more flexibly, and I stopped blaming myself. For instance, now I can reflect on "Why does God allow disease?" and leave the answer to time.

Lastly, the 3N model states that the journey from the instinctual-self (*nafs al-ammarah*) will eventually lead to the harmonious self (*nafs al-mutmainnah*) over time, and this progression is achieved through the fulfillment of the tasks assigned to each faculty within the human structure with patience and perseverance. In this context, the stages of belief in God (*iman billah*), worshiping God (*body-ibadatullah*), knowing God (*mind-ma'rifatullah*), loving God (*heart-muhabbatullah*), and seeing God (*spirit-mushahadatullah*) are structured in relation to the faculties of the self. As the journey through the stages of the self deepens, so does the progression through these stages. The patient expressed the impact of these explanations as follows: "Explaining the stages of the 3N model was comforting. Now I know that there is a path and that I am only at the beginning. This gave me hope."

In this context, it is evident that the 3K, 4T, and 3N frameworks within the *Nafs* (self) model hold significant potential in helping patients contextualize and understand their symptoms. By offering a deep understanding of the self (*nafs*) and the nature of obsessive thoughts, particularly within a religious framework, this integrated approach may pave the way for more tailored, culturally sensitive, and effective therapeutic interventions for Muslim patients suffering from religious OCD. Moreover, these models can be adapted for use in addressing other psychological problems and pathologies, depending on contextual needs.

Discussion

Understanding the cognitive, emotional, and instinctual drive structures of humans has always been central to psychological theories and interventions. While modern psychotherapeutic approaches, such as psychoanalysis and CBT,

¹⁵ This insight of the patient is in line with the views of Muslim scholars (e.g., Nursi, Al-Ghazali) on the factors that may be the source of scrupulosity (*waswasah*) above which are Satan (*lumme-i satan*) and *Nafs* (self) (working principles of the mind and the powers).

offer critical insights into the human psyche, they also have inherent limitations. These limitations pose specific challenges not only for individuals with religious beliefs but also create distinct difficulties for the general population. Therefore, evaluating and integrating alternative frameworks, such as *Ilm an-Nafs*, is crucial for offering a broader perspective on human nature. Here, we will reassess the limitations of psychoanalysis and CBT and discuss how the *Ilm an-Nafs* models effectively overcome these challenges.

The Psychoanalytic Perspective and Its Limitations: The Role of the *Ilm an-Nafs* Models in Overcoming These Constraints

Psychoanalysis fundamentally distinguishes between the conscious and the unconscious (Freud, 1915). The relationship between symptoms and defense mechanisms is one of the strongest arguments of the theory (Freud, 1936). However, because it is grounded in a materialistic determinist framework, every human experience is confined within this theoretical foundation and the explanations derived from it.

In this context, psychoanalytic theory views the obsessions that emerge in OCD as stemming from repressed unconscious drives and conflicts (Csigó, 2023; Freud, 1907). Particularly in cases of religious OCD, these obsessions are often interpreted as expressions of aggressive impulses toward God (Freud, 1907, 1927). Such an interpretation oversteps the boundaries of patients' religious beliefs and values, directly targeting the nature of their faith. The inevitable consequence is that patients are left to choose between accepting a reality that conflicts with their beliefs and values or rejecting such an interpretation, which may lead to abandoning treatment. This dichotomy can negatively affect both the therapeutic relationship and treatment outcomes (Toprak, 2018b).

While this theoretical framework provides both clinicians and patients with answers to critical questions about the causes and origins of psychopathology, psychoanalytic theory often encounters significant limitations especially on OCD, as analysts' testimonies and research have shown (Christensen et al., 1987; Fenichel, 1974; Gabbard, 2001). A major limitation is the implication that patients' obsessions are tied to their unconscious desires, which is particularly problematic for OCD patients who need to

distance themselves from such thoughts. Additionally, this approach can fundamentally conflict with patients' religious beliefs and values, blurring the distinction between psychopathology and religious preferences. As a result, patients are not fully accepted within the therapeutic relationship, along with their beliefs and values, leading to resistance in therapy.

Psychoanalysis has attempted to address these difficulties by broadening the therapist's perspective and revising its reductionist approach to religious issues (Josephson et al., 2010). Modern dynamic psychotherapies, in particular, have shown considerable sensitivity in adapting the therapist's role to meet the needs of the client, ensuring that religious and cultural elements are not pathologized (Khalilrad, 2018). The emphasis on relationality in relational psychoanalysis, where the once-omniscient analyst becomes a codiscoverer, has largely corrected the rigid and reductive approach to religious issues (Strawn, 2007).

However, some classical psychoanalytic practices have resisted these changes, remaining static (Csigó, 2023), and despite new contributions, the materialistic–deterministic foundation of the theoretical basis has been preserved, leaving no room for new psycho-ontological possibilities (Mills, 2012; Orange, 2009).

What patients seek here is an understanding that there is no real connection between their psychopathological experiences—such as intrusive thoughts of blasphemy—and their beliefs and values, and, in this process, they desire a convincing explanation of the causes and sources of their obsessions.

In this context, patients need to recognize their drives, understand why and how they develop, and simultaneously position their personal morality and sense of self beyond these drives. The *Ilm an-Nafs* models, particularly the 3K and 3N models, help patients recognize and understand their sexual and aggressive drives without equating them to these drives. These drives can be understood within the framework of a broader human model that includes concepts such as the heart (*qalb*) and spirit (*ruh*). When patients are informed that the sources of their obsessions involve the interplay between Satan, the mind's unique functioning, and their instinctual drive worlds, their need for knowledge about the origins and formation of their obsessions begins to be reasonably met. The functioning of the forces that make up 3K—desire (*shahwiyya*),

anger (*ghadabiyya*), and reason (*aqliyya*)—can lead to unexpected, surprising, and distressing mental content. However, a person is not merely composed of desire and anger (*quwwat al-shahwiyya* and *quwwat al-ghadabiyya*), the body (*badan*), and the mind (*dihin/dimag*); they also belong to another realm that defines who they are, which includes beliefs and values found in the heart (*qalb*), conscience (*wijdan*), and spirit (*ruh*). This fundamental human model is explained to the patient, and it is suggested that the process is part of personal maturation and development, as illustrated by the levels of self (*nafs*) in the 3N model. The person embarks on a journey from the initial level of the self (*nafs al-ammara*), which represents faults and deficiencies, to the final level of the self (*nafs al-mutma'inna*), which represents peace. Here, the 3K (desire, anger, and reason) are not enemies but sources of energy that will lead to the goal as long as the person learns to relate to them correctly.

When the patient begins to see their condition not as a reflection of hidden anger and hostility toward God but as a result of the interaction between Satan, drives, and the mind, the issue of thought–action and moral–action fusion, which is a significant problem for OCD patients, is resolved naturally. With the help of the *Nafs* (self) model, the heart (*qalb*), where values and beliefs reside, is separated from drives (*quwwat al-shahwiyya* and *quwwat al-ghadabiyya*) and mental experiences (*dihin/dimag*). Thus, individuals learn to define their morals and actions not through drives and the mind but through the heart (*qalb*), naturally achieving the distance from drives and thoughts that psychotherapy schools aim to cultivate.

In this way, through the *Ilm an-Nafs* models, patients, similar to the strengths of psychoanalysis, gain a deeper understanding of themselves, becoming aware of their instinctual drive worlds and obtaining explanations regarding the source and cause of their disorder. However, unlike the limitations of psychoanalysis, they also learn that beyond the animistic boundaries of this instinctual world, there are faculties such as the heart (*qalb*), conscience (*wijdan*), and spirit (*ruh*), through which they can actually manage these drives. This enables patients to become aware of their instinctual worlds and understand their impact on their minds without experiencing dysfunctional guilt and hopelessness.

The Cognitive Therapy Perspective and Its Limitations: The Role of the *Ilm an-Nafs* Models in Overcoming These Constraints

Cognitive behavioral therapy is fundamentally built on a framework that distances itself from scientifically speculative concepts such as the unconscious, drives, and defense mechanisms, instead rooting itself in the empirical findings of behaviorism and cognitive psychology. By integrating cognitive processes into behavioral learning theories, CBT posits that cognition, beyond classical and operant conditioning, plays a significant role in determining behavior, thereby grounding its explanations and interventions for psychological disorders on this cognitive foundation (Beck, 1970, 1976).

Cognitive models have become revolutionary and have become central to psychotherapy practices worldwide due to their capacity to produce significant changes in a short period of time in many pathologies, primarily in the treatment of depression (Butler et al., 2006; Hofmann et al., 2012).

However, the cognitive model has its inherent limitations. It does not offer as deep and explanatory a framework for understanding the causes of psychological disorders as psychoanalysis does (Leichsenring & Steinert, 2017). The empirical focus of CBT often leads to the omission of elements such as drives, which are deeply felt by common sense but are not adequately addressed in therapy, as well as emotions and relationships, which receive relatively less attention, thereby limiting the explanatory power of the model. The cognitive model's inability to accommodate spiritual experiences within its theoretical framework is another issue that it shares with psychoanalysis (Pargament, 2007).

Recent contributions, such as functional analytic psychotherapy, which centers on the therapeutic relationship (Kanter et al., 2017), have sought to address many of these challenges, especially in the relational domain. Additionally, acceptance and commitment therapy (ACT) has emphasized the importance of values in therapy, enriching the explanatory models (Tanhan, 2019; Thomas et al., 2017; Yavuz, 2016). Moreover, R-CBT has incorporated religious and cultural sensitivities (Abdoljabbari et al., 2022; de Abreu Costa & Moreira-Almeida, 2022), yet these interventions have not fundamentally

altered the basic psycho-ontological structure, leaving the need for further development. While these are important contributions, there are still areas that require further refinement.

When considering OCD specifically, CBT remains the most effective therapeutic approach for these patients. Its simple, straightforward, and applicable model facilitates treatment, particularly in the psychoeducation phase, thereby enhancing the efficacy of ERP, which is considered the gold standard in OCD treatment (Abramowitz, 2006). However, when it comes to obsessions, the cognitive model faces challenges in revising its central explanation that thoughts have a decisive influence (Purdon & Clark, 2002). The categorization of thoughts into layers such as perception, meaning, and interpretation, or the emphasis on the relationship with thoughts and the distinction work in third-wave therapies such as ACT and metacognitive therapy, has largely maintained the success of the treatment by revising this relationship (Wells, 2009).

Yet, there remains a quest for a more consistent theoretical framework and explanatory power. In its current form, CBT struggles to provide answers regarding the source of obsessions, the boundaries between obsessive thoughts and religious beliefs (*iman*) or values, and how these distinctions should be made, which diminishes the effectiveness of the treatment (Toprak, 2024).

The *Ilm an-Nafs* models, with their 3K explanations involving the Satan and the inner workings of the mind, clarify the source of these issues. The hierarchical and comprehensible cognitive model of 4T aids in distinguishing between obsessions and religious beliefs (*iman*) or values. Furthermore, referencing the basic human model, the relationship between the heart (*qalb*) and the approval of beliefs and values addresses the problem of overemphasizing thoughts and the fusion of thought, action, and morality, making it easier to resolve.

When a patient can view distressing cognitive content that contradicts their religious and moral values as stemming from the Satan, or as a natural outcome of the interaction between drives and a mind that operates independently of the will—thanks to the 3K model—they are provided with a more reasonable framework for understanding the responsibility between morality, actions, and mental content. This understanding helps patients distance themselves from OCD and overcome dysfunctional guilt.

Explaining obsessions as images (*tahayyul*) or suspicions (*tewehhum*) and categorizing them separately from belief (*iman*) and values—via the 4T model—enables patients to differentiate their uncontrollable mental experiences from their religious beliefs (*iman*), values, and intentions. This framework transcends mere cognitive restructuring. By hierarchically organizing cognitive processes such as imagination (*tahayyul*), conceptualization and suspicion/baseless assumption (*tasawwur*; *tewehhum*), reasoning/reflecting (*taakkul*), and affirmation (*tasdiq*), the 4T model introduces a comprehensive perspective on cognition. By structuring cognitive processes within a four-tiered hierarchical framework, the 4T model distinguishes various cognitive facets, such as imagination (*tahayyul*), conceptualization (*tasavvur*), suspicion (*tevehhum*), and reasoning (*taakkul*), from those confirmations (*tasdik*) that translate into behaviors and ultimately contribute to character formation. Ultimately, this helps to address one of the fundamental problems in OCD: It prevents the overemphasis of thoughts and facilitates a clear separation of mental processes and action and personal morality in the areas of thought–action fusion and thought–morality fusion.

Conclusion

With its rich theoretical structures, the *Ilm an-Nafs* models offer a promising framework for understanding the human being in all its dimensions, surpassing the limitations of current psychotherapeutic approaches. This framework not only provides a new contribution to culturally and religiously sensitive interventions but also serves as an inspiring call to broaden our general understanding of humanity. While complex psychopathologies like OCD and PTSD present a special context for evaluating the applicability of these models in challenging clinical situations, the principles of the *Ilm an-Nafs* are generally valid and have the potential to enhance our therapeutic strategies for a variety of psychological difficulties. This framework underscores the necessity of embracing diverse perspectives to achieve a comprehensive and nuanced understanding of human nature.

Limitations

The fact that these models were developed based on the texts of a scholar rooted in the Sunni

interpretation of Islam and applied to Muslim patients can be considered a limitation. However, while the explanations in the *Nafs* (self) model, as well as the 4T, 3K, and 3N models, are grounded in Islamic theology and Sufi references, they align with the common psycho-ontology found across all religions. However, it will be important to conduct studies with different religious groups. With a few exceptions, most of the studies we have are case studies, primarily focusing on OCD and one case of PTSD. While this is understandable for a field that is still developing, conducting more randomized controlled trials and detailed qualitative analyses covering a broader range of psychopathologies will enhance our understanding of both the efficacy and the nature and mechanisms of the therapeutic process.

References

- Abduljabbari, M., Dastani, M., Jamshidi, M. A., Farhoush, M., & Farhoush, M. (2022). The effectiveness of Islamic cognitive-behavioral therapy compared with conventional cognitive-behavioral therapy in reducing depression and increasing life satisfaction and spiritual health in patients with depression. *Health, Spirituality and Medical Ethics*, 9(4), 207–216. <https://philpapers.org/rec/ABDTEO-7>
- Abdul Razak, M. A., Mustapha, M. B., & Ali, M. Y. (2017). Human nature and motivation: A comparative analysis between Western and Islamic psychologies. *Intellectual Discourse*, 25, 503–525. <https://journals.iium.edu.my/intdiscourse/index.php/id/article/download/1067/732>
- Abramowitz, J. S. (2001). Treatment of scrupulous obsessions and compulsions using exposure and response prevention: A case report. *Cognitive and Behavioral Practice*, 8(1), 79–85. [https://doi.org/10.1016/S1077-7229\(01\)80046-8](https://doi.org/10.1016/S1077-7229(01)80046-8)
- Abramowitz, J. S. (2006). The psychological treatment of obsessive-compulsive disorder. *The Canadian Journal of Psychiatry*, 51(7), 407–416. <https://doi.org/10.1177/070674370605100702>
- Abu-Raiya, H. (2012). Towards a systematic Qur'anic theory of personality. *Mental Health, Religion & Culture*, 15(3), 217–233. <https://doi.org/10.1080/13674676.2011.640622>
- Abu-Raiya, H. (2015). Working with religious Muslim clients: A dynamic, Qur'anic-based model of psychotherapy. *Spirituality in Clinical Practice*, 2(2), 120–133. <https://doi.org/10.1037/scp0000068>
- Ağlıkaya Şahin, Z. (2018). How deep is the gap between religion and psychology really? Religious traces in psychotherapies. *Cumhuriyet Journal of Theology*, 22(3), 1607–1632. <https://doi.org/10.18505/cuid.466215>
- Allport, G. W. (1950). *The individual and his religion: A psychological interpretation*. Macmillan.
- Alonso, P., Menchon, J. M., Pifarre, J., Mataix-Cols, D., Torres, L., Salgado, P., & Vallejo, J. (2001). Long-term follow-up and predictors of clinical outcome in obsessive-compulsive patients treated with serotonin reuptake inhibitors and behavioral therapy. *The Journal of Clinical Psychiatry*, 62(7), 535–540. <https://doi.org/10.4088/JCP.v62n07a06>
- American Psychological Association. (n.d.). *Psyche*. *APA dictionary of psychology*. Retrieved January 25, 2024, from <https://dictionary.apa.org/psyche>
- Arabi, I. (2017). *Fütuhat-ı Mekkiyye* [The Meccan illuminations] (E. Demirli, Trans.; 3rd ed.). Litera Publications. (Original work published 1231)
- Aristotle. (1999a). *Eudemian ethics* (S. Babur, Trans.). Dost Kitabevi Publications.
- Aristotle. (1999b). *Nicomachean ethics* (S. Babur, Trans.). Dost Kitabevi Publications. (Original work published ca. 350 B.C.E.)
- Aristotle. (2018). *Ruh Üzerine* [On the soul] (O. Aygun & Y. Gurur Sev, Trans.). Pinhan Publications. (Original work published ca. 350 B.C.E.)
- Awaad, R., & Ali, S. (2015). Obsessional disorders in al-Balkhi's 9th century treatise: Sustenance of the body and soul. *Journal of Affective Disorders*, 180, 185–189. <https://doi.org/10.1016/j.jad.2015.03.003>
- Badri, M. B. (1979). *The dilemma of Muslim psychologists*. MWH London Publishers.
- Beck, A. T. (1970). Cognitive therapy: Nature and relation to behavior therapy. *Behavior Therapy*, 1(2), 184–200. [https://doi.org/10.1016/S0005-7894\(70\)80030-2](https://doi.org/10.1016/S0005-7894(70)80030-2)
- Beck, A. T. (1976). *Cognitive therapy and the emotional disorders*. International Universities Press.
- Beck, A. T. (1979). *Cognitive therapy and the emotional disorders*. Penguin Books.
- Beck, A. T., & Weishaar, M. (1989). Cognitive therapy. In A. Freeman, K. M. Simon, L. E. Beutler, & H. Arkoviz (Eds.), *Comprehensive handbook of cognitive therapy* (pp. 21–36). Plenum Press. https://doi.org/10.1007/978-1-4757-9779-4_2
- Besiroğlu, L., Karaca, S., & Keskin, I. (2014). Scrupulosity and obsessive compulsive disorder: The cognitive perspective in Islamic sources. *Journal of Religion and Health*, 53(1), 3–12. <https://doi.org/10.1007/s10943-012-9588-7>
- Beutler, L. E., & Guest, P. D. (1989). The role of cognitive change in psychotherapy. In A. Freeman, K. M. Simon, L. E. Beutler, & H. Arkowitz (Eds.), *Comprehensive handbook of cognitive therapy* (pp. 123–142). Plenum Press. https://doi.org/10.1007/978-1-4757-9779-4_7
- Butler, A. C., Chapman, J. E., Forman, E. M., & Beck, A. T. (2006). The empirical status of cognitive-behavioral therapy: A review of meta-analyses. *Clinical Psychology Review*, 26(1), 17–31. <https://doi.org/10.1016/j.cpr.2005.07.003>

- Carlson, K. M., & González Prendes, A. A. (2016). Cognitive behavioral therapy with religious and spiritual clients: A critical perspective. *Journal of Spirituality in Mental Health, 18*(4), 253–282. <https://doi.org/10.1080/19349637.2016.1159940>
- Cetiner, N., & Toprak, T. B. (2023). *4T model—Religious psycho-education integrated cognitive behavioral therapy in the treatment of scrupulosity: A case study* [Unpublished manuscript]. Department of Psychology, Hasan Kalyoncu University.
- Christensen, H., Hadzi-Pavlovic, D., Andrews, G., & Mattick, R. (1987). Behavior therapy and tricyclic medication in the treatment of obsessive-compulsive disorder: A quantitative review. *Journal of Consulting and Clinical Psychology, 55*(5), 701–711. <https://doi.org/10.1037/0022-006X.55.5.701>
- Csigó, K. (2023). Obsessive position: The new psychoanalytic approach of obsessive-compulsive disorder. *Current Psychology, 42*(7), 5407–5414. <https://doi.org/10.1007/s12144-021-01893-3>
- Cucchi, A. (2022). Integrating cognitive behavioural and Islamic principles in psychology and psychotherapy: A narrative review. *Journal of Religion and Health, 61*(6), 4849–4870. <https://doi.org/10.1007/s10943-022-01576-8>
- de Abreu Costa, M., & Moreira-Almeida, A. (2022). Religion-Adapted cognitive behavioral therapy: A review and description of techniques. *Journal of Religion and Health, 61*(1), 443–466. <https://doi.org/10.1007/s10943-021-01345-z>
- Dehaghi, A. A., Dolatshahi, B., Tareman, F., Pourshahbaz, A., & Ansari, H. (2022). Acceptance and commitment therapy with Islamic aspects as a treatment for scrupulosity in a case study. *Journal of Organizational Behavior Research, 7*(2), 95–108. <https://doi.org/10.51847/Fa3ED8HrzB>
- Dobson, K. S., & Dozois, D. J. A. (Eds.). (2019). *Handbook of cognitive-behavioral therapies* (4th ed.). The Guilford Press.
- El-Belhi, E. Z. A. (2012). *Mesalihul Ebdan ve'l Enfüs* [Sustenance for the body and soul]. (N. Okuyucu & Z. Tiryaki, Trans.). Presidency of Turkish Manuscript Association Publications.
- Ellis, A. (1989). The history of cognition in psychotherapy. In A. Freeman, K. M. Simon, L. E. Beutler, & H. Arkowitz (Eds.), *Comprehensive handbook of cognitive therapy* (pp. 5–19). Plenum Press. https://doi.org/10.1007/978-1-4757-9779-4_1
- Er-Razi, E. B. (2004). *et-Tibbu'r-ruhani* [Spiritual medicine] (H. Karaman, Trans.). Iz Publications.
- Fenichel, O. (1974). *Psychoanalytic theory of neuroses* (S. Tuncer, Trans.). Ege University Medical Faculty Publications. <https://doi.org/10.4324/9780203981580>
- Ferrão, Y. A., Shavitt, R. G., Bedin, N. R., de Mathis, M. E., Carlos Lopes, A., Fontenelle, L. F., Torres, A. R., & Miguel, E. C. (2006). Clinical features associated to refractory obsessive-compulsive disorder. *Journal of Affective Disorders, 94*(1–3), 199–209. <https://doi.org/10.1016/j.jad.2006.04.019>
- Freud, S. (1907). Obsessive actions and religious practices (S. Budak, Trans.). In J. Strachey (Ed.), *The origins of religion* (pp. 32–45). Öteki Yayınevi.
- Freud, S. (1915). The unconscious. In J. Strachey (Ed.), *Standard edition of the complete psychological works of Sigmund Freud* (Vol. 14, pp. 159–190). Hogarth Press.
- Freud, S. (1919). Psycho-analysis and religious origins. In J. Strachey (Ed.), *Sigmund Freud: Collected papers* (Vol. 2, pp. 92–97). Basic Books.
- Freud, S. (1936). *The problem of anxiety* (H. A. Bunker, Trans.). The Psychoanalytic Quarterly Press and W.W. Norton.
- Freud, S. (1965). *The interpretation of dreams* (J. Strachey, Trans.). Avon Books. (Original work published 1900)
- Freud, S. (1997). *Dora: An analysis of a case of hysteria*. Simon and Schuster.
- Freud, S. (2002). *Metapsikoloji* [On metapsychology the theory of psychoanalysis]. (E. Kapkın & A. T. Kapkın, Trans.). Payel Publications.
- Freud, S. (1927). *The future of an illusion* (H. İlhan, Trans.). Alter Yayıncılık.
- Gabbard, G. O. (2001). Psychoanalytically informed approaches to the treatment of obsessive-compulsive disorder. *Psychoanalytic Inquiry, 21*(2), 208–221. <https://doi.org/10.1080/07351692109348932>
- Ghazali, A. H. M. I. M. (2011). *The alchemy of happiness* (A. F. Meyan, Trans.). Bedir Yayınları. (Original work published 1106)
- Hakki, E. I. (1999). *The book of knowledge and skills* (A. F. Meyan, Trans.). Bedir Yayınları. (Original work published 1757)
- Hall, G. S. (1917). *Jesus, the Christ, in the light of psychology*. Doubleday, Page and Company.
- Haque, A., & Keshavarzi, H. (2014). Integrating indigenous healing methods in therapy: Muslim beliefs and practices. *International Journal of Culture and Mental Health, 7*(3), 297–314. <https://doi.org/10.1080/17542863.2013.794249>
- Haslakoglu, O. (2016). *Platon düşüncesince tekhne* [Tekhne in Plato's thought]. Sentez Publishing.
- Hofmann, S. G., Asnaani, A., Vonk, I. J., Sawyer, A. T., & Fang, A. (2012). The efficacy of cognitive behavioral therapy: A review of meta-analyses. *Cognitive Therapy and Research, 36*(5), 427–440. <https://doi.org/10.1007/s10608-012-9476-1>
- Huppert, J. D., & Siev, J. (2010). Treating scrupulosity in religious individuals using cognitive-behavioral therapy. *Cognitive and Behavioral Practice, 17*(4), 382–392. <https://doi.org/10.1016/j.cbpra.2009.07.003>
- Isgandarova, N. (2019). Muraqaba as a mindfulness-based therapy in Islamic psychotherapy. *Journal of Religion and Health, 58*(4), 1146–1160. <https://doi.org/10.1007/s10943-018-0695-y>

- Isik, H. R., & Toprak, T. B. (2024). Case report: Recovery from sexual assault: A religion-adapted cognitive behavioral therapy for a woman sexual assault survivor. *European Journal of Trauma & Dissociation*, 8(3), Article 100441. <https://doi.org/10.1016/j.ejtd.2024.100441>
- Josephson, A. M., Nicholi, A., Jr., & Tasman, A. (2010). Religion and psychoanalysis: Past and present. In P. J. Verhagen, H. M. van Praag, J. J. López-Ibor, J. L. Cox, & D. Moussaoui (Eds.), *Religion and psychiatry: Beyond boundaries* (pp. 283–303). Springer. <https://doi.org/10.1002/9780470682203.ch16>
- Kanter, J. W., Manbeck, K. E., Kuczynski, A. M., Maitland, D. W., Villas-Bôas, A., & Ortega, M. A. R. (2017). A comprehensive review of research on functional analytic psychotherapy. *Clinical Psychology Review*, 58, 141–156. <https://doi.org/10.1016/j.cpr.2017.09.010>
- Karakan, B., & Toprak, T. B. (2023, October 4–7). *Using religiously extended psycho-educational 4T model for psychotherapy of scrupulosity: A case report* [Conference session]. European Association for Cognitive Behavioral Psychotherapies (EABCT), Antalya, Türkiye. <https://jcbpr.org/storage/upload/pdfs/1707487208-en.pdf>
- Keshavarzi, H., & Haque, A. (2013). Outlining a psychotherapy model for enhancing Muslim mental health within an Islamic context. *International Journal for the Psychology of Religion*, 23(3), 230–249. <https://doi.org/10.1080/10508619.2012.712000>
- Khalililrad, S. (2018). Relational psychoanalysis and psychotherapy integration: An evolving synergy. *Psychodynamic Practice*, 24(4), 378–386. <https://doi.org/10.1080/14753634.2018.1466352>
- Kindi. (2016). *Risâle fi'l-hîle li-def'i'l-ahzân* [Ways to refrain from sorrow and sadness] (M. Tatlı, Trans.; 3rd ed.). Diyanet Foundation Publications.
- Kutluer, İ. (2000). İlmü'n-nefs. *Diyanet foundation Islam encyclopedia*. TDV İslâm Araştırmaları Merkezi. <https://cdn2.islamansiklopedisi.org.tr/dosya/22/C22007304.pdf>
- Lazarus, R. Z. (1989). Constructs of the mind in mental health and psychotherapy. In A. Freeman, K. M. Simon, L. E. Beutler, & H. Arkowitz (Eds.), *Comprehensive handbook of cognitive therapy* (pp. 37–50). Plenum Press. https://doi.org/10.1007/978-1-4757-9779-4_6
- Leichsenring, F., & Steinert, C. (2017). Short-term psychodynamic therapy for obsessive-compulsive disorder: A manual-guided approach to treating the “inhibited rebel.” *Bulletin of the Menninger Clinic*, 81(4), 341–389. https://doi.org/10.1521/bumc_2017_81_07
- Mataix-Cols, D., Marks, I. M., Greist, J. H., Kobak, K. A., & Baer, L. (2002). Obsessive-compulsive symptom dimensions as predictors of compliance with and response to behaviour therapy: Results from a controlled trial. *Psychotherapy and Psychosomatics*, 71(5), 255–262. <https://doi.org/10.1159/000064812>
- Merter, M. (2007). *Dokuz Yüz Katlı İnsan* [Nine hundred storeys human]. Kaknus Publications.
- Merter, M. (2014). *Nefs Psikolojisi* [Nafs psychology]. Kaknus Publications.
- Mills, J. (2012). *Conundrums: A critique of contemporary psychoanalysis*. Routledge. <https://doi.org/10.4324/9780203148198>
- Nursi, S. (1996). *The Damascus Sermon* (2nd ed.). (S. Vahide, Trans.). Sözler Publications.
- Nursi, S. (2008a). *The words* (S. Vahide, Trans.). Sözler Publications.
- Nursi, S. (2008b). *The letters* (S. Vahide, Trans.). Sözler Publications.
- Nursi, S. (2009). *The flashes* (S. Vahide, Trans.). Sözler Publications.
- Nursi, S. (2010). *The words* (H. Akarsu, Trans.). The Light Publications.
- Nursi, S. (2012). *Signs of miraculousness*. Soz Publications. Retrieved January 25, 2024, from <https://www.erisale.com/index.jsp?locale=en#content.en.205.29>
- Orange, D. M. (2009). *Thinking for clinicians: Philosophical resources for contemporary psychoanalysis and the humanistic psychotherapies*. Routledge. <https://doi.org/10.4324/9780203888308>
- Pargament, K. I. (2007). *Spiritually integrated psychotherapy: Understanding and addressing the sacred*. Guilford Press.
- Peker, H. (2011). *İbn-i Sina'nın Epistemolojisi* [Epistemology of Ibn Sina]. Emin Publications.
- Plato. (2016). *The republic* (S. Eyuboglu & M. A. Cimcoz, Trans.). Türkiye İş Bankası Kültür Publications. (Original work published ca. 370 B.C.E)
- Purdon, C., & Clark, D. A. (2002). The need to control thoughts. In R. O. Frost & G. Steketee (Eds.), *Cognitive approaches to obsessions and compulsions* (pp. 29–43). Pergamon. <https://doi.org/10.1016/B978-008043410-0/50004-0>
- Rassool, G. H. (2019). Obsessional Compulsive Disorder (Waswâs al-Qahri (Overwhelming Whispers): Case Report and Spiritual Interventions. *International Journal of Mental Health & Psychiatry*, 5(1), 1–6. <https://doi.org/10.37231/mjis.2020.4.1.137>
- Rothman, A., & Coyle, A. (2023). The clinical scope of Islamic psychotherapy: A grounded theory study. *Spirituality in Clinical Practice*, 10(1), 4–19. <https://doi.org/10.1037/scp0000282>
- Rufer, M., Grothusen, A., Mass, R., Peter, H., & Hand, I. (2005). Temporal stability of symptom dimensions in adult patients with obsessive-compulsive disorder. *Journal of Affective Disorders*, 88(1), 99–102. <https://doi.org/10.1016/j.jad.2005.06.003>
- Siegfried, W. (2014). The formation and structure of the human psyche. *Athene Noctua: Undergraduate*

- Philosophy Journal*, 2(2), 2–4. <https://www.fau.edu/athenenoctua/pdfs/William%20Siegfried.pdf>
- Siev, J., & Huppert, D. J. (2017). Treatment of scrupulosity-related obsessive-compulsive disorder. In E. A. Storch & A. B. Lewin (Eds.), *Clinical handbook of obsessive-compulsive and related disorders* (pp. 39–54). Springer International Publishing.
- Skinner, R. (2010). An Islamic approach to psychology and mental health. *Mental Health, Religion & Culture*, 13(6), 547–551. <https://doi.org/10.1080/13674676.2010.488441>
- Starbuck, E. D. (1899). *The psychology of religion: An empirical study of the growth of religious consciousness* (Vol. 38). Walter Scott.
- Strawn, B. D. (2007). Slouching toward integration: Psychoanalysis and religion in dialogue. *Journal of Psychology and Theology*, 35(1), 3–13. <https://doi.org/10.1177/009164710703500101>
- Tanhan, A. (2019). Acceptance and commitment therapy with ecological systems theory: Addressing Muslim mental health issues and wellbeing. *Journal of Positive School Psychology*, 3(2), 197–219. https://libres.uncg.edu/ir/uncg/f/A_Tanhan_Acceptance_2019.pdf
- Tataryn, D. J., Nadel, L., & Jacobs, W. J. (1989). Cognitive therapy and cognitive science. In A. Freeman, K. M. Simon, L. E. Beutler, & H. Arkovitz (Eds.), *Comprehensive handbook of cognitive therapy* (pp. 83–98). Plenum Press. https://doi.org/10.1007/978-1-4757-9779-4_5
- Thahir, A., & Hidayat, R. (2020). The concept of human personality Al-Ghazali and Sigmund Freud in counseling perspectives. *KONSELI Jurnal Bimbingan dan Konseling*, 7(1), 61–72. <https://doi.org/10.24042/kons.v7i1.6417>
- Thomas, J., Furber, S. W., & Grey, I. (2017). The rise of mindfulness and its resonance with the Islamic tradition. *Mental Health, Religion & Culture*, 20(10), 973–985. <https://doi.org/10.1080/13674676.2017.1412410>
- Tiryaki, K. B. (2016). Ebubekir Er-Razi düşüncesinde mizaç teorisi [The theory of temperament in the thought of Ebubekir Er-Razi]. In M. Z. Tiryaki & K. B. Tiryaki (Eds.), *İslam düşüncesinde mizaç teorileri* [Temperament theories in Islamic thought]. (pp. 57–78). Nobel Publications.
- Toprak, T. B. (2017, September 29–October 1). *The structure and functioning of man according to the spirit of İlm* [Conference presentation]. I. National Integrative Psychotherapy Congress “Integrating Psychotherapies,” Danca, Türkiye. <https://2017kongre.psikoterapi.com/genel-bilgiler/yerli-konusmacilar/>
- Toprak, T. B. (2018a, June 7–9). *An attempt for alternative approach for the structure of human and its applications: İlm’u Nafs* [Conference session]. World Congress of Psychotherapy, Amsterdam, Netherlands.
- Toprak, T. B. (2018b). Theories, opportunities, and limitations in psychotherapy of religious obsessions and compulsions. *Journal of Integrative Psychotherapy*, 1(1), 123–141. <https://dergipark.org.tr/tr/download/article-file/396286>
- Toprak, T. B. (2018c). *Clinical applications of the İlm an-Nafs models: A case report of religious OCD* [Unpublished manuscript].
- Toprak, T. B. (2021). İslam ve psikoterapi: Bir model ve uygulama örneği [Islam and psychotherapy: An example of a model and application] In T. B. Toprak (Ed.), *İslam düşüncesinde psikoloji ve psikoterapi* [Psychology and psychotherapy in Islamic thought]. (pp. 166–167). Muhit Book.
- Toprak, T. B. (2022). *Dini içerikli psiko-eğitim eklenmiş bilişsel davranışçı grup psikoterapisinin dini içerikli obsesyon ve kompulsiyonları olan hastalardaki etkililiği* (Effectiveness of religious psycho-education integrated cognitive behavioral group therapy in the treatment of the patients with religious obsessions and compulsions) [Master’s thesis, Hasan Kalyoncu University]. YÖK Tez Merkezi. <https://tez.yok.gov.tr/UlusalTezMerkezi/giris.jsp>
- Toprak, T. B. (2024). Rethinking cognitive psycho-education—4T model—In the psychotherapy of religious obsessive-compulsive disorder: Report of three resistant cases. *Spiritual Psychology and Counseling*, 9(1), 75–105. <https://doi.org/10.37898/spiritualpc.1319545>
- Toprak, T. B., & Emül, H. M. (2016). *A contribution attempt to contemporary OCD theories: “Meratib-i ilim of dimağ” framework within Islamic tradition* [Conference session]. 23rd Annual OCD Congress, July 27–31, Chicago. <https://iocdf.org/blog/2016/03/24/sched/>
- Turkcapar, H. M. (2008). *Bilişsel terapi: Temel ilkeler ve uygulama* [Cognitive therapy: Basic principles and practice]. HYB Publications.
- Turkcapar, H. M. (2020). *Bilişsel davranışçı terapi: Temel ilkeler ve uygulama* [Cognitive behavioral therapy: Basic principles and practice] (15th ed.). Epsilon Publications.
- Wells, A. (2009). *Metacognitive therapy for anxiety and depression*. Guilford Press. <https://psycnet.apa.org/record/2008-15953-000>
- Yavuz, F. (2016). ACT and Islam. In J. A. Nieuwsma, R. D. Walser, & S. C. Hayes (Eds.), *ACT for clergy and pastoral counselors: Using acceptance and commitment therapy to bridge psychological and spiritual care* (pp. 139–148). New Harbinger Publications.

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