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An Integrative Model Proposal for Religiously-Integrated Cognitive Behavioral Therapy (RCBT): TMTT Model (Tafakkur–Muhasaba–Tawba–Tawakkul)

Taha Burak Toprak[1,2] · **Hatice Rumeysa Işık**[1,2]

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Abstract

Religiously Integrated Cognitive Behavioral Therapy (RCBT) has increasingly emphasized the incorporation of clients' religious beliefs and practices into psychotherapy. However, many existing approaches tend to utilize religious concepts primarily as supportive therapeutic tools within an already established cognitive-behavioral framework, often detaching them from their original epistemological and ontological contexts. In response to this limitation, the present article introduces the TMTT model (*Tafakkur–Muḥāsaba–Tawba–Tawakkul*) as a conceptually grounded and process-oriented framework for religiously integrated psychotherapy rooted in the Islamic intellectual tradition. The model proposes a form of integration in which religious concepts function not merely as therapeutic content but as organizing principles structuring the therapeutic process itself. The article presents the philosophical foundations, developmental rationale, and clinical structure of the TMTT model. Drawing upon the revivalist tradition of *Ilm an-Nafs* and contemporary process-oriented psychotherapy frameworks, the model conceptualizes psychological change as a multidimensional process involving cognitive awareness, moral evaluation, repentance-based reorientation, and trust-based values-consistent action. Each core component—*tafakkur* (contemplation), *muḥāsaba* (self-reckoning), *tawba* (repentance/turning back to Allah), and *tawakkul* (reliance on Allah)—is examined through four dimensions: its conceptual background in the Islamic intellectual tradition, its therapeutic function within TMTT, its comparison with related constructs in modern psychotherapy and CBT, and its clinical implementation. The article further discusses the model's developmental status, limitations, implementation challenges, and future research directions. TMTT is positioned as an early-stage, theoretically coherent clinical framework that remains open to empirical refinement and manual development. By integrating cognitive, emotional, behavioral, moral, and spiritual processes within a unified meaning-oriented structure, the TMTT model offers a preliminary proposal for structurally integrating Islamic concepts into psychotherapy while preserving their conceptual integrity.

Extended author information available on the last page of the article

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Introduction

The integration of religion and spirituality into psychotherapeutic practice has gained increasing attention in recent decades (Currier et al., 2024; Lin et al., 2026), particularly through the framework of Religiously-Integrated Cognitive Behavioral Therapy (RCBT) (Pearce et al. 2015a, b; Rosmarin 2018). RCBT represents a structured approach that incorporates clients' religious beliefs and practices into cognitive and behavioral interventions while preserving the core theoretical and technical foundations of cognitive behavioral therapy (CBT). Empirical studies suggest that such integration may enhance therapeutic engagement and contribute to symptom reduction across various clinical conditions (Çetiner & Toprak, 2025; de Abreu Costa & Moreira-Almeida, 2022; Işık & Toprak, 2024, Işık & Toprak,2025; Karimi et al., 2017; Özçelik & Toprak, 2025; Toprak 2024a; Toprak, 2026; Toprak and Turkcapar 2026; Toprak et al. 2025a).

Despite the growing empirical support, a critical limitation of RCBT concerns the way religious concepts are operationalized during the therapeutic process. In many interventions, religious elements—such as scriptural references, spiritual practices, or moral concepts—are incorporated into the existing CBT framework as supportive therapeutic tools. Consequently, these concepts are often separated from their original epistemological and ontological contexts and utilized primarily for their functional contributions to cognitive restructuring or behavioral change (Pearce et al. 2015a, b).

Although this instrumental use of religious content may offer clinical benefits, it can also constrain the depth of integration by reducing religion to a set of therapeutic techniques rather than engaging it as a coherent meaning system. More specifically, employing religious concepts outside their original conceptual frameworks may obscure their transformative potential, which is closely connected to their broader spiritual, moral, and metaphysical contexts (Plante, 2016).

From this perspective, the use of conceptually grounded and contextually coherent constructs in psychotherapy offers a distinct advantage. Approaches that meaningfully engage clients' belief and value systems have been associated with more enduring forms of psychological change (Park, 2010; Pargament, 2011). Building on this perspective, defining therapeutic processes through concepts that preserve their original semantic and epistemological integrity may provide a more comprehensive integration of clients' meaning systems into psychotherapy. Instead of selectively adapting existing techniques through the addition of religious elements, such an approach enables the development of therapeutic models organized around internally coherent conceptual frameworks (Goldfried, 2019; Hayes et al., 2021).

In response to these limitations, the present study proposes the TMTT model (*Tafakkur–Muḥāsaba–Tawba–Tawakkul*) as an integrative framework for RCBT. The model aims to move beyond the adaptation of religious elements into CBT techniques by offering a form of integration in which core concepts derived from the Islamic

intellectual tradition are defined in relation to their original contexts and function as organizing principles of the therapeutic process.

The central therapeutic aim of the TMTT model is to enhance psychological functioning through a process of spiritual maturation guided by religious references. Accordingly, therapeutic change is conceptualized not only as symptom reduction but also as the transformation of cognitive, emotional, and behavioral processes in alignment with a faith-based understanding of self and existence.

The model is structured around four core concepts: *tafakkur* (contemplation), *muḥāsaba* (self-reckoning), *tawba* (repentance), and *tawakkul* (reliance on God). Each concept is derived from the Islamic intellectual tradition and defined in relation to its original conceptual background. At the same time, these concepts correspond to core mechanisms of therapeutic change, including cognitive awareness (Beck, 2011), motivational reorientation (Oudeyer & Kaplan, 2007), emotion regulation (Gross, 2015), and value-based action (Wilson et al., 2010).

Although the TMTT model utilizes the technical and procedural strengths of CBT, it differs fundamentally from standard RCBT applications in terms of its level of integration. Rather than adding religious elements to an already established therapeutic framework, the model proposes an approach in which religious concepts themselves shape the structure, direction, and meaning of the therapeutic process. In this respect, the model extends conventional RCBT approaches by proposing a form of integration in which religious concepts are not incorporated solely as therapeutic content, but also function as organizing principles of the therapeutic process within a coherent epistemological and ontological framework.

Contemporary efforts to integrate religion and psychotherapy continue to face the challenge of incorporating religious concepts while preserving their conceptual and epistemological coherence. The TMTT model (*Tafakkur–Muḥāsaba–Tawba–Tawakkul*) is proposed as one attempt to address this issue through a structured and process-oriented framework rooted in the Islamic intellectual tradition.

Development of the TMTT Model

The development of the TMTT model (*Tafakkur–Muḥāsaba–Tawba–Tawakkul*) is informed by frameworks for early-stage behavioral intervention development and corresponds to Stage I of the NIH Stage Model (Onken et al., 2014). At this stage, the primary aim is to establish a theoretically coherent and clinically informed intervention structure, rather than a fully standardized or empirically validated treatment protocol.

In line with this positioning, the model was developed through an iterative process informed by clinical practice and conceptual analysis. Its initial formulation developed in response to limitations identified in existing Religiously Integrated Cognitive Behavioral Therapy (RCBT) approaches, particularly the tendency to incorporate religious elements into therapy without preserving their original conceptual coherence.

Over the course of this iterative process, preliminary applications of the model, including single-case studies in preparation, were used to examine the functional distinctiveness and clinical utility of the proposed components within the therapeutic

flow. Observations derived from these applications informed the refinement of the model's structure, particularly with regard to the sequencing and interaction of its components.

Throughout this development, particular attention was given to maintaining conceptual coherence with the Islamic intellectual tradition while ensuring clinical applicability within a psychotherapy framework. Accordingly, the TMTT model should be understood as a conceptually coherent and clinically informed framework that remains open to further refinement through systematic empirical investigation.

The TMTT (Tafakkur, Muḥāsaba, Tawba, and Tawakkul) Model

Conceptual Foundations and Axiomatic Structure of the TMTT Model

The conceptual framework of this study is informed by "two-winged life" perspective, which views religious knowledge and empirical science as complementary sources for understanding human experience (Toprak, 2026; Nursî, 2012, s. 508). From this perspective, religious knowledge provides moral and metaphysical orientation, while scientific inquiry offers context-sensitive explanations of psychological processes. Rather than competing epistemic authorities, religion and science are treated as distinct yet mutually informative domains.

Intellectually, the framework draws on the revivalist tradition of *Ilm an-Nafs* in the Islamic intellectual tradition (Toprak, 2024b). This scholarly tradition has historically synthesized insights from philosophy, medicine, and Sufi psychology under the normative guidance of the Qur'an and Sunnah. Classical works such as al-Ghazali's *Iḥyāʾ ʿUlūm al-Dīn* exemplify this integrative approach, while modern revivalist thinkers—particularly Said Nursi—further developed it through engagement with both traditional Islamic scholarship and modern scientific thought.

Against this background, the model's ontological, epistemological, and axiological assumptions are articulated. Ontologically, the model assumes the existence and unity of Allah as the ultimate reference point for understanding reality and human nature. Human beings are therefore understood as multidimensional entities encompassing bodily, cognitive, emotional, and spiritual faculties (i.e., conscience, heart, spirit) (Toprak, 2021, 2024b). Epistemologically, knowledge is approached through the integration of revelation and empirical inquiry. The Qur'an and Sunnah function as normative sources, while scientific knowledge provides contextual insights into human behavior and psychological functioning (Toprak, 2023, 2024b). Axiologically, human life is interpreted through a moral framework shaped by responsibility and the concept of divine testing (*imtiḥān*). Accordingly, psychological development is understood not only in terms of well-being and functioning but also in relation to meaning, moral agency, reckoning, and spiritual maturation (Qur'an, Al-Mulk 67:2; Al-Baqara 2:155). Together, these assumptions constitute the philosophical foundation upon which the model's core axioms and therapeutic principles are built.

Building upon this philosophical framework, the TMTT model is articulated through a set of foundational axioms derived from core Islamic principles that shape

clients' understanding of the self, responsibility, and psychological change. This axiomatic structure draws upon classical conceptualizations in the Islamic intellectual tradition, particularly the revivalist perspective represented by scholars such as Abū Ḥāmid al-Ghazālī, al-Ḥārith al-Muḥāsibī, and Bediuzzaman Said Nursi. In TMTT, these principles function not as theological instruction but as a conceptual background informing therapeutic processes.

The first axiom, *Tawḥīd*, affirms the oneness and sovereignty of Allah, emphasizing that existence is unified and meaningful rather than arbitrary. This axiom provides a coherent framework for understanding uncertainty, control, and trust (Qur'an 2:163; 39:62; 34:22). The second axiom, *Nubuwwa*, highlights the role of the Prophet Muhammad (peace be upon him) as a moral and behavioral exemplar, offering a reference point for ethical orientation and lived practice (Qur'an 7:158; 3:144; 4:164). The third axiom, *Ḥashr*, affirms belief in the Hereafter and accountability beyond worldly life, situating present suffering and effort against a broader horizon of meaning (Qur'an 36:51; 39:68; 30:25).

The fourth axiom, *Imtiḥān*, conceptualizes life events—including hardship, illness, and psychological distress—as part of an existential process of testing and moral development. From this perspective, such experiences are understood not primarily as punishment but as contexts that may carry developmental and meaning-oriented implications (Qur'an 67:2; 2:155; 94:6; 2:286; 29:2). The fifth axiom, *Irāda*, underscores human agency and moral responsibility, emphasizing that individuals possess the capacity for choice and are not burdened beyond their ability (Qur'an 5:42; 7:29; 22:77).

Together, these axioms provide the conceptual structure guiding the therapeutic processes of *tafakkur*, *muḥāsaba*, *tawba*, and *tawakkul* in the TMTT model. In clinical practice, they operate as meaning-oriented reference points that support psychological change without requiring explicit doctrinal instruction.

Comparative Analysis of TMTT Axioms and CBT Assumptions

CBT is a comprehensive psychotherapeutic tradition epistemologically built upon empiricism and pragmatism that conceptualizes human beings as learning agents whose cognitive, emotional, and behavioral processes are shaped through interaction with the environment and remain modifiable through experience (Hayes & Hofmann, 2017; Ryum & Kazantzis, 2024). In its early behavioral formulations, psychological difficulties were primarily explained through observable stimulus–response relationships and maladaptive conditioning processes, with therapeutic change framed as relearning through behavioral modification (Moore, 2018; Pavlov, 1928; Skinner, 1963; Sturmey et al., 2020).

The second wave of CBT expanded this framework by incorporating cognitive theories emphasizing the role of maladaptive thoughts, beliefs, and schemas in psychological distress (Hayes & Hofmann, 2021; Ruggiero et al., 2018). Therapeutic change therefore increasingly focused on identifying and restructuring dysfunctional cognitive patterns through structured interventions such as cognitive restructuring, exposure, and behavioral experiments (Kazantzis et al., 2018; Wenzel, 2017).

Later developments in CBT, particularly third-wave approaches such as ACT and DBT, adopted a more contextual and process-oriented perspective emphasizing individuals' relationships with internal experiences, including experiential avoidance, emotional dysregulation, and psychological inflexibility (Hayes, 2004; Hayes & Hofmann, 2021; Linehan, 2015). Accordingly, therapeutic change came to be framed not only in terms of symptom reduction but also through processes such as acceptance, awareness, emotion regulation, and values-based action (Budak & Kocabaş, 2019; Hayes et al., 2013; Linehan & Wilks, 2015).

Taken together, the theoretical evolution of CBT reflects a movement from reductionist behavioral explanations toward more contextual and process-oriented understandings of human functioning while maintaining its empirical and pragmatic orientation (Carona, 2023; Ryum & Kazantzis, 2024).

By comparison, the axiomatic structure of the TMTT model is rooted not primarily in empirical pragmatism but in a theistic ontological and moral framework derived from Islamic intellectual tradition. While CBT focuses on functional adaptation and psychological flexibility, TMTT situates psychological change against a broader horizon of meaning shaped by concepts such as *Tawḥīd* (oneness and sovereignty of Allah), *Ḥashr* (belief in the Hereafter and accountability beyond worldly life), *Imtiḥān* (life events as part of an existential process of testing and moral development), *Irāda* (human agency and moral responsibility (Nursi, 2007, p.19). Thus, although both approaches employ structured psychological processes and behavioral change strategies, they differ in their foundational assumptions regarding the nature of reality, sources of knowledge, and the ultimate meaning of human experience.

Core Concepts of TMTT Model

The TMTT model is built upon four interrelated concepts rooted in Islamic intellectual tradition: *tafakkur* (contemplation), *muḥāsaba (*self-reckoning), *tawba* (repentance/turning back to Allah), and *tawakkul* (reliance on Allah)[1]. This section presents the core concepts of the TMTT model through a structured and multi-layered analysis. First, each concept is introduced in relation to the Islamic intellectual tradition, outlining its conceptual definition and theological significance. Second, its function in the TMTT framework is examined, with particular attention to how it is operationalized in the therapeutic process. Third, each concept is compared with related constructs in modern psychology, psychotherapy, and particularly CBT-based approaches in order to clarify both points of convergence and areas of conceptual divergence. Finally, the clinical application of the model is outlined by demonstrating how these concepts are translated into a coherent and sequential therapeutic process.

Below, the general schematic structure of the model is presented (see Fig. 1); each stage (*Tafakkur*, *Muhasaba*, *Tawba*, and *Tawakkul*) is then discussed in detail, in sequential order.

[1] English renderings are provided for readability and do not fully correspond to the semantic and conceptual scope of the original Arabic terms.

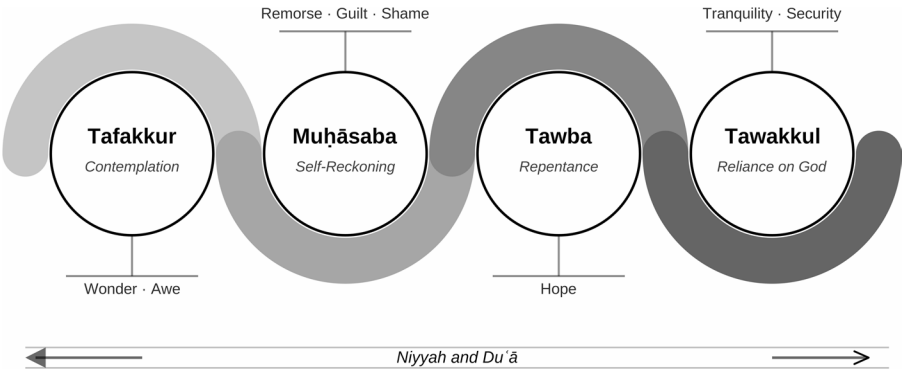

Fig. 1 The four-phase therapeutic structure of the TMTT Model: Tafakkur (Contemplation), Muhasaba (Self-Reckoning), Tawba (Repentance/Turning Back to God), and Tawakkul (Reliance on God)

Tafakkur

Tafakkur in the Islamic Intellectual Tradition

Islamic intellectual tradition offers a rich and nuanced conceptualization of human cognitive activity, articulated through interrelated terms such as *tafakkur* (contemplation), *tadhakkur* (remembrance), *tadabbur* (reflective interpretation of consequences), and *taʿaqqul* (reasoning). While these concepts denote distinct yet overlapping dimensions of mental functioning, *tafakkur* may be understood as a comprehensive form of reflective engagement that integrates cognitive, moral, and meaning-oriented inquiry (Kutluer, n.d.).

At its core, *tafakkur* refers to a deliberate and disciplined act of reflection aimed at understanding the meaning, purpose, and moral significance of experience. The Qur'an repeatedly encourages this mode of reflection through various expressions (e.g., Āl ʿImrān 3:191; Sabaʾ 34:46), positioning the human being as a reflective subject who is called to engage with both existence and revelation. In this respect, *tafakkur* extends beyond abstract cognition and functions as a process that fosters conscious awareness (*shuʿūr*) and moral responsibility (Görgün, 2004; Sözen, 2018).

Classical Islamic scholarship emphasizes the transformative potential of *tafakkur*. Al-Ghazālī, for instance, regards contemplation as an elevated form of engagement that directs the individual from what is evil and disliked to what is beloved, and from desire and greed to asceticism (*zuhd*) and contentment (*qanāʿa*) (al-Ghazālī, 2023, Vol. 7). Thus, *tafakkur* is not merely an intellectual exercise but a formative process that reorients the individual's understanding and conduct.

In this tradition, *tafakkur* is broadly categorized into two complementary forms: *āfāqī* (outer/world-oriented) contemplation and *anfusī* (inner/self-oriented) contemplation. *Āfāqī tafakkur* involves reflecting on the external world, nature, and observable phenomena, whereas anfusī *tafakkur* refers to deep reflection on one's inner states, experiences, and existential condition (Kutluer, n.d). The Qur'an explicitly links these two domains, emphasizing the interconnectedness of signs in the external world (*āfāq*) and the self (*anfus*) (Fuṣṣilat 41:53).

At the same time, particular emphasis is placed on inner (*anfusī*) contemplation as a pathway to deeper realization. Scholars such as Said Nursi highlight the necessity of examining one's internal states with depth and precision, underscoring that meaningful understanding begins with reflective engagement with the self (Nursi, 2012).

In the present study, while acknowledging this dual structure, *tafakkur* is approached primarily in its *anfusī* (inner-oriented) dimension, focusing on the individual's reflective engagement with their own cognitive, emotional, and existential processes.

In sum, *tafakkur* initiates a process of cognitive and spiritual maturation by enabling the individual to engage with both the external and internal dimensions of existence. It represents a structured form of reflection that integrates awareness, meaning-making, and moral orientation, thereby transforming the individual's relationship with the self, life, and the divine.

Tafakkur in the TMTT Framework

In the TMTT model, *tafakkur* is redefined as the foundational phase of the therapeutic process and operationalized as a structured, two-level reflective process aimed at rendering problematic experiences both observable and meaningful. At the first level, it involves a systematic analysis of how a problem emerges and is maintained—its triggers, associated cognitive and emotional processes, and its short- and long-term consequences. In clinical application, this analysis is conducted through the cyclical CBT model (thought–emotion–bodily sensation–behavior–outcome), enabling clients to map the mechanisms underlying their behavior (Türkçapar, 2018).

In addition, this stage involves the systematic clarification of the client's value system. In line with CBT perspectives, emotional experiences such as distress, dissatisfaction, or guilt may indicate a discrepancy between behavior and personal values (Silfver et al., 2008). In TMTT, however, this process is extended by explicitly identifying the specific values involved and examining them not only at a functional level but also in relation to broader moral orientations and the individual's sense of meaning. Values are understood as part of a relatively stable and hierarchically organized system organized around guiding principles. A distinguishing feature of TMTT is that psychological difficulties are formulated as arising from thoughts, intentions, and behaviors that are not aligned with this value system, consistent with broader perspectives emphasizing the role of value–behavior discrepancies in psychological distress (Hayes et al., 2012; Higgins, 1987). Accordingly, values are not inferred primarily from immediate emotional reactions. Instead, TMTT emphasizes post-behavior emotional responses—such as guilt or regret—particularly when considered in relation to the longer-term consequences of one's actions. These moral emotions are treated as possible indicators of a discrepancy between a person's actions and the kind of person they aspire to become. In this way, values are identified not only through what feels important in the moment, but also through reflective awareness of one's intentions and their outcomes over time.

TMTT further extends this process by incorporating *niyyah* (intention) as a preceding element of behavior. In the Islamic intellectual tradition, intention precedes action and clarifies the purpose for which behavior is performed. By making this

motivational orientation explicit, *tafakkur* not only enhances awareness of behavioral processes but also facilitates evaluative engagement. This process prepares the transition to *muḥāsaba*, where behavior is assessed in relation to moral standards and the individual's sense of meaning.

At the second level, *tafakkur* moves beyond process analysis to include a meaning-oriented reflection, encouraging the individual to consider the potential purpose and moral significance of their experiences in relation to a divinely ordered framework. Through this dual structure, *tafakkur* in TMTT integrates functional analysis with meaning-oriented interpretation, establishing the conceptual and motivational foundation for subsequent stages of therapeutic change.

Taken together, *tafakkur* gives rise to moral insight (*ʿibra*) at both levels; however, while the first level involves an initial recognition of discrepancies, the second level reflects a deeper, meaning-oriented and affectively engaged form of moral understanding, often accompanied by awe (*ḥayra*).

Comparison with Related Concepts in Modern Psychology and Psychotherapy

Tafakkur demonstrates partial conceptual overlap with several constructs in modern psychology and psychotherapy; however, it diverges in its ontological grounding, epistemological orientation, and ultimate purpose. Concepts that bear functional resemblance include contemplative prayer (Finney & Malony, 1985), awe and wonder (Shiota, 2021), meaning-making (Reed et al., 2023), meditation (Smith, 1975), mindfulness (Roemer et al., 2015; Cho, 2024), self-reflection (van Seggelen-Damen et al., 2023), metacognition (Martin, 2023), heartfulness (Thakur et al., 2023), introspection (Hackert & Weger, 2018), rumination (Watkins & Roberts, 2020), and cognitive restructuring (Ezawa & Hollon, 2023). These constructs, while differing in scope and application, generally converge on enhancing awareness of internal processes and modifying the individual's relationship with thoughts, emotions, and experiences in ways that promote psychological functioning.

Among these, contemplative prayer may be considered the closest analogue, as it involves a form of spiritually oriented attention directed toward the divine. Nevertheless, it is typically conceptualized as a state of receptive awareness or tranquility in the presence of God, rather than an active, structured process of inquiry. In contrast, mindfulness and meditation are primarily operationalized as techniques aimed at cultivating non-judgmental awareness and attentional regulation in therapeutic settings. Similarly, self-reflection and metacognition emphasize awareness and evaluation of one's cognitive processes, yet remain largely confined to an intrapsychic and secular domain, without necessitating a transcendent referent.

Tafakkur, while encompassing elements of attention, awareness, and reflective processing found in these constructs, extends beyond them by constituting an intentional and meaning-oriented engagement with the self, the external world, and the Creator simultaneously (Badri, 2018; Kutluer, n.d.; Nursi, 2012). Its epistemic aim is not limited to psychological regulation or functional adaptation; rather, it seeks the production of coherent and integrated knowledge that enables the individual to interpret existence in relation to divine will and wisdom. Within the Islamic intellectual tradition, this orientation corresponds to the pursuit of *maʿrifat Allāh* (knowledge of

Allah), which is regarded as a central function of human cognition and a fundamental responsibility of the intellect (Nursi, 2012; Toprak, 2024b).

Accordingly, *tafakkur* may be understood as a multidimensional process that integrates attentional awareness, interpretive reasoning, and meaning-oriented inquiry within a theocentric framework, in which meaning and direction are derived from the individual's relationship with Allah. It involves not only recognizing internal and external phenomena, but also discerning their meaning, interrelations, and ultimate significance in relation to divine intentionality. In this respect, *tafakkur* departs from analogous constructs in modern psychotherapy by addressing not merely how cognitive and emotional processes operate, but what they signify in the broader context of human purpose, moral responsibility, and transcendental meaning.

Comparison with Related Concepts in Cognitive Behavioral Therapy

Tafakkur as a Two-Level Reflective Process In the TMTT framework, *tafakkur* denotes a structured reflective process aimed at making problematic behavior both observable and intelligible. At a first level, it involves examining how a problem behavior emerges and is maintained—its triggers, the cognitive and emotional processes that sustain it, and its short- and long-term consequences—using the cyclical model of thought–emotion–bodily sensation–behavior–outcome (Türkçapar, 2018). In this respect, *tafakkur* shows structural parallels with CBT self-monitoring practices (Cohen et al., 2013) and with the psychoeducational component of case formulation, functioning as an analytic awareness process that clarifies the behavioral mechanism. However, TMTT extends the CBT cycle by incorporating *niyyah* (intention) as a preceding element of behavior (Di Malta et al., 2019; Dönmez, 2024; Sheeran, 2002) and by introducing a distinct approach to value identification.

In contrast to CBT, where values are often operationalized in relation to immediate emotional salience and functional adaptation, TMTT approaches value clarification through reflective evaluation of intention, behavior, and their longer-term moral implications. Accordingly, emotional responses that emerge after behavior—such as guilt or regret—are interpreted not simply as affective reactions but as possible indicators of a discrepancy between intention, action, and the individual's broader moral orientation. Through this process, values are clarified not only in relation to what feels important in the moment, but also through reflection on the kind of person one seeks to become over time.

At a second level, *tafakkur* extends beyond psychological mechanism analysis to include reflection on the divine purpose and moral meaning of the manifested problematic behavior. This meaning-oriented dimension constitutes the primary point of divergence from classical CBT formulation, which typically organizes understanding around functional change processes and values-based action (Hayes et al., 2012). By situating the client's self-observation in relation to a divine and moral frame of reference, *tafakkur* does not simply generate insight; it reorients insight toward moral evaluation and spiritually oriented purpose.

Thus, while *tafakkur* shares structural similarities with self-monitoring and formulation processes, it diverges from CBT not only by incorporating intention (*niyyah*) but also by redefining how values are identified and evaluated—integrating both their functional and moral dimensions into a broader, meaning-oriented framework.

Empirical Foundations and Converging Evidence for Tafakkur

Although controlled studies directly examining *tafakkur* remain limited, existing literature suggests that increasing internal awareness and engaging in structured reflection can enhance emotional regulation and strengthen stress-coping capacities. Moreover, reflective processes have been reported to mitigate the maladaptive effects of rumination (Aka, 2024).

Similarly, in Religiously Integrated CBT (RCBT) applications, sacred texts and supportive religious principles have been utilized as therapeutic resources to facilitate the restructuring of dysfunctional and unrealistic cognitions (Pearce et al. 2015a, b). These findings suggest that meaning-oriented and value-based cognitive frameworks may serve a regulatory function in transforming maladaptive thought patterns. In this context, *tafakkur* may be considered psychologically plausible and theoretically coherent as a mechanism that integrates self-monitoring and meaning-making in clinical practice.

Clinical Implementation: Tafakkur Phase in the TMTT Model

Within the TMTT framework, *tafakkur* is implemented as a structured clinical process that integrates CBT-based functional analysis with intention- and value-oriented evaluation.

Step 1: Mapping the Behavioral Cycle (Functional Awareness) The process begins with mapping the behavioral cycle using the CBT model (thought–emotion–bodily sensation–behavior–outcome). The therapist helps the client identify triggering situations, underlying cognitive processes, emotional and physiological responses, the behavior itself, and its short- and long-term consequences. The aim is to ensure that the client can clearly articulate how the behavior emerges and is maintained.

Step 2: Identifying Intention (Niyyah) Following functional analysis, niyyah (intention) is introduced as a key element preceding behavior. The client is guided to explore why they acted in a certain way and what they aimed to achieve. This reframes behavior as purposive rather than reactive, enabling moral and value-based evaluation.

Step 3: Evaluating Consequences and Moral Signals At this stage, emphasis is placed on emotional responses that emerge after the behavior, such as guilt, regret, or dissatisfaction. These are examined in relation to long-term consequences, enabling the client to understand why certain outcomes are disturbing and what these disturbances indicate about their values. Thus, long-term emotional responses serve as entry points into value–behavior evaluation.

Step 4: Clarifying Values through Discrepancy The therapist then facilitates the identification of values by highlighting discrepancies between behavior and the client's aspired character. This process emphasizes long-term consequences, moral evaluation, and alignment with the kind of person the client seeks to become, culminating in explicit value articulation.

Step 5: Constructing the Full Formulation Finally, all components are integrated into a comprehensive formulation, including triggers, cognitive and emotional processes, intention (*niyyah*), behavior, consequences, and identified values. At this point, the client is expected to demonstrate a coherent understanding of the problem and its value-related meaning, marking the completion of the *tafakkur* phase and readiness for *muḥāsaba*.

Muḥāsaba

Muḥāsaba (Self-Reckoning) in the Islamic Intellectual Tradition

In the Islamic intellectual tradition, *muḥāsaba* refers to a disciplined process of self-reckoning through which the individual evaluates their thoughts, intentions, and actions in relation to moral and religious principles (al-Muhâsibî, 2005, s. 56). It involves 'guarding one's breaths against heedlessness' (*ghafla*), 'observing the rights of each moment,' and assessing what stands in one's favor or against them (Sühreverdî, 2010). Early scholars, most notably al-Muḥāsibī, conceptualize *muḥāsaba as* an ongoing reflective practice that includes both prospective and retrospective evaluation—considering the potential consequences of future actions while also critically assessing one's current conduct (al-Muḥāsibī, 2005, pp. 59).

At its core, *muḥāsaba* is a morally oriented process of self-evaluation rather than a purely cognitive appraisal. It requires the individual to distinguish between what is morally congruent and incongruent, thereby cultivating a form of conscious moral awareness. In this sense, it is closely associated with the development of *taqwā* (consciousness of Allah), as reflected in classical accounts emphasizing that an individual becomes truly conscientious only when they hold themselves accountable with rigor and sincerity (Tirmidhī, as cited in al-Muḥāsibī, 2014, p. 27).

Functionally, *muḥāsaba* serves to regulate behavior by orienting the individual toward long-term moral outcomes rather than immediate reactions. Classical sources highlight that anticipating the consequences of one's actions and reflecting on their outcomes protect the individual from regret and support more deliberate and value-consistent decision-making (al-Muḥāsibī, 2005, p. 58).

Muḥāsaba (Self-Reckoning) in the TMTT Model

In the TMTT model, *muḥāsaba* represents the second stage following *tafakkur*, in which the individual evaluates their thoughts, emotions, and behaviors within a moral and intentional framework. While *tafakkur* focuses on observing and understand-

ing the cognitive–behavioral cycle, *muḥāsaba* shifts the focus toward evaluating the alignment between intention, values, and behavior. The central process in this stage involves the functional processing of experienced remorse, the acknowledgment of one's role in actions, and an effort to understand one's underlying intentions and the extent to which these intentions align with one's values.

Muḥāsaba refers to the individual's capacity to examine their mistakes while maintaining their motivation for change. A critical distinction in this process lies between experiencing remorse for one's faults and falling into hopelessness. In this sense, *muḥāsaba* treats remorse not as a purely emotional burden but as informational and value-revealing, enabling the individual to clarify their moral orientation.

Accordingly, *muḥāsaba* can be conceptualized as a mindful evaluative process in which the individual reflects upon their inner experiences within a value framework rooted in the Qur'an and Sunnah. At the core of this process lies the analysis of remorse, which corresponds to the "long-term consequence" in cyclical formulations. When the individual asks, "Why do I feel remorse?", this inquiry not only evaluates past actions but also facilitates the identification of violated or neglected values. Thus, remorse functions as an indicator of the values toward which the individual aspires, rather than being reduced to an affective burden.

A central component of *muḥāsaba* is the recognition of one's role in one's own actions. In this stage, intention becomes the primary evaluative axis through which behavior is interpreted and morally assessed. The individual examines the intention underlying their behavior and evaluates the extent to which this intention aligns with their values. Through this process, the individual shifts from a passive or victimized stance to an agentic position, assuming responsibility for their actions. This transition reflects an increase in psychological freedom, as it involves recognizing that change is internally mediated rather than externally determined.

In this regard, *muḥāsaba* facilitates a shift from impulsive action toward reflective restraint and moral intentionality. At the same time, engaging in *muḥāsaba* is inherently demanding. Defensive tendencies such as self-justification and moral disengagement may hinder the individual's capacity for honest self-evaluation, obstructing the recognition of personal responsibility. When not properly regulated, this process may also shift from constructive evaluation to self-critical rumination or hopelessness, thereby undermining its transformative potential.

When conducted effectively, *muḥāsaba* gives rise to feelings of guilt and remorse; however, these are constructive rather than self-destructive. Such emotions do not lead to self-devaluation but instead foster motivation to realign with one's values and repair one's moral orientation. This process contributes to the development of humility and the reduction of self-centered tendencies, positioning *muḥāsaba* as not merely a cognitive exercise but also as a process of moral and emotional recalibration.

Muḥāsaba also functions as a critical transitional process in the TMTT model. It is through this stage that awareness gained in *tafakkur* is transformed into responsibility, and responsibility into motivation for change. Its authenticity can be evaluated by the extent to which it culminates in *tawba* and value-consistent behavioral reorientation.

Comparison with Related Concepts in Modern Psychology and Psychotherapy

In modern psychology and psychotherapy literature, several constructs comparable to *muḥāsaba* can be identified. However, these concepts differ significantly from *muḥāsaba* in terms of both content and purpose.

First, *self-assessment* generally refers to an individual's beliefs and assumptions about their abilities, character, and other traits, based primarily on introspection and intuition. Because this process relies heavily on intuition, it may be vulnerable to inaccuracies (Dunning et al., 2004). Similarly, *self-evaluation* is typically used to describe the process by which an individual assesses themselves based on specific criteria, particularly at certain points—most often at the final stage—of educational, occupational, or comparable structured activities (Milne, 2014). While some studies suggest that *self-assessment* is more process-oriented (formative), whereas *self-evaluation* focuses on outcomes (Milne, 2014), there are also studies that treat these two concepts as closely related in meaning (Panadero et al., 2019). *Self-reflection* refers to an analysis that considers cognition, emotion, and behavior from a broader perspective and includes the exploration of "how" and "why" questions (van Loon, 2018). In this context, the concept of *self-criticism* may also be mentioned as a construct somewhat related to *muḥāsaba*. However, this concept is generally characterized by negative and often harsh judgments directed toward the self, although the intensity of these judgments may vary (see McIntyre et al., 2018; Shahar et al., 2012; Werner et al., 2019). Likewise, concepts such as *conscious accounting* (see Gneezy et al., 2014) and *moral reckoning* (see Montazeri et al., 2025; Nathaniel, 2006), which are associated with morality, are generally discussed not in the context of comprehensive retrospective self-accounting, but rather in relation to momentary moral evaluations within decision-making processes.

The concept of *muḥāsaba* in the model extends beyond certain aspects of the aforementioned approaches, representing a deep internal examination of one's inner processes and resulting behaviors, coupled with an awareness that is rooted in divine consciousness. The individual goes beyond evaluating their thought and behavior patterns by interpreting these processes through the lens of faith-based responsibility and a consciousness of servanthood to Allah.

Muḥāsaba, beyond being a tool for personal development, enables the individual to sincerely and unconditionally evaluate their position before Allah This process facilitates the assumption of personal responsibility for the problems experienced in both internal and external domains and encourages the individual to seek transformation through this awareness.

Comparison with Related Concepts in Cognitive Behavioral Therapy

Muḥāsaba (Self-Reckoning) as Moral Reckoning Beyond Functionality From the CBT perspective, the process of *muḥāsaba* substantially overlaps with core cognitive procedures such as identifying automatic thoughts, questioning their functionality, and developing alternative responses. Techniques including Socratic questioning, cognitive restructuring, evidence examination, double-standard techniques, and cost–ben-

efit analysis aim to help individuals evaluate their thinking patterns and generate more balanced alternatives (Beck, 1976, 2011; Beck et al., 1979). In this respect, *muḥāsaba* demonstrates methodological parallels with classical CBT processes, functioning as a central mechanism through which individuals recognize their role in dysfunctional patterns and assume responsibility for change.

However, the primary distinction between the two approaches emerges at the level of meaning and motivational grounding. In CBT, similar evaluative processes are largely justified in terms of symptom reduction, functionality, and adaptation. In contrast, *muḥāsaba* integrates this evaluative process with moral responsibility and intentional awareness. In the CBT literature, cognitive distortions are conceptualized as systematic errors in interpreting reality and are regarded as central mechanisms in the development and maintenance of psychopathology (Beck, 1976, 2011; Beck et al., 1979). Accordingly, intervention focuses on identifying and restructuring these distortions. From the TMTT perspective, however, errors in thinking are not viewed solely as logical biases but also as reflections of neglected moral sensitivity. Thus, thinking processes are addressed not only in terms of cognitive accuracy but also as expressions of moral agency.

When compared to Acceptance and Commitment Therapy (ACT), a third-wave CBT approach, *muḥāsaba* shows structural similarities with the concept of "creative hopelessness" (Hayes et al., 1999, 2012). Creative hopelessness refers to the critical turning point at which individuals recognize that their habitual control and avoidance strategies are ineffective in the long term. Similarly, *muḥāsaba* involves recognizing the unsustainability of one's ongoing cognitive and behavioral patterns. However, while ACT frames this realization in terms of distancing from personally held values, *muḥāsaba* situates evaluation within an Islamic value framework, and decisions are structured accordingly. Therefore, the awareness emerging in *muḥāsaba* reflects not only functional cost but also moral accountability.

In CBT, individuals are encouraged to view automatic thoughts not as reality itself but as testable mental hypotheses (Beck, 1976, 2011; Beck et al., 1979). In ACT, through cognitive defusion, thoughts are understood as transient mental events (Hayes et al., 1999). Both approaches aim to loosen rigid identification with thought content. The distinctive contribution of TMTT lies in not leaving the decentered self in a neutral field of awareness; rather, it situates the individual within an axis of values, intention, and responsibility, framing decision-making and behavioral processes through a comprehensive moral structure. Thus, despite technical similarities, the *muḥāsaba* process in TMTT diverges from classical CBT and ACT in terms of its underlying moral structure and ultimate therapeutic aims.

Empirical Foundations and Converging Evidence for Muḥāsaba

Although *muḥāsaba* has not yet been examined as a standalone construct in mainstream psychotherapy research, related self-evaluative and self-regulatory processes have been empirically investigated. For example, Barton et al. (2023) identified disruptions in feedback sensitivity between behavior, goals, and outcomes as a maintaining factor in depression, suggesting that restoring evaluative awareness may hold

therapeutic relevance. While developed outside a religious framework, such findings provide a conceptual point of contact with the evaluative and responsibility-oriented dimensions of *muḥāsaba*.

In religiously integrated CBT contexts, *muḥāsaba* has been operationalized as a structured intervention component. Kaymakcan and Şirin (2013) conceptualized "*muḥāsaba*t al-nafs" as a systematic evaluation of thoughts, emotions, and behaviors in relation to religious values, and their experimental findings indicated significant reductions in anxiety levels. Additional research has similarly suggested that reflective capacity may enhance the accuracy of self-evaluation (Loades & Myles, 2016). Although these findings do not constitute a definitive empirical basis for *muḥāsaba*, they provide preliminary evidence supporting its potential clinical plausibility.

Clinical Implementation: Muḥāsaba Phase in the TMTT Model

The *muḥāsaba* phase is designed to help the client re-evaluate the cognitive-behavioral cycles identified during *tafakkur* within a moral and value-based framework, and to assume responsibility for their actions. This phase is clinically critical and affectively sensitive, requiring careful pacing and continuous monitoring of the client's tolerance for internal tension. If not properly titrated, emerging guilt may shift from a functional signal into hopelessness or emotional paralysis.

Step 1: Establishing a Functional Frame for Guilt and Responsibility The therapist frames guilt and remorse as functional and potentially adaptive emotional responses rather than indicators of personal inadequacy. Through psychoeducation, moral emotions (e.g., guilt, remorse, shame) are introduced as regulatory signals that orient behavior. Guilt, in particular, is positioned as a mechanism that promotes responsibility-taking and behavioral correction, with the aim of enabling the client to engage with these emotions without collapsing into despair.

Step 2: Making Value-Incongruence Visible The therapist facilitates recognition of discrepancies between the client's values and aspired character and their current patterns of intention and behavior. While *tafakkur* focuses on observing the cognitive–behavioral cycle, *muḥāsaba* emphasizes evaluating alignment between intention, values, and behavior. This is achieved through structured reflective questioning that clarifies, rather than confronts, moral and intentional misalignment.

Step 3: Exploring Intention (Niyyah) and Behavioral Orientation The therapist guides the client to examine the intentional structure underlying their actions, focusing on what they aimed to achieve or avoid and whether these intentions align with their values. This shifts attention from observable behavior to underlying intentional processes, making inconsistencies more explicit.

Step 4: Facilitating Responsibility and Agency At this stage, the therapist supports the client in adopting a more agentic stance by acknowledging their role in maintaining the cycle. Responsibility is framed not as blame but as the basis for change. The

therapist may gently challenge avoidance and externalization while helping the client tolerate and integrate emerging feelings of guilt and remorse.

Step 5: Processing Remorse Without Hopelessness The therapist helps the client remain within an optimal range of guilt and remorse. Insufficient guilt may lead to avoidance or moral disengagement, whereas excessive guilt may result in hopelessness and withdrawal. The therapeutic aim is to sustain functional guilt that motivates change without overwhelming the client, supported by emotion regulation, normalization of ambivalence, and reframing of guilt as a signal for value realignment.

Step 6: Identifying Behavioral Patterns and Triggers The therapist guides the client in identifying recurring patterns of behavior that persist despite value incongruence, as well as the contexts in which these patterns intensify. This step reconnects *muḥāsaba* with the prior formulation and highlights the repetitive structure of the cycle and the client's role in it.

Step 7: Preparing the Ground for *Tawba* As the phase concludes, the client is expected to acknowledge responsibility, experience an optimal level of guilt and remorse, and recognize the misalignment between intention, behavior, and values. The therapist then introduces the transition toward *tawba*, emphasizing that recognition of error is not the endpoint and that change and repair remain possible. Throughout this transition, responsibility is balanced with hope, ensuring that the client moves toward constructive action rather than remaining fixated in guilt.

Tawba

Tawba (Repentance/Turning Back to Allah) in the Islamic Intellectual Tradition

In the Islamic intellectual tradition, *tawba* is not merely an expression of remorse; rather, it denotes a comprehensive process of transformation reflecting an individual's will to reorient their life (al-Ghazālī, 2023, Vol. 7, pp. 19–20). Linguistically, the Arabic term *tawba* means "to return" or "to turn back," and is defined as abandoning what is religiously blameworthy and turning toward what is praiseworthy (Topaloğlu, n.d). When attributed to Allah, *tawba* refers to the acceptance of the servant's repentance and the turning toward them with mercy and grace (al-Zajjāj, as cited in Topaloğlu, n.d.). Thus, the concept encompasses both the servant's return to Allah and Allah's turning toward the servant.

In this respect, *tawba* is regarded as a highly encouraged and virtuous act. The Qur'an repeatedly calls individuals to turn back to Allah with sincere repentance and emphasizes that divine mercy remains accessible even after wrongdoing, even the gravest wrongdoing (Qur'an, 39:53; 66:8). Allah is described as One who accepts repentance and forgives sins (Qur'an, 42:25), and sincere repentance is associated with moral transformation through faith and righteous action (Qur'an, 25:70–71). This perspective is further reinforced in prophetic traditions, which portray repen-

tance as a deeply valued act; it is reported that Allah rejoices in the repentance of His servant and encourages believers to engage in it consistently (Ṣaḥīḥ al-Bukhārī; Ṣaḥīḥ Muslim).

Within the Sufi tradition, *tawba* is regarded as the first spiritual station (*maqām*) on the path of inner transformation (al-Qushayrī, 1980, p. 142). Ṭūsī defines it as turning from what is condemned by revealed knowledge (i.e., the Qur'an and Sunnah) to what is praised (Susi, as cited in Erginli, 2006, p. 1072). Classical sources further identify three primary motivational pathways leading to *tawba*: remorse arising from fear of divine punishment, remorse accompanied by hope for divine reward, and remorse based on a sense of shame before divine awareness (Hujwīrī, 1982). These dimensions indicate that *tawba* is not merely retrospective but also future-oriented, involving the reorganization of intention and direction.

Classical scholarship outlines three core conditions for the validity of *tawba*: experiencing genuine remorse for past actions, abandoning the wrongful behavior, and forming a firm resolve not to return to it (el-Geylānī, 1986). Al-Ghazālī conceptualizes remorse as a central moral-cognitive process rooted in knowledge and volition, emphasizing that it arises from recognizing the harm caused by one's actions and necessarily entails a determination not to repeat them (al-Ghazālī, 2023, Vol. 7). In this sense, remorse is sustained by both cognitive awareness and intentional commitment, forming the core of genuine repentance. In a similar vein, Sahl b. ʿAbd Allāh highlights the transformative dimension of *tawba* by defining it as the replacement of negative character traits with virtuous ones (al-Ghazālī, 2023, Vol. 7).

From a functional perspective, *tawba* exerts a transformative effect on the *nafs* (al-Ghazālī, 2023, Vol. 7, pp. 19–20). Through sincere repentance (*tawba naṣūḥ*), the individual's inclinations are gradually redirected from maladaptive tendencies toward moral refinement, ultimately leading to a state of *itmi'nān*—a deep sense of inner tranquility (Qur'an 66:8; 89:27–28; al-Ghazālī, 2023, Vol. 7, p. 113). Al-Ghazālī further emphasizes that *tawba* is a prerequisite for both spiritual development and the acceptance of acts of worship, noting that sinful behavior darkens the heart and obstructs moral orientation, whereas repentance restores the individual's capacity to turn toward goodness (al-Ghazālī, 2023, Vol. 7, p. 48). Similarly, Nursi (2012) situates *tawba* within a broader dynamic of moral regulation. He suggests that repentance and seeking forgiveness weaken the individual's inclination toward wrongdoing (mayalān al-sharr) while strengthening the orientation toward virtuous action. In this regard, *tawba* and istighfār function as regulatory mechanisms that reduce the internal pressure driving maladaptive tendencies and inhibit their behavioral expression.

While supplication (duʿāʾ) strengthens the inclination toward good, *tawba* operates by constraining pathways that lead to wrongdoing, thereby serving a protective role in the change process (Nursi, 2012).

In summary, *tawba* can be conceptualized as a multidimensional process involving cognitive awareness, emotional engagement, and behavioral commitment. It represents the individual's acknowledgment of responsibility, the experience of sincere remorse, and a deliberate reorientation toward values-based action, accompanied by a firm intention not to return to prior patterns.

Tawba in the Context of the TMTT Model

In the TMTT framework, *tawba* can be defined as turning away from intention and behavior that are maladaptive, morally incongruent, or religiously understood as sinful, seeking forgiveness from Allah, and reorienting oneself toward values-based action. *Tawba* constitutes the third stage of the TMTT (*Tafakkur–Muḥāsaba–Tawba–Tawakkul*) model of change and is conceptualized as the individual's effort to repair the disrupted relationship with Allah resulting from such wrongdoing. In this sense, *tawba* extends beyond a mere experience of remorse; rather, it represents a comprehensive process of transformation in which the individual acknowledges their agency, interrupts their inclination toward wrongdoing, and commits to a process of purification.

In the TMTT framework, the behaviors that become the focus of *tawba* may vary in their nature and perceived significance. These may include (a) maladaptive patterns associated with psychological dysfunction, (b) morally incongruent actions that conflict with the individual's value system, and (c) religiously defined transgressions (i.e., sins) understood within an Islamic framework. While these categories may overlap in practice, distinguishing them conceptually allows for a more precise understanding of the client's experience and helps guide the therapeutic process.

Within the Islamic intellectual tradition, particular caution has been emphasized regarding the misuse of *tawba*. It is explicitly warned that *tawba* should not be reduced to a permissive cycle in which one continues a behavior with the assumption that forgiveness will inevitably follow. As articulated by al-Juwaynī, a defining feature of *tawba* is a genuine sense of regret for the past act and a sincere wish that it had not occurred. In the absence of such regret, or when it weakens over time, the integrity of *tawba* becomes questionable (Bayram, 2021). This concern is also emphasized in the Qur'anic warning: "So do not let Satan deceive you by means of Allah's forgiveness" (Qur'an, Luqmān 31:33). Accordingly, this principle should be carefully considered in the clinical implementation of the *tawba* phase in the TMTT model.

In the TMTT framework, *tawba* represents the transformation of the responsibility and remorse that emerge during the *muḥāsaba* phase into a structured shift in direction. It functions as a process of relational repair, aimed not merely at the avoidance of punishment but at restoring the disrupted relationship between the individual and Allah. In this process, the individual turns toward Allah with the recognition of having failed to fulfill what was required and with the intention of re-establishing alignment.

At the emotional level, *tawba* is associated with the emergence of hope. Through sincere turning, the individual disengages from despair and acknowledges the possibility of forgiveness, giving rise to both hope and humility as complementary affective states.

At the behavioral level, *tawba* mobilizes the individual toward righteous action (*ṣāliḥ ʿamal*).[2] Rather than remaining fixated on past mistakes, the individual orients toward future-directed action by engaging with the question, "What can I do now?"

[2] *Ṣāliḥ ʿamal* (righteous action) refers to actions grounded in faith (*īmān*), aligned with divine guidance, and oriented toward individual and social benefit (Abd Rahman et al., 2022; Sukino, 2023). For believers, behaviors across all domains of value may be understood as forms of righteous actions (*ṣāliḥ ʿamal*).

In this respect, *tawba* entails not only cessation but also the construction of value-consistent behavioral patterns.

Finally, *tawba* is not a discrete act but an ongoing process of purification and self-regulation. It is maintained not only in response to overt transgressions but also in relation to more subtle deficiencies in intention. As such, it functions as a continuous mechanism of awareness and moral recalibration.

In summary, *tawba* is a multidimensional process through which the individual acknowledges responsibility, regulates their inclination toward wrongdoing, turns toward divine mercy with hope, and translates this process into values-based action.

Comparison with Related Concepts in Modern Psychology and Psychotherapy

The concept of *tawba* shares certain similarities in content and function with various constructs in modern psychology and psychotherapy literature. Notably, the concepts of *repentance*, *forgiveness* and *divine forgiveness* stand out as related constructs in this context.

Divine forgiveness refers to the subjective experience of being forgiven by a Higher Power or Supreme Being (e.g., God, Allah) (Fincham, 2022). This experience is typically conceptualized as a multi-stage process involving cognitive, emotional, and behavioral components—such as acknowledging one's sinfulness, feeling remorse, seeking forgiveness from God, and experiencing the relief that comes from feeling forgiven (Fincham & May, 2023). Numerous studies have found *divine forgiveness* to be positively associated with psychological well-being; it has been linked particularly to reductions in negative emotions such as depression, anxiety, guilt, and anger, as well as to increased life satisfaction (Fincham, 2026; Fincham & May, 2024; Long et al., 2020). However, several factors significantly shape the strength and impact of the divine forgiveness experience, including perceptions of God (e.g., compassionate vs. punitive) (Fincham & Maranges, 2025), beliefs about whether forgiveness is conditional (Fincham, 2025), and beliefs about divine intervention in the world (Fincham, 2026 ; Upenieks, 2021). *Divine forgiveness* is regarded as a powerful spiritual resource that facilitates the restoration of one's relationship both with God and with oneself.

Repentance is not merely an emotional expression of remorse, but rather a multidimensional process of transformation (Otu Abban, 2024). This process encompasses psychological, moral, and spiritual dimensions, involving recognition of past wrongdoings, sincere remorse, intentional efforts to avoid repeating such behaviors, and a tendency toward behavioral restitution (Saucer, 1991).

In the context of religious traditions, practices such as *teshuvah* (return) in Judaism, *conversion* (repentance, restitution, and renewal) in Christianity, and *tawba* in Islam have been described as parallel structures through which individuals confront their wrongful attitudes and behaviors to achieve moral transformation (Otu Abban, 2024; Rabinowitz, 2004; Uyun et al., 2019). Each of these practices is noteworthy in that they aim not only to restructure the individual's relationship with themselves but also with a transcendent being.

In the mainstream therapy literature, several constructs partially parallel to *repentance* include *self-forgiveness*, *moral repair*, *self-reappraisal*, and *restitution* (Witvliet et al., 2011; Fincham & May, 2023). These concepts generally focus on regulating moral burden and feelings of guilt, aiming to help individuals evaluate their past actions in ways that preserve self-esteem and foster social reconciliation. However, while such constructs often prioritize psychological balance and social harmony, the concept of *tawba* is framed as a multilayered inner orientation that primarily emphasizes self-transformation in the context of one's relationship with Allah.

In conclusion, while these concepts in modern psychology and psychotherapy reflect certain aspects of *tawba*, they do not fully align with the profound transformation and sense of responsibility that *tawba* entails—grounded as it is in a divine connection and the consciousness of servitude.

Comparison with Related Concepts in Cognitive Behavioral Therapy

Tawba as Moral Repair Through Divine Forgiveness In the TMTT framework, *tawba* refers to a structured process through which the client recognizes past behaviors and choices, assumes responsibility, transforms remorse into constructive motivation for change, and formulates future intentions and action plans aligned with values. In this respect, *tawba* shares certain functional similarities with CBT, particularly in addressing guilt and initiating behavioral change.

CBT typically conceptualizes guilt in terms of excessive responsibility, retrospective cognitive distortions, and dysfunctional beliefs associated with maladaptive forms of moral rigidity (Beck, 1976; Beck et al., 1979). In clinical practice, automatic thoughts such as "I should have," "I could have prevented it," or "It was entirely my fault" are examined through cognitive restructuring (Kubany & Watson, 2003). When perceived guilt is realistic, steps such as apology, reparation, and behavioral modification are encouraged; when it is distorted, the focus shifts to identifying and correcting maladaptive evaluative processes. Accordingly, guilt is understood primarily as an outcome of cognitive appraisal processes rather than as a direct indicator of moral truth (Kubany & Watson, 2003).

Another area of partial overlap with *tawba* is self-compassion. Self-compassion interventions emphasize the acceptance of human fallibility and the cultivation of a kind and understanding attitude toward oneself (Jacinto & Edwards, 2011; Neff, 2011). While this approach, like *tawba*, may support responsibility-taking and change motivation, the two diverge in their regulatory mechanisms. In self-compassion, regulation occurs through changes in self-related appraisal and the cultivation of a more compassionate self-attitude. In *tawba*, however, the individual turns toward and seeks forgiveness from a Creator believed to be merciful and forgiving while acknowledging responsibility. Thus, the regulatory process extends beyond intrapsychic reinterpretation to include orientation toward a transcendent source of mercy. In this sense, although *tawba* resembles self-compassion in its regulatory function (Neff, 2003), it rests not on self-directed kindness but on trust in divine mercy. Such trust provides a secure foundation for engaging in moral self-reckoning (*muḥāsaba*)

through a balance of responsibility and hope rather than destructive guilt. *Tawba* further restores hope in the face of the perceived irreversibility of guilt (Krause & Ellison, 2003).

Empirical Foundations and Converging Evidence for Tawba

Although *tawba* has not been systematically examined as a standalone clinical construct in mainstream psychotherapy research, several empirical findings point to mechanisms conceptually related to *tawba* such as repentance, guilt regulation, and perceived divine forgiveness. Şenel (1998) demonstrated that high school students experienced the concept of sin not merely as a theological category but as a cognitively, emotionally, and morally integrated experience. In a large sample of university students, Watson et al. (1989) found a positive association between feelings of sinfulness and depression, while also suggesting that belief in divine forgiveness may function as a regulatory buffer against excessive guilt. Similarly, Krause and Ellison (2003), in a longitudinal study with older adults, reported that belief in being forgiven by God was associated with higher psychological well-being and a greater tendency to forgive others.

In therapeutic contexts, repentance-oriented interventions have been examined in limited but noteworthy studies. Hamdan (2007) reported that integrating *tawba* into cognitive interventions was associated with reductions in depressive symptoms and guilt among religious clients. Relatedly, repentance has been discussed as a mechanism facilitating emotional repair and inner peace (Karakaş & Geçimli, 2017), and religious coping research suggests that devout individuals may turn to repentance as a strategy for managing guilt (Al-Nuaimi & Qoronfleh, 2020; Bahari, 2020). In psychotherapy literature more broadly, processes involving forgiveness and spiritual reconciliation have been associated with reductions in guilt and improved psychological adjustment (Witvliet et al., 2011). Taken together, these findings do not constitute a comprehensive evidence base for *tawba*; however, they offer preliminary empirical signals supporting its psychological plausibility.

Clinical Implementation of Tawba in the TMTT Framework

In clinical practice, the *tawba* phase is typically implemented in two steps.

Step 1: Psychoeducation on Tawba At the initial stage, the client is provided with psychoeducation on the meaning and significance of *tawba*. Within an Islamic framework, the virtue of seeking forgiveness after wrongdoing is introduced through relevant references from the Qur'an, hadith, and classical scholars. The aim is to help the client understand *tawba* not merely as an emotional reaction to wrongdoing, but as a meaningful process of return and realignment.

Step 2: Personalization and Commitment In the second stage, the therapist and client collaboratively explore how *tawba* can be enacted in relation to the client's specific behavior. This includes identifying what it would mean, in concrete terms, to turn away from the relevant intention and behavior. A corresponding homework task is

then planned. In addition, the client is encouraged to reflect on alternative ways of acting, in preparation for the subsequent *tawakkul* phase.

A critical point at this stage is that *tawba* is not conceptualized as a cathartic act of simply expressing one's wrongdoing to Allah. Rather, it involves the emergence of a clear and firm intention not to repeat the pattern that sustains the problem. This commitment is based on the preparatory work undertaken in the early stages of the model: through *tafakkur*, the client recognizes the harmful consequences of the intention and behavior, and through *muḥāsaba*, takes responsibility for them. Thus, *tawba* reflects a transition from awareness and accountability to a decisive shift in direction.

At this stage, it is also emphasized that while the individual cannot have certainty about being forgiven by Allah, seeking forgiveness and orienting oneself toward what is right sustain a enduring sense of hope and support motivation for change. In this sense, *tawba* is not contingent on certainty of outcome, but on maintaining a sincere orientation toward return, which in itself becomes a source of psychological and spiritual strength.

Tawakkul

Tawakkul (reliance on Allah) in the Islamic Intellectual Tradition

The concept of *tawakkul* is derived from the Arabic root *w-k-l*, which denotes "to entrust" or "to place one's trust in Allah." In its terminological sense, it refers to entrusting one's affairs to Allah, recognizing Him as the ultimate guarantor of outcomes, and relying exclusively upon Him (Çağrıcı, n.d.). Within the Qur'anic framework, *tawakkul* is intrinsically linked to faith, and it is emphasized that those who rely upon Allah attain sufficiency and success (Āl ʿImrān 3:159; Ṭalāq 65:3).

Classical scholars conceptualize *tawakkul* as a form of inner reliance that does not negate engagement with causes (al-Ghazālī, 2023, Vol. 7; Ibn Taymiyya, 2000). Ibn Taymiyya defines it as "the heart's exclusive reliance upon Allah," while explicitly affirming that taking necessary means and acting in accordance with worldy causality remains essential (Çağrıcı, n.d.). Similarly, although Sufi literature sometimes employs the metaphor of "a corpse in the hands of its washer" to illustrate complete submission, al-Ghazālī reinterprets this metaphor by emphasizing that it does not imply passivity or withdrawal from effort. Rather, it reflects a conscious awareness of divine agency operating beyond apparent causes, while maintaining active engagement with those causes. Accordingly, neglecting effort and attributing outcomes solely to secondary causes is regarded as both epistemologically and religiously inadequate (al-Ghazālī, 2023, Vol. 7). Bediüzzaman Said Nursi further articulates this balance through a clear distinction between effort and outcome: delegating responsibility at the stage of effort reflects passivity, whereas *tawakkul* properly concerns trust in Allah regarding the outcome. Engaging with causes is understood as a form of action-based supplication (*duʿāʾ fiʿlī*), while outcomes are attributed solely to divine will (Nursi, 2012). In this respect, *tawakkul* does not entail rejecting causality but reframing it—viewing causes as means through which divine power is manifested, rather than as independent determinants.

From a functional perspective, *tawakkul* enables the individual to attain psychological equilibrium in relation to uncertainty, uncontrollability, and outcomes. It facilitates acceptance of what cannot be changed while preserving active engagement in domains where personal agency remains relevant. Ibn ʿArabī conceptualizes *tawakkul* as a state in which the individual no longer experiences persistent distress over unattained outcomes, indicating a shift from outcome-dependence to reliance-based stability (Muḥāsibī, 2014).

Importantly, *tawakkul* encompasses both the initiation and the aftermath of action: it involves seeking divine assistance when engaging in effort and entrusting the result thereafter (Aydın, 2008). As emphasized by Ḥārith al-Muḥāsibī, authentic reliance requires acknowledging both causes and outcomes; denying causality undermines the very coherence of *tawakkul*. Indeed, *tawakkul* itself may be understood as a causally significant orientation—analogous to supplication—that contributes to the realization of outcomes while grounding the individual in a stable and trust-based relationship with uncertainty (Muḥāsibī, 2014, p. 318).

In summary, *tawakkul* reflects a dynamic integration of trust and agency: it entails relinquishing control over outcomes while sustaining effort in the domain of human responsibility. As such, it functions not as passive resignation but as an active, intentional, and stabilizing orientation toward uncertainty, enabling the individual to engage with life without becoming entangled in maladaptive cycles such as rumination, excessive guilt, or outcome-dependent distress.

Tawakkul in the Context of the TMTT Model

Tawakkul constitutes the fourth and final stage of the TMTT model. This stage may be conceptualized as the phase in which the awareness, evaluative processes, and directional shifts established in earlier stages are consolidated at both cognitive and behavioral levels. At its most fundamental level, *tawakkul* refers to the volitional capacity to engage in righteous action (*ṣāliḥ ʿamal*) and values-based action for the sake of Allah, despite the pressures of internal and external stimulus and the presence of uncertainty.

Tawakkul does not denote passive acceptance; rather, it reflects sustained engagement under conditions of internal tension. The individual continues to act in accordance with what is right without yielding to internal pressures such as desires, impulses, or baseless cognitive processes. In this respect, *tawakkul* represents the capacity to maintain values-based action despite both internal and external constraints.

This process often culminates in trust. Importantly, this state does not serve as a prerequisite for action. Conceptual accounts consistently emphasize that expecting emotional relief prior to engagement reflects a misinterpretation; rather, *iṭmi'nān* emerges through or following action.

A central dimension of *tawakkul* involves the capacity to tolerate uncertainty. The individual engages with the uncontrollable and unpredictable aspects of life through a balance of *khawf* (fear) and *rajāʾ* (hope), anchored in trust in divine mercy. This orientation contributes to increased distress tolerance and enhances the individual's capacity to endure uncertainty without disengagement.

In addition, *tawakkul* facilitates the establishment of reflective distance from internal experiences. This distancing enables the observation of thoughts and emotions without immediate reactivity, allowing them to be interpreted within a broader framework of meaning and wisdom. Consequently, the individual shifts from immersion in experiential cycles to a position from which these processes can be recognized and modulated.

In the TMTT model, a central objective of the *tawakkul* stage is the transformation of intentions—purified through *tawba*—into consistent righteous action. This involves the sustained enactment of behaviors aligned with the individual's aspired character. In this context, righteous action may take both contextual and general forms: contextual righteous actions refer to values-based action enacted in response to the individual's specific psychological and situational challenges, whereas general righteous actions denote religiously established practices such as prayer and charity. This stage further encompasses acceptance and endurance. The individual acknowledges past experiences and present conditions as part of a test; however, such acceptance does not imply endorsement or justification of what has occurred. Rather, it entails recognizing reality as it is and orienting one's response in accordance with divine pleasure.

In summary, *tawakkul* functions as a dynamic regulatory process that strengthens the inclination toward the good, protects against patterns of victimhood and helplessness, and fosters a belief in change grounded in trust in divine mercy. Through this orientation, the individual assumes responsibility and engages in action, thereby achieving the cognitive, emotional and behavioral integration of processes cultivated across earlier stages of the TMTT model.

Comparison with Related Concepts in Modern Psychology and Psychotherapy

In modern psychology and psychotherapy literature, there are several concepts that partially resemble the notion of *tawakkul*. Among these, *spiritual surrender* (Shannonhouse et al., 2024) and *faith-based coping* (Bano et al., 2025) stand out, as both involve elements of surrender to a divine power, trust, and relinquishing the outcome to Allah. However, *spiritual surrender* tends to define submission at an emotional level, while *faith-based coping* often foreground *tawakkul*'s stress-regulatory role (Shannonhouse et al., 2024; Bano et al., 2025). Other relevant concepts—such as *acceptance* (Williams & Lynn, 2010; Wojnarowska et al., 2020), *resilience* (Aburn et al., 2016), *self-efficacy* (Waddington, 2023), *hope* (Irving et al., 2004; Kinghorn, 2013), *optimism* (Heinonen et al., 2017), *mindfulness* (Roemer et al., 2015), *locus of control* (Foon, 1987; Jackson & Coursey, 1988), *trust* (Greben, 1984), and *religious coping* (Ano & Vasconcelles, 2005)—generally refer to processes that are operationalized through one's own strength, efforts, and individual psychological resources.

However, *tawakkul* differs from these approaches in that it is not reducible to a form of acceptance or a strategy for psychological relief. Rather, *tawakkul* refers to the act of entrusting the outcome entirely to Allah with full trust and submission—after exerting one's utmost effort—while maintaining a strong faith and enduring hope that no sincere effort will go unrewarded by Him (Aydın, 2008).

In this respect, *tawakkul* differs from surrender- and acceptance-based approaches in psychotherapy, as it represents a multilayered spiritual attitude that entails both taking active responsibility and attaining inner peace by attributing outcomes to divine wisdom and mercy.

Comparison with Related Concepts in Cognitive Behavioral Therapy

Tawakkul as Divine Trust Sustaining Righteous Action In the TMTT framework, *tawakkul* refers to acting through reliance and trust in Allah, constituting the sustaining dimension of the change process. In this respect, it demonstrates functional similarities to constructs addressed in cognitive-behavioral approaches, such as trust, reliance on God, and- particularly in ACT- acceptance, values-based action and commitment (Hayes & Wilson, 1994).

In the RCBT literature, *tawakkul* is described as central to coping insofar as it redirects the individual from self-centered distress toward a higher, divine purpose (Khan et al., 2025). Similarly, it has been characterized as a core value (Ariff & binti Syed, 2025).

In CBT, trust is conceptualized as a cognitive-relational structure encompassing the individual's beliefs about the therapeutic relationship and the possibility of change (Kazantzis & Dobson, 2022). However, in TMTT, *tawakkul* extends beyond trust or a coping strategy. In Islam, actions described as *ṣāliḥ ʿamal* (righteous deeds) are understood as behaviors oriented toward divine approval (Kurt, 2006), and *tawakkul* emphasizes sustaining such actions through trust in Allah. In this sense, action is grounded in a transcendent reference point. While ACT defines values-based action as behavior aligned with personally chosen values (Hayes et al., 1999; Wilson & DuFrene, 2009), in *tawakkul* behavioral orientation is anchored in divine principles rather than individually constructed value systems. Similarly, although behavioral activation in CBT may support actions consistent with personal values (Martell et al., 2010), the ultimate orientation of *tawakkul* is the pursuit of divine pleasure. Thus, while functional parallels exist, the ontological and normative foundations differ.

In TMTT, *tawakkul* functions as a sustaining component that complements the processes of reflection (*tafakkur*), self-reckoning (*muḥāsaba*), and repentance (*tawba*). The courage to engage in newly chosen behaviors despite the pressure of established dysfunctional patterns rests on trust in Allah. In this respect, it demonstrates a functional parallel with acceptance and commitment concepts in ACT (Hayes et al., 1999). In ACT and CBT contexts, acceptance aims to reduce dysfunctional control efforts toward uncontrollable internal experiences and to sustain values-based action within controllable domains (Dugas et al., 2001; Hayes et al., 2006, 2012; Ladouceur et al., 2000). Nevertheless, *tawakkul* is not limited to tolerance of uncertainty or acceptance; it encompasses trust in divine wisdom, hope, and refuge (Çağrıcı, n.d.). Accordingly, *tawakkul* provides a comprehensive orientation that sustains a sense of security both in lived experiences and in continued effort (Karataş & Baloğlu, 2019; Şahin & Hökelekli, 2019).

Empirical Foundations and Converging Evidence for Tawakkul

Empirical findings suggest that *tawakkul* has been associated with reduced anxiety, increased psychological resilience, and greater subjective well-being among religious individuals (Şahin & Hökelekli, 2019). Rather than representing passive fatalism, contemporary research conceptualizes *tawakkul* as an active coping orientation in which individuals sustain effort within their sphere of responsibility while entrusting uncontrollable outcomes to Allah (Khan et al., 2025). In this context, research on epistemic trust suggests that the capacity to regard information from others as reliable and personally meaningful directly influences the effectiveness of cognitive restructuring and behavioral change processes (Fonagy et al., 2019; Flückiger et al., 2018). From this perspective, *tawakkul* may also support therapeutic change by facilitating a relational and meaning-oriented stance characterized by trust, openness, and sustained engagement despite uncertainty. This active form of reliance has been associated with improved psychological adjustment and spiritual well-being (Pargament, 2011; Wilt et al., 2019; Pearce et al., 2022), and is conceptually aligned with processes related to psychological flexibility described in contextual behavioral models (Hayes et al., 2012).

In related psychological literature, mechanisms structurally parallel to *tawakkul* have demonstrated empirical efficacy. Acceptance-based interventions within transdiagnostic CBT protocols significantly reduce anxiety and depressive symptoms by increasing tolerance for uncontrollable internal experiences and decreasing avoidance (Farchione et al., 2012; Bullis et al., 2015, 2023). Similarly, epistemic trust has been shown to facilitate therapeutic change by enhancing openness to corrective information and supporting behavioral adaptation (Fonagy et al., 2019; Flückiger et al., 2018). In religious coping research, collaborative reliance on God is associated with lower depressive symptoms, reduced hopelessness, greater meaning-making, and improved psychological adjustment (Pargament, 2011; Koenig, 2018; Wilt et al., 2019; Pearce et al., 2022).

Importantly, the literature distinguishes collaborative religious coping from deferring coping, the latter being associated with passivity and externalized responsibility. The active, responsibility-preserving form of reliance corresponds more closely to the conceptualization of *tawakkul* in TMTT. Accordingly, while *tawakkul* as operationalized in TMTT has not yet been directly examined in controlled trials, converging empirical evidence from adjacent constructs provides indirect support for the psychological coherence and functional viability of its core mechanisms.

Clinical Implementation of Tawakkul

The *tawakkul* phase operationalizes the transition from intention to sustained action in the TMTT framework, focusing on the maintenance of value-based behavior under conditions of uncertainty, internal resistance, external obstacles and fluctuating emotional states.

Step 1: Clarifying Value-Consistent Intention and Action In the *tawakkul* phase, value-consistent intentions and behaviors (contextual and general righteous actions)

are identified or consolidated. While these may emerge in earlier stages, they are refined and made explicit at this stage. The therapist may facilitate this process through guiding questions such as:

- What would a person you deeply respect do in this situation?
- If you were to imagine consulting the Prophet (peace be upon him), what guidance might be sought?
- Which course of action would lead to a sense of integrity or ease in the long term?
- What advice would you offer to a close friend facing the same difficulty?

Step 2: Anticipating Internal Resistance and External Obstacles The client is prepared for potential challenges that may arise when implementing new behaviors. These may include increased anxiety, heightened rumination, intrusive thoughts, and external obstacles. Such responses are normalized as expected aspects of the change process.

Step 3: Distress Tolerance and Behavioral Commitment A central function of *tawakkul* is the capacity to act in accordance with values despite internal resistance and external obstacles. In this sense, *tawakkul* involves developing tolerance for distress. As the client continues to engage in value-consistent action despite these challenges, their capacity for distress tolerance increases.

Step 4: Tolerance of Uncertainty and Outcome Non-Attachment Clients are encouraged to act based on principles rather than anticipated outcomes. The emphasis is placed on sustaining behavior in alignment with what is perceived as right, rather than acting in order to control results. Over time, this orientation fosters greater tolerance of uncertainty and reduces outcome-dependent distress. *Tawakkul* is thus conceptualized as the capacity to persist in action rooted in trust in Allah, despite internal resistance and external obstacles.

Step 5: Supporting Action through Gratitude and Spiritual Practices The enactment of value-consistent behavior is supported through practices such as *duʿāʾ* and gratitude. These are not substitutes for action but serve as complementary resources that sustain motivation, emotional regulation, and perseverance. Clients are encouraged to shift their focus from perceived inadequacies in their actions (e.g., "I gave charity, but it was not enough") toward gratitude following action, thereby reinforcing continued engagement rather than self-critical evaluation.

Step 6: Emergence of Iṭmi'nān (Inner Tranquility) Over time, sustained engagement in value-consistent action is expected to give rise to *iṭmi'nān* (inner tranquility). The therapist emphasizes that this state emerges as a consequence of action, rather than as a prerequisite, thereby supporting the client's shift from emotion-driven to value-driven functioning.

Session-Level Application of the TMTT Model

The TMTT model consists of four interrelated components—*tafakkur*, *muḥāsaba*, *tawba*, and *tawakkul*—derived from the Islamic intellectual tradition and reinterpreted within a psychotherapeutic framework. While these concepts may be familiar to clients, they are used in therapy beyond their everyday meanings, grounded in their original theological context and their functional role in psychological change. At the outset of therapy, the model and its components are introduced through structured psychoeducation, with explanations tailored to the client's level of readiness and understanding.

Therapeutic work begins with *tafakkur*, which unfolds in two levels. At the first level, the client's presenting problem is examined in terms of its cognitive and behavioral patterns. Through this process, attention is drawn to long-term emotional outcomes—such as regret, guilt, and dissatisfaction—which serve as indicators of underlying values. At the second level, the therapist facilitates reflection on the potential divine meaning of the problem. At this stage, the aim is not to reach definitive conclusions about this meaning, but to initiate a process of reflective engagement.

The process then transitions to *muḥāsaba*, where the focus shifts to the relationship between values, intentions, and behavior. The therapist guides the client in evaluating whether their actions are aligned with their values. Emotions such as guilt, regret or dissatisfaction are reframed as signals of value incongruence rather than as purely negative states. The primary aim of this stage is to help the client recognize these discrepancies and assume responsibility for their actions, thereby facilitating a shift from a passive or victim-oriented stance toward greater agency. At the same time, this phase involves confronting personal shortcomings and may increase the risk of hopelessness, making the subsequent *tawba* phase particularly important.

In the *tawba* phase, the therapeutic focus shifts toward transformation and hope. The client is supported in moving away from fixed beliefs such as "nothing can change" toward the understanding that change remains possible through sincere effort. *Tawba* is conceptualized as a process that enables the individual to sustain both responsibility and hope. A central emphasis is that while *muḥāsaba* is necessary for growth, *tawba* is necessary for bearing the emotional weight of that self-reckoning. Thus, *tawba* allows the client to maintain engagement with change without collapsing into despair. The meaning and function of *tawba* are explained through both Islamic and psychological perspectives.

Finally, the *tawakkul* phase focuses on the implementation and maintenance of value-consistent behavior. Clients are guided to replace patterns that are incongruent with their values with value-consistent alternatives, and to sustain these behaviors despite internal resistance and external obstacles. The therapist explicitly prepares the client for the likelihood of short-term discomfort following behavioral change, contrasting this with the long-term reduction of regret and the emergence of emotional states such as trust, a sense of safety, and *itmiʾnān* (inner tranquility). This process is framed as the capacity to persist in action despite difficulty, sustained by trust in Allah.

The overall structure and rationale of the TMTT model are typically introduced during the initial session, while subsequent sessions involve the progressive deepening and application of each component in relation to the client's presenting concerns.

Limitations, Challenges, and Future Directions of the TMTT Model

Limitations

Several limitations and challenges of the present work should be acknowledged.

First, the TMTT model is currently in an early stage of development and is primarily based on theoretical integration and clinical observations rather than systematic empirical validation. Accordingly, the proposed structure should be interpreted as a preliminary and evolving framework. The current formulation is not intended to establish comparative efficacy with existing approaches such as Religiously Integrated Cognitive Behavioral Therapy (RCBT). While direct comparisons between TMTT and RCBT represent an important avenue for future research, such investigations would be premature at this stage. The primary aim of the present work is to examine the conceptual coherence and clinical appropriateness of the model.

Second, a fully standardized treatment manual has not been provided at this stage. This is a deliberate methodological choice aimed at preserving conceptual flexibility and avoiding premature standardization before sufficient empirical and clinical evidence has been accumulated. This approach is consistent with stage-based models of intervention development, which emphasize iterative refinement prior to full manualization and large-scale testing (Onken et al., 2014). While such an approach allows for adaptive development, it may limit immediate replicability and consistency across practitioners. Relatedly, the current formulation does not yet include standardized measures or clearly defined fidelity criteria specific to the TMTT model, which constrains the systematic evaluation of treatment processes and outcomes.

Third, although the model is conceptually anchored in the Islamic intellectual tradition, its applicability across non-Islamic or broader religious contexts remains to be examined. While certain procedural elements may be transferable, differences in theological frameworks and meaning systems may influence how the model is understood and implemented.

Fourth, even among Muslim populations, the application of the model may vary across cultural contexts and individual differences (Rothman & Coyle, 2018). Variations in religious interpretation, cultural practices, personal belief systems, and levels of religious engagement may influence how the model is experienced and integrated in clinical settings.

Challenges

A central practical question concerns whether TMTT can be implemented by therapists who do not have an Islamic or spiritual background. Existing literature consistently emphasizes that effective religiously integrated psychotherapy does not require therapists to share the client's religious identity, but rather to demonstrate religious

and spiritual competence, respect, and boundary awareness (Hefti, 2011; Oxhandler & Parrish, 2018; Lin et al., 2026). In this context, TMTT may be applied by therapists from non-Islamic or non-spiritual backgrounds when supported by structured treatment protocols, appropriate training, and ongoing supervision. Crucially, the model does not position the therapist as a religious authority. Maintaining clear professional boundaries is essential to prevent the conflation of psychotherapy with religious adjudication or doctrinal guidance. When religious questions extend beyond the therapist's competence, consultation or referral to qualified religious authorities is recommended (Cucchi, 2022; Hefti, 2011; Stanford et al., 2023).

Another important consideration concerns the linguistic and conceptual accessibility of the model. In particular, it may be questioned whether the use of these concepts could pose a barrier for therapists and clients who are not familiar with them. TMTT intentionally employs classical Islamic concepts in their original form, as these terms reflect the religious vocabulary and experiential framework through which many Muslim clients understand their difficulties. However, the degree to which these concepts are experienced as familiar, meaningful, or clinically accessible may vary across individuals depending on factors such as religious background, cultural context, personal belief systems, and levels of engagement with Islamic traditions (Rothman & Coyle, 2018; Rassool, 2015). For individuals from non-Muslim or less religious backgrounds, the core psychological themes may still be understandable and applicable; however, fuller engagement with the concepts may benefit from familiarity with their broader meanings within the Islamic intellectual tradition.

Preliminary clinical observations, derived from early-stage applications of the model and structured therapist feedback, suggest both strengths and challenges related to implementation. In particular, the use of classical Islamic concepts in their original form appears to facilitate value clarification, enhance authenticity, and support the development of a shared therapeutic language. At the same time, these observations indicate that therapists may experience difficulties in establishing clinically meaningful links between abstract religious concepts and clients' concrete cognitive, emotional, and behavioral processes. When insufficiently operationalized, these concepts risk remaining at a descriptive level without producing therapeutic change.

Future Directions

Future research on the TMTT model is expected to progress in a staged manner, consistent with early-phase behavioral intervention development frameworks (Onken et al., 2014). At the initial stage, research will focus on model refinement through single-case applications, case series, and pilot studies. These studies are intended to clarify the functional role of each component, refine transition indicators across stages, and identify clinically meaningful intervention strategies, thereby informing the iterative development of a structured yet flexible treatment manual.

Subsequent stages will involve the development of standardized measurement tools specific to TMTT processes, enabling the systematic assessment of its core components and therapeutic mechanisms. In parallel, studies examining the model across different psychological difficulties and psychopathological conditions will be essential to determine its scope of applicability and clinical relevance.

At more advanced stages, controlled trials will be required to evaluate the efficacy and distinct contributions of TMTT-based interventions. In particular, randomized controlled trials comparing TMTT with standard CBT and Religiously Integrated Cognitive Behavioral Therapy (RCBT) may provide important evidence regarding its added value. In addition to outcome-focused research, process-oriented studies will be needed to clarify the mechanisms through which TMTT operates, particularly in relation to meaning-making, moral evaluation, and behavioral change.

Furthermore, future research should examine the boundary conditions of the model, including for which populations it is most suitable for, under what clinical conditions it is most effective, and the extent to which therapist background, training, and religious or cultural competence influence its implementation. Such investigations will be critical for determining the generalizability, limitations, and optimal use contexts of the TMTT model.

In addition, clarifying the theoretical positioning of TMTT within and beyond CBT constitutes an important direction for future research. Although TMTT has been described as an integrative model in CBT, clinical application suggests a more nuanced relationship. Rather than simply integrating TMTT into CBT, therapeutic practice often involves adapting CBT techniques to the TMTT framework. In this sense, TMTT functions not only as a CBT-compatible model but as a broader change framework that may be integrated with various psycho-ontological orientations. Accordingly, future research may explore the application of TMTT across different psycho-ontological frameworks to examine its flexibility, coherence, and clinical utility beyond CBT-based interventions.

Conclusion

This article introduced the TMTT model as a conceptually grounded and structurally organized framework for religiously integrated psychotherapy. By structuring therapeutic change through the sequential processes of *tafakkur*, *muḥāsaba*, *tawba*, and *tawakkul*, the model demonstrates that religious concepts can function not only as therapeutic content but as organizing principles that shape the direction, structure, and motivational logic of psychotherapy.

In doing so, the model moves beyond approaches that incorporate religion primarily at the level of techniques or supportive meaning, and instead proposes a form of integration in which religiously grounded concepts inform the architecture of change itself. This shift allows cognitive, emotional, behavioral, and moral processes to be addressed within a unified framework, linking psychological functioning with moral accountability and a reorientation of one's sense of meaning.

At the same time, TMTT remains compatible with the core processes of Cognitive Behavioral Therapy (CBT), enabling its integration into established clinical practices while extending the scope of intervention to include morally and spiritually informed dimensions of change.

Taken together, the TMTT model offers a preliminary but theoretically coherent proposal for understanding how religious traditions may inform not only the content but also the structure of therapeutic processes. However, as a developing model, its

conceptual strengths must be considered alongside important questions regarding its empirical grounding, clinical applicability, and practical implementation.

At its current stage, the TMTT model should be understood as a developing clinical framework rather than a fully standardized intervention protocol. This positioning reflects a deliberate effort to preserve conceptual flexibility while the model is refined through ongoing clinical applications and empirical investigations. Future work will be essential to further operationalize the model, including the development of structured treatment guidelines and the systematic evaluation of its clinical effectiveness.

Given these constraints, TMTT represents a promising conceptual step toward a more structurally integrated approach to religiously integrated psychotherapy, offering a framework that may contribute to ongoing efforts to bridge psychological science and the Islamic intellectual tradition in a clinically meaningful way.

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Declarations

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Authors and Affiliations

Taha Burak Toprak[1,2] · **Hatice Rumeysa Işık**[1,2]

✉ Taha Burak Toprak
tahaburaktoprak@gmail.com

Hatice Rumeysa Işık
haticerumeysamese@gmail.com

[1] Department of Psychology, Ibn Haldun University, Istanbul, Turkey

[2] Association for Psychology and Psychotherapy Research, Istanbul, Turkey