

DEVELOPING AN ISLAMIC PSYCHOSPIRITUAL MENTAL HEALTH MODEL USING NOMINAL GROUP TECHNIQUE (NGT).

Rogayah binti Mohd Zain^{1*}

Nazri bin Mat Zin²

Noraini binti Junoh³

Ramlan bin Mustapha⁴

Yuslina binti Yusoff⁵

Nur Shaliza Sapiai⁶

Norazmila binti Yusuf⁷

¹ Akademi Pengajian Islam Kontemporari, UiTM Kampus Kota Bharu, Cawangan Kelantan.

(E-mail: 2024861492@student.uitm.edu.my)

² Akademi Pengajian Islam Kontemporari, UiTM Kampus Machang, Cawangan Kelantan

(E-mail: nazri743@uitm.edu.my)

³ Akademi Pengajian Islam Kontemporari, UiTM Kampus Machang, Cawangan Kelantan.

(E-mail: norainijunoh@uitm.edu.my)

⁴ Akademi pengajian Islam Kontemporari, UiTM Pahang, Kampus Raub

(E-mail: ramlan@uitm.edu.my)

⁵ Fakulti Pengurusan dan Perniagaan,UiTM Kampus Machang, Cawangan Kelantan

(E-mail: yuslinayusoff@uitm.edu.my)

⁶ Fakulti Sains Maklumat UiTM Kampus Machang, Cawangan Kelantan.

(E-mail: nurshaliza@uitm.edu.my)

⁷ Akademi Pengajian Islam Kontemporari, UiTM Kampus Machang, Cawangan Kelantan.

(E-mail: norazmila@uitm.edu.my)

*Corresponding author: 2024861492@student.uitm.edu.my

Article history

Received date : 22-11-2025

Revised date : 23-11-2025

Accepted date : 28-12-2025

Published date : 15-1-2026

To cite this document:

Mohd Zain, R., Mat Zin, N., Junoh, N., Mustapha, R., Yusoff, Y., Sapiai, N. S., & Yusuf, N. (2026). Developing an Islamic psychospiritual mental health model using Nominal Group Technique (NGT). *Journal of Islamic, Social, Economics and Development (JISED)*, 11 (80), 212 – 225.

Abstract: The COVID-19 pandemic has caused a global mental health crisis, requiring culturally appropriate therapeutic interventions. Islamic psychospiritual approaches offer promising frameworks to address mental health challenges within Muslim communities. This study aims to evaluate the suitability of ten Islamic psychospiritual intervention components for supporting mental wellbeing through an expert consensus process using the Nominal Group Technique (NGT). A Nominal Group Technique was employed with [N=XX] experts in Islamic psychology, counseling, and mental health. Participants independently rated ten items/elements of psychospiritual intervention components on a suitability scale. The components includes dhikr (remembrance), muraqabah (mindfulness), tafakkur (contemplation), Quranic therapy, nafs management, and integrated Islamic counseling approaches. Analysis revealed that majority of the interventions achieved high suitability scores (86.67%-100%), indicating strong expert consensus on psychospiritual approaches. The highest-rated components were: Living Practice of Dhikr and Prayer, Tafakkur Training, Muraqabah as Islamic Mindfulness, Quranic Recitation Therapy, and Structured Prayer, with scores of [specific percentages]. These

findings demonstrate expert preference for techniques integrating neurophysiological calmness with spiritual stability. Islamic psychospiritual interventions offer a holistic and culturally congruent framework for mental health promotion among Muslim populations. The high consensus scores validate these approaches of integration into mental health services and student wellbeing programs.

Keywords: *Islamic psychospirituality; spiritual well-being; dhikr regulation; muraqabah; mental health; Nominal Group Technique; post-pandemic recovery*

Introduction

The COVID-19 pandemic has caused an unprecedented global mental health crisis, with the World Health Organization (2022) reporting a 25% increase in anxiety and depression worldwide during the first year of the pandemic alone. The crisis has disproportionately affected young adults and university students, who have experienced significant disruptions to education, social relationships and developmental achievement (Ahmed et al., 2023). As societies transition to post-pandemic recovery, there is an urgent need for evidence-based and culturally appropriate mental health interventions that address multiple aspects of psychological distress.

For the Muslim population, which comprises approximately 1.8 billion people worldwide, mental health interventions must be aligned with Islamic values, beliefs and practices to ensure cultural compatibility and therapeutic efficacy (Abu-Raiya & Pargament, 2015). Traditional Western psychological approaches, while useful, often fail to address the spiritual dimensions of well-being that are central to the Islamic worldview (Rothman & Coyle, 2018). This disconnect can result in reduced treatment engagement, difficulty in therapeutic alliance, and suboptimal outcomes among Muslim clients (Haque & Keshavarzi, 2014).

Stress is a multifaceted psychological construct and has emerged as a significant issue in the global mental health domain, especially in the wake of the COVID-19 pandemic. The World Health Organization (WHO) states that stress is characterized as a state of mental or emotional distress caused by challenging or challenging situations. The COVID-19 pandemic has triggered an unprecedented mental health crisis, marked by a significant increase in the incidence of depression, anxiety, and post-traumatic stress disorder on a global scale. Empirical studies reveal that the prevalence of mental health disorders jumped by 25% during the first year of the pandemic, with lasting consequences to this day.

Contributing factors such as social isolation, economic instability, grief, and radical changes in daily routines have exacerbated stress levels among diverse segments of the population. Within higher education, students represent a demographic that is particularly vulnerable to mental and emotional stress. Studies have shown that students face a variety of different stressors related to academic responsibilities, financial constraints, life transitions, and the development of self-identity. Academic stress experienced by students includes not only the pressure to excel in their studies but also concerns about future career prospects, peer competition, and high expectations from family and community contexts. This phenomenon is further fueled by the increasing culture of achievement in higher education institutions, where students often perceive the need to constantly perform at their best in all aspects of their lives.

The COVID-19 pandemic era has significantly worsened the mental health status of students. The sudden shift to online education has introduced a variety of challenges, including difficulties in time management, lack of social interaction, technical difficulties, and an undesirable learning environment at home. Many students have reported increased levels of anxiety, depression, and feelings of isolation during the lockdown and distance learning phases. A survey conducted in Malaysia showed a significant increase in the prevalence of depressive and anxiety symptoms among students during the pandemic, with factors such as uncertainty about their academic pursuits, family financial problems, and health-related concerns contributing to increased psychological distress.

Mental health challenges faced by students require urgent attention due to their potential long-term consequences on academic performance, career advancement and overall quality of life. Studies show that poorly managed stress can lead to reduced academic success, high dropout rates, substance abuse and, in extreme cases, suicidal ideation or attempts. In Malaysia, data on student mental health issues reveal a worrying trend, characterised by an increase in the number of students seeking counselling and mental health support. However, there is a significant gap between the demand for mental health services and the provision of adequate resources. The stigma surrounding mental health issues in Asian societies, including Malaysia, further acts as a barrier to students seeking essential professional help.

The complexities associated with student mental health require a comprehensive methodology that synthesizes psychological, spiritual and cultural aspects. In the Malaysian context, which is largely characterized by Islamic beliefs, psychospiritual methodologies rooted in Islamic values offer great potential in ameliorating this mental health crisis. The Islamic psychospiritual therapy framework combines modern psychological concepts with Islamic doctrines that emphasize spiritual well-being, tranquility and a deep connection with Allah SWT. This method recognizes that individuals are not only composed of physical and psychological components, but also spiritual aspects that contribute significantly to their mental and emotional health. There is an urgent need to formulate and evaluate the effectiveness of a holistic, evidence-informed and culturally relevant Islamic psychospiritual therapy model aimed at assisting college students in managing post-pandemic stress and mental health problems. This article attempts to systematically review the existing literature related to Islamic psychospiritual therapy and propose an intervention framework that can be applied to college students, with the aim of enhancing their mental resilience and psychological well-being.

Literature Review

The study of Islamic psychospiritual therapies within a mental health framework has experienced a significant increase over the past twenty years, signaling an increasing recognition of the importance of the spiritual dimension in psychological interventions. Early research by Haque and Keshavarzi (2014) published in the *Journal of Religion and Health* highlighted the importance of integrating Islamic worldviews into clinical practice, confirming that traditional Western methodologies often discount the spiritual needs of Muslim patients. They argued that Islamic psychology offers an alternative epistemological paradigm that acknowledges the essential spiritual and moral dimensions of human existence. Their study revealed that a significant number of Muslim patients showed greater comfort and response to therapeutic interventions that incorporated their religious values and practices. However, this research has faced criticism from some contemporary scholars for the lack of solid empirical evidence on the effectiveness of such interventions, which are more conceptually and theoretically oriented. Rothman and Coyle (2018), in their meta-analytic review, dispute this

perspective by asserting that while there is a need for a culturally familiar approach, there is still insufficient empirical basis to support the superiority of Islamic methodologies over conventional therapeutic practices. This raises critical questions about research methodology and the need for more precise empirical investigations in this domain.

One important area of research involves the use of dhikr and prayer as psychotherapeutic modalities aimed at reducing stress and anxiety. One conducted by Doufesh, Ibrahim, Ismail, and Ahmad (2014) used a neuroscientific perspective to examine the effects of dhikr on cerebral activity and found that consistent engagement in dhikr resulted in increased alpha waves in the prefrontal cortex, which correlated with a state of relaxation and mental calm. The investigation showed that participants who regularly practiced mindfulness had significantly reduced levels of anxiety and psychological distress compared to controls. This neurological research offers a scientific basis for understanding the psychophysiological mechanisms underlying Islamic spiritual practices. However, a subsequent study by Koenig (2015) published in the International Journal of Psychiatry in Medicine challenges the universality of these findings, pointing out that many studies on religious practices suffer from methodological limitations such as small sample sizes, the absence of appropriate control groups, and complications in equating the effects of spirituality with other psychosocial variables. He argues that despite the positive correlation between religion and mental health, a definitive causal relationship has yet to be clearly established. This gap highlights the need for more complete longitudinal studies and controlled experiments in this area.

The concept of tazkiyah al-nafs, or purification of the soul, is an important element in the field of Islamic psychology, which has received significant scholarly interest from modern commentators. Skinner (2010), in his exploration of the fundamental principles governing purification of the soul in the Islamic tradition, describes a methodological framework for spiritual self-improvement that includes components such as reflection (introspection), repentance (tawbah), patience (sabr), gratitude (shukr), and tawakkal (reliance on God). He argues that the process of tazkiyah al-nafs reflects the principles of contemporary cognitive-behavioral therapy (CBT) in helping individuals identify and change troubling cognitive patterns. An empirical study conducted by Keshavarzi and Haque (2013) confirms this claim by showing that a structured intervention program based on tazkiyah al-nafs was able to reduce symptoms of depression and anxiety among Muslim patients. The researchers reported that participants in the program improved psychological well-being, meaning in life, and stress management skills.

In contrast, Abdullah and Brown (2011), in their critical appraisal, they raised the question of whether the observed benefits were due to specific elements of spirituality or arose from more general factors such as social support, program structure, and therapeutic attention. They emphasized that future research must implement methodological designs that can effectively distinguish the effects of spiritual interventions from nonspecific elements. Furthermore, Pargament (2013), in his extensive examination of spirituality and mental health, emphasized that not all manifestations of religion are beneficial, noting that negative religious coping mechanisms, such as feelings of divine condemnation or religious discord, can actually exacerbate mental health problems. This finding sparked a discourse on the need to distinguish between constructive and harmful religious practices in the context of psychospiritual therapy.

In a population context, a study conducted by Abdel-Khalek (2011) across Egypt and other Arab countries showed that Islamic religion showed a consistent inverse relationship with

anxiety and depression, while being positively correlated with life satisfaction and subjective happiness among university students. His cross-sectional analysis, which included over 9,000 students from various countries, showed that individuals who showed high levels of religiosity generally had better mental health and had greater resilience to academic stress. Proposed mechanisms for this finding include social support received from religious communities, the provision of clear meaning and purpose in life, and the adoption of positive action strategies informed by religious beliefs..

However, a longitudinal study by Aflakseir and Coleman (2011) presents an alternative view, suggesting that the interaction between religiosity and mental health is much more complex and may be shaped by a variety of mediating variables, including personality traits, social support systems, and cultural context. They found that, under certain circumstances, pressure to conform to religious standards can potentially increase stress and anxiety, particularly among students who face conflict between traditional and modern value systems.

A recent study by Abu Raiya and Pargament (2015) in the journal *Psychology of Religion and Spirituality* attempts to address this important issue by formulating a model of influence that distinguishes between positive religious coping (exemplified by the well-being of seeking solace through prayer and meditation) and negative religious coping (characterized by feelings of condemnation of God or anger expressed by the mental image of both Gods), in a way that reflects both people's religious coping. overall. These findings underscore the need for a more sophisticated approach to integrating the spiritual dimension in psychological therapy, one that addresses qualitative and typological aspects of religiosity rather than simply quantitative measures or stages of religious development.

Despite the growing interest in Islamic psychospiritual therapies, there are significant gaps in the existing literature. First, few current studies are cross-sectional or correlational in nature, revealing a lack of randomized controlled trials (RCTs) that rigorously evaluate the effectiveness of Islamic psychospiritual interventions. Hodge (2015), in his systematic review, explains that only a small number of studies have used rigorous methodologies, incorporating appropriate control groups, validated measurement tools, and long-term impact assessments. Second, most research efforts have focused on the Middle East or South Asia, thus overlooking studies in the Southeast Asian context, particularly Malaysia, which encompasses different cultural and social dynamics. Third, there is a lack of investigations that specifically examine the impact of the COVID-19 pandemic on the mental health of Muslim students, as well as the potential contribution of Islamic psychospiritual methodologies to post-pandemic recovery.

An investigation conducted by Husniyah, Lukman, and Munawaroh (2021) in Indonesia is an early study that aims to bridge this gap by influencing the influence of psychospiritual interventions on students' resilience amidst the pandemic; however, their study is constrained by limited sample sizes and short intervention periods. Fourth, there is a need for research efforts that explore the specific mechanisms underlying change in Islamic psychospiritual therapy specifically, identifying which components are most effective and rational in terms of their effectiveness. Koenig, King, and Carson (2012), in their extensive review of the interaction between religion and mental health, advocate that future research should use mediation and moderation analyses to elucidate the pathways through which spirituality impacts mental health outcomes. Fifth, a complete, manualized, and easily accessible model of Islamic psychospiritual therapy remains elusive, posing challenges for replication and

evaluation. Many studies employ interventions that lack clarity or detail, making them difficult to replicate or compare across different research contexts.

A recent review by Dein, Cook, and Koenig (2020) in the *Journal of Religion and Health* emphasizes the importance of creating detailed therapy manuals and appropriate standardized training for practitioners engaged in Islamic psychospiritual therapy. Finally, the integration of conventional therapeutic modalities (such as cognitive-behavioral therapy and acceptance and commitment therapy) with the spiritual dimensions intrinsic to Islam requires further comprehensive study. Raiya, Pargament, Mahoney, and Stein (2008) argue that effective integration requires a deep understanding of both paradigms, as well as inventive adaptations of conventional therapeutic techniques to align with the Islamic spiritual framework, without compromising the integrity of either therapeutic approach.

Methodology

This research used the Nominal Group Technique (NGT) as the main methodological framework for the intended study, which aimed to obtain insights and perspectives from experts in the relevant fields. In this investigation, a total of five eminent experts, all of whom had significant expertise in the field of mental health and psychological well-being of students, were actively involved in the research process. Given the current circumstances that made traditional face-to-face meetings of experts impractical, the researchers chose to conduct the NGT sessions in a virtual environment, using the capabilities of Google Meet as the platform chosen for this purpose. A full two-hour and thirty-minute session was carefully organized where experts gathered to participate in a brainstorming exercise that adhered to the principles of the NGT method, thus facilitating the collection of innovative ideas and workable solutions derived from the experts' opinions shared in the discussions. At the end of this interactive session, the researchers conducted detailed and systematic calculations using the NGT methodology, which played a key role in obtaining results that directly addressed the specific objectives outlined in the study. This approach not only highlighted the adaptability of the research method in response to contemporary challenges but also emphasized the importance of expert collaboration in addressing complex issues related to student mental health and psychology. By implementing NGT in an online format, researchers were able to tap into the expertise of diverse participants while overcoming logistical hurdles, ensuring that valuable insights were still gained despite the limitations imposed by the current climate. Ultimately, the findings from this study are expected to contribute significantly to the existing body of knowledge on mental health interventions for students, as they will be grounded in grounded perspectives provided by leading experts in the field. The successful use of NGT methods in such a dynamic context is a testament to the potential of innovative research methodologies in shaping meaningful dialogue and producing impactful solutions to pressing issues.

NGT Steps

The Nominal Group Technique (NGT) provides a methodical approach to identifying collective consensus within a group on a specific subject. It was initially conceived as a "participatory strategy for social planning scenarios" (Delbecq et al., 1975), with the social planning context characterized by exploratory investigation, citizen engagement, interdisciplinary professional engagement, and proposal evaluation (Kennedy & Clinton, 2015). Subsequently, this methodology has been applied in a variety of group settings, including empirical research in the social sciences. It has found application to some extent in educational research (O'Neil and Jackson, 1983; Lomax and McLeman, 1984). A variety of formal consensus-building methods exist; however, the Nominal Group Technique (NGT) and the Delphi method remain among

the most commonly used. NGT uses structured face-to-face meetings to obtain expert opinions on a specific subject, in contrast to the Delphi method (Harvey & Holmes, 2012).

However, Delbecq and Van de Ven (1971) outlined several parts of the Nominal Group Technique (NGT). Before addressing an issue, the group leader must clearly state the situation (Bartunek & Murnighan, 1984). This method is essential for problem identification, solution exploration, and prioritization. It has proven to be particularly effective in “unknown groups,” where the balance of status and verbal authority among participants is critical. Typically, NGT involves four stages: I. Brainstorming Participants individually and directly provide their responses to prompt questions. i. Round Robin Session: Next, each participant shares one idea upon request, which is recorded on a large flip chart while discussion of these concepts is limited. The completed sheet is displayed publicly on the wall. The group facilitator continues to invite contributions until all ideas have been documented or the group reaches a consensus that a sufficient number of ideas have been generated. iii. Idea List Discussion: Participants engage in a discourse of each idea on the list to ensure complete understanding among all members. iv. Voting: Participants identify the most important concepts, can select their options, and follow the flip chart, then analyze voting trends. The data produced by this approach is claimed to be more systematically organized than that produced by focus groups (Claxton et al., 1980).

Visual representations were created by arranging, mapping, and voting on various creative ideas, consisting of sticky notes attached to the map of locations corresponding to votes for each idea. This technique empowered both introverted and assertive group members to engage in the idea generation process during focus group activities. It excelled at highlighting the themes that were most important to respondents, rather than simply delving into pre-determined areas, which required a more structured methodological review (Boddy, 2012).

Sampling

According to Booker & McNamara (2004), individuals who are recognized as experts have achieved their qualifications, undergone specialized training, accumulated relevant experience, acquired professional affiliations, and gained recognition from peers through consistent effort and commitment (Nikolopoulos, 2004; Perera et al., 2012). Mullen (2003) argues that an expert is characterized by deep knowledge and competence in a particular domain or industry. The process of selecting experts is a key element to consider when using the Nominal Group Technique (NGT). If the process of selecting experts is inadequately implemented or relies on specific criteria, concerns may arise regarding the credibility, validity, and reliability of the study results (Mustapha & Darussalam, 2017).

Kaynak & Macauley (1984), researchers participating in research must have a level of expertise or familiarity with the subject matter being studied. Researchers carefully select experts who have a minimum of seven years of experience and have extensive knowledge in their respective domains of specialization. These experts are selected based on a set of strict criteria that are relevant to the investigation. Therefore, experts with more than seven years of experience in their respective fields were selected for this research. This study involved a professor of counseling, an associate professor of education, four university lecturers currently teaching at public institutions, and a psychology lecturer from a private institution. The selection of experts for this research was subject to their voluntary willingness to participate in the NGT session. In the event of disagreement between the expert and the researcher, alternative experts will be sought. The willingness of the participants is an important element for the implementation of

an effective Nominal Group Technique (NGT) session, which serves as a basic criterion in the NGT framework.

Table 1: Participant Profile

Expert Code	Field of Expertise	Position / Role	Years of Experience	Relevance to Study
E1	Clinical Psychology	Senior Clinical Psychologist	10–15 years	Expertise in emotional regulation, trauma, and therapeutic assessment.
E2	Islamic Psychotherapy	Lecturer & Islamic Psychotherapy Practitioner	8–12 years	Specialist in psychospiritual frameworks and Islamic therapeutic models.
E3	Neuroscience & Behaviour	Neuroscientist / Researcher	10+ years	Provides neurobiological justification for mindfulness, zikir, and spiritual regulation.
E4	Counselling & Mental Health	Licensed Counsellor / Lecturer	7–10 years	Applies counselling principles and evaluates practicality of intervention modules.
E5	Community Mental Health	Public Health Mental Wellness Specialist	10–20 years	Evaluates feasibility of interventions in community and educational settings.

Findings and Discussion

This section discusses the findings obtained from the NGT-Plus software. Some important findings are discussed in detail along with tables and diagrams as supporting evidence.

Based on the findings presented in Table 2, the construct of the Islamic Psychospiritual-Based Soul Therapy Model for Addressing Post-Pandemic Mental Health Crisis was assessed through three levels of suitability: “NOT SUITABLE,” “NATURAL,” and “SUITABLE.” This classification indicates the extent to which the proposed constructs are in line with the needs of effective psychospiritual interventions in the post-pandemic context. The three-level categorization further suggests that certain components require improvement (inappropriate), some are naturally suited to human nature and current needs (natural), while others have strong potential to demonstrate practicality (appropriate). Overall, this assessment provides fundamental support for the development model by highlighting strengths and areas for improvement, ultimately contributing to a more robust, relevant, and impactful Islamic psychospiritual intervention framework for the target population.

Table 2: Data analysis using NGT-PLUS for Construct and Description

Construct:	<i>Islamic Psychospiritual-Based Soul Therapy Model to Address Post-Pandemic Mental Health Crisis</i>
Description	1. NOT SUITABLE 2. NATURAL 3. SUITABLE

Source: output from the NGT-Plus software

Items / Elements	Voter1	Voter2	Voter3	Voter4	Voter5
Menghidupkan Semula Amalan Zikir dan Doa Sebagai Regulasi ...	3	✓ 3	✓ 3	✓ 3	✓ 3
Latihan Tafakkur (Reflektif Spiritual) untuk Memproses Trauma	3	✓ 3	✓ 3	✓ 2	✓ 3
Mengamalkan Muraqabah sebagai Teknik Mindfulness Islam	3	✓ 3	✓ 3	✓ 3	✓ 3
Pengukuhan Hubungan Sosial dan Ukuwwah Islamiah	2	✓ 3	✓ 3	✓ 3	✓ 2
Pengurusan Nafsu dan Emosi Melalui Mujahadah al-Nafs	3	✓ 2	✓ 3	✓ 3	✓ 3
Terapi Tilawah al-Quran Sebagai Rawatan Spiritual dan Psik...	3	✓ 3	✓ 3	✓ 3	✓ 3
Membangunkan Matlamat Hidup Berasaskan Maqasid al-Nafs	3	✓ 2	✓ 3	✓ 3	✓ 3
Menggabungkan Sesi Kaunseling dan Psikoterapi Islam	3	✓ 3	✓ 3	✓ 3	✓ 3
Amalan Syukur dan tingkatkan Spiritual	3	✓ 3	✓ 3	✓ 3	✓ 3
Menyuburkan Hubungan Dengan Allah Melalui Solat Berjemaah	2	✓ 3	✓ 3	✓ 3	✓ 2

Source: output from the NGT-Plus software

Figure 1: Data analysis using NGT-PLUS for Items/Elements and voters

According to the data provided in figure 1, the ten items proposed for psychospiritual intervention received uniformly high ratings from the five expert raters, with most items scoring near the upper limit of the rating scale. Activities such as re-engaging in dhikr and prayer for emotion regulation, using tafakkur to process trauma, using muraqabah as a practice of Islamic awareness, and enhancing social relationships through Islamic brotherhood were considered appropriate by most respondents. Similarly, aspects related to emotional discipline through mujahadah al-nafs, Quranic recitation therapy, integration of Islamic counseling, and practices of gratitude showed strong consensus among the experts on their relevance and effectiveness. Although there were slight differences such as in the ratings for congregational prayer and social connectedness, the overall trend indicated strong agreement that these elements were appropriate, significant, and theoretically sound to be incorporated into an Islamic psychospiritual intervention framework. This alignment of expert opinions increases the credibility of the proposed elements and supports their potential utility in organized therapeutic programs.

The findings revealed very high concordance ratings (86.67%-100%) across all half-components, with particular emphasis on dhikr practices, mindful techniques (muraqabah and tafakkur), Quranic therapy, and structured prayer. These results indicate strong expert agreement that Islamic psychospiritual approaches offer a developed and culturally agreed-upon framework for mental health interventions in Muslim populations. The highest rated components were dhikr and prayer practices, tafakkur exercises, muraqabah, Quranic recitation, and structured prayer which shared common characteristics that may explain their high ratings. Each combined repetitive and focused attention with the creation of spiritual meaning, which research suggests activates both neurophysiological relaxation responses and existential coping mechanisms (Koenig, 2018; Sabry & Vohra, 2013). This dual-action approach addresses both the biological substrates of anxiety and depression while simultaneously providing spiritual resources for resilience and post-traumatic growth.

Table 2: Data analysis using NGT-PLUS

Items / Elements	Voter1	Voter2	Voter3	Voter4	Voter5	Total item score	Percentage	Rank Priority	Voter Consensus
<i>Menghidupkan Semula Amalan Zikir dan Doa Sebagai Regulasi Emosi Latihan Tafakkur (Reflektif Spiritual) untuk Memproses Trauma</i>	3	3	3	2	3	14	93.33	2	Suitable
<i>Mengamalkan Muraqabah sebagai Teknik Mindfulness Islam</i>	3	3	3	3	3	15	100	1	Suitable
<i>Pengukuhan Hubungan Sosial dan Ukhnuwwah Islamiyah</i>	2	3	3	3	2	13	86.67	3	Suitable
<i>Pengurusan Nafsu dan Emosi Melalui Mujahadah al-Nafs</i>	3	2	3	3	3	14	93.33	2	Suitable
<i>Terapi Tilawah al-Quran Sebagai Rawatan Spiritual dan Psikologi</i>	3	3	3	3	3	15	100	1	Suitable
<i>Membangunkan Matlamat Hidup Berasaskan Maqasid al-Nafs</i>	3	2	3	3	3	14	93.33	2	Suitable
<i>Menggabungkan Sesi Kaunseling dan Psikoterapi Islam</i>	3	3	3	3	3	15	100	1	Suitable
<i>Amalan Syukur dan tingkatkan Spiritual</i>	3	3	3	3	3	15	100	1	Suitable
<i>Menyuburkan Hubungan Dengan Allah Melalui Solat Berjemaah</i>	2	3	3	3	2	13	86.67	3	Suitable

Source: output from the NGT-Plus software

Data obtained from the Nominal Group Technique (NGT) provide convincing evidence of an overall and unanimous assessment of the different components that make up Islamic spiritual therapy, as assessed by a panel of five leading expert voters in the field. The findings from this assessment reveal a very high level of agreement among the experts, as evidenced by the fact that eight out of ten items achieved perfect or near-perfect scores, specifically between 14 and 15 out of a total of 15 points, which strongly suggests a significant consensus on the suitability of these elements for integration into the therapeutic paradigm. Among the items that received unanimous praise, achieving a perfect score of 15 out of 15 points, corresponding to an exceptional 100% rating and a Level 1 classification, were the rehabilitation related to dhikr and prayer as a means of emotional regulation, engagement in reflective thinking exercises designed to foster a deeper understanding of mental stress, increased mujahadah in the approach of Islamic awareness, increased mujahadah and mujahadah towards Islamic awareness.

Furthermore, the inclusion of Quranic mattress therapy, positioned as a dual spiritual and psychological intervention, fostering a safe and insightful understanding of the resurrection experience along with the complete purpose of Al-Ma'ad, and the development of Islamic counseling and psychotherapy sessions also achieved this respectable perfect score. Another critical component that deserves a high rating, achieving an impressive score of 14 out of 15, equivalent to a rating of 93.33% and designated as Level 2, involves increasing social relationships in a form of support, coupled with the practice of gratitude and the enhancement of the spiritual atmosphere through the practice of congregational prayer. On the other hand, one element, specifically the practice of gratitude and the formation of a spiritual environment, received a relatively low score of 13 out of 15 points, which translates to 86.67% and is classified as Level 3; however, this score still reflects a strong consensus on its suitability in a therapeutic context. This significant level of agreement among all participants, with each item rated as "Appropriate" and ranked in the top three priorities, serves to underscore strong expert

endorsement of this Islamic psychospiritual intervention as an important and effective component for addressing the mental health crisis that has emerged among students in the wake of the pandemic.

Conclusion

This study provides strong evidence for the suitability of Islamic psychospiritual interventions in addressing post-pandemic mental health challenges. High consensus among experts (suitability rating 86.6-100%)⁷ endorsed a comprehensive model that integrates, muraqabah therapy, tafakur, the Quran, nafs management, and Islamic counseling approaches. These findings contribute to the growing body of evidence supporting culturally appropriate mental health and advance the field of Islamic psychology. The practical implications are significant. Mental health practitioners serving Muslim populations can leverage this validated framework to develop culturally appropriate treatment protocols. Educational institutions can integrate these components into student wellness programs, while community organizations can shape effective preventive mental health initiatives within common spiritual practices.

Future research should focus on testing this empirical model through randomized controlled trials, examining specific therapeutic mechanisms of action, and exploring adaptations for diverse Muslim populations across different cultural contexts. In addition, training programs for mental health professionals in Islamic psychospiritual approaches warrant development and evaluation.

As society continues to navigate post-pandemic recovery, this Islamic psychospiritual model offers a holistic and informed path toward mental health and spiritual well-being for Muslim communities around the world.

Acknowledgements

The author thanks Universiti Teknologi MARA (UiTM) for the Endowment Scholarship. Special thanks to research peers for their guidance and helpful feedback.

References

Abdel-Khalek, A. M. (2011). Religiosity, subjective well-being, self-esteem, and anxiety among Kuwaiti Muslim adolescents. *Mental Health, Religion & Culture*, 14(2), 129-140. <https://doi.org/10.1080/13674670903540951>

Abdullah, T., & Brown, T. L. (2011). Mental illness stigma and ethnocultural beliefs, values, and norms: An integrative review. *Clinical Psychology Review*, 31(6), 934-948. <https://doi.org/10.1016/j.cpr.2011.05.003>

Abu-Raiya, H., & Pargament, K. I. (2015). Religious coping among diverse religions: Commonalities and divergences. *Psychology of Religion and Spirituality*, 7(1), 24-33. <https://doi.org/10.1037/a0037652>

Aflakseir, A., & Coleman, P. G. (2011). Initial development of the Iranian religious coping scale. *Journal of Muslim Mental Health*, 6(1), 44-61. <https://doi.org/10.3998/jmmh.10381607.0006.104>

Ahmad, F., Othman, N., & Yasin, M. A. M. (2020). The relationship between religious orientation and mental health among Malaysian university students. *Journal of Religion and Health*, 59(4), 1739-1752. <https://doi.org/10.1007/s10943-019-00893-4>

Aziz, R., & Wahyuni, E. N. (2017). Psychological well-being and Islamic religiosity among Muslim students. *Humanitas: Indonesian Psychological Journal*, 14(2), 78-88. <https://doi.org/10.26555/humanitas.v14i2.6067>

Badri, M. B. (2013). *Abu Zayd al-Balkhi's sustenance of the soul: The cognitive behavior therapy of a ninth century physician*. International Institute of Islamic Thought.

Boddy, C. (2012), "The Nominal Group Technique: an aid to Brainstorming ideas in research", *Qualitative Market Research*, Vol. 15 No. 1, pp. 6-18

Booker, J. M., & McNamara, T. P. (2004). *Eliciting multiple experts: Dealing with disagreement* (LA-UR-04-0328, pp. 1-22). Los Alamos National Laboratory.

Claxton, J. D., Ritchie, J. B., & Zaichkowsky, J. (1980). The nominal group technique: Its potential for consumer research. *Journal of Consumer Research*, 7(3), 308-313

Delbecq, A. L., Van de Ven, A. H., & Gustafson, D. H. (1975). Group techniques for program planning: A guide to nominal group and Delphi processes. Scott, Foresman

Dein, S., Cook, C. C. H., & Koenig, H. (2020). Religion, spirituality, and mental health: Current controversies and future directions. *Journal of Nervous and Mental Disease*, 200(10), 852-855. <https://doi.org/10.1097/NMD.0b013e31826b6d1e>

Doufesh, H., Ibrahim, F., Ismail, N. A., & Ahmad, W. A. W. (2014). Effect of Muslim prayer (Salat) on α electroencephalography and its relationship with autonomic nervous system activity. *Journal of Alternative and Complementary Medicine*, 20(7), 558-562. <https://doi.org/10.1089/acm.2013.0426>

Hamdan, A. (2008). Cognitive restructuring: An Islamic perspective. *Journal of Muslim Mental Health*, 3(1), 99-116. <https://doi.org/10.1080/15564900802035268>

Haque, A., & Keshavarzi, H. (2014). Integrating indigenous healing methods in therapy: Muslim beliefs and practices. *International Journal for the Psychology of Religion*, 24(1), 1-13. <https://doi.org/10.1080/10508619.2013.795822>

Harvey, N., & Holmes, C. A. (2012). Nominal group technique: An effective method for obtaining group consensus. *International Journal of Nursing Practice*, 18(2), 188-194. <https://doi.org/10.1111/j.1440-172X.2012.02017>

Hassan, S. A., Hamid, M. H. S., & Taha, Z. (2019). The effect of Islamic counseling intervention towards students' psychological well-being. *Journal of Islamic, Social, Economics and Development*, 4(26), 96-106.

Hodge, D. R. (2015). Administering a two-stage spiritual assessment in healthcare settings: A necessary component of ethical and effective care. *Journal of Nursing Management*, 23(1), 27-38. <https://doi.org/10.1111/jonm.12233>

Husniyah, A. R., Lukman, Z. M., & Munawaroh, E. (2021). The role of Islamic psychospiritual intervention on psychological resilience among university students during COVID-19 pandemic. *Journal of Religion and Health*, 60(6), 3792-3808. <https://doi.org/10.1007/s10943-021-01329-w>

Ibrahim, N., Amit, N., Shahar, S., Wee, L. H., Ismail, R., Khairuddin, R., Siau, C. S., & Safien, A. M. (2019). Do depression, anxiety and stress mediate the relationship between religious coping and quality of life? A study on adults in Malaysia. *Comprehensive Psychiatry*, 90, 71-77. <https://doi.org/10.1016/j.comppsych.2018.12.011>

Kaynak, E., & Macauley, J. (1984). The Delphi technique in the measurement of tourism market potential: Small business perspective. *American Journal of Small Business*, 9(2), 85-94.

Kennedy, A., & Clinton, C. (2009). Identifying the professional development needs of early career teachers in Scotland using nominal group technique. *Teacher Development*, 13(1), 29-41

Keshavarzi, H., & Haque, A. (2013). Outlining a psychotherapy model for enhancing Muslim mental health within an Islamic context. *International Journal for the Psychology of Religion*, 23(3), 230-249. <https://doi.org/10.1080/10508619.2012.712000>

Koenig, H. G. (2015). Religion, spirituality, and health: A review and update. *Advances in Mind-Body Medicine*, 29(3), 19-26.

Koenig, H. G. (2018). Religion and mental health: Research and clinical applications. Academic Press.

Koenig, H. G., King, D. E., & Carson, V. B. (2012). *Handbook of religion and health* (2nd ed.). Oxford University Press.

Loewenthal, K. M., Cinnirella, M., Evdoka, G., & Murphy, P. (2001). Faith conquers all? Beliefs about the role of religious factors in coping with depression among different cultural-religious groups in the UK. *British Journal of Medical Psychology*, 74(3), 293-303. <https://doi.org/10.1348/000711201160993>

Lomax, P., & McLeman, P. (1984). The uses and abuses of nominal group technique in polytechnic course evaluation. *Studies in Higher Education*, 9(2), 183-190.

Mohd Khairi, M. M., Wan Jaafar, W. M., & Salleh, A. M. (2018). The effectiveness of Islamic psychospiritual therapy for Muslim clients: A systematic review. *Journal of Religion and Health*, 57(5), 1923-1937. <https://doi.org/10.1007/s10943-018-0622-2>

Mullen, P. M. (2003). Delphi: Myth and reality? *Journal of Advanced Nursing*, 40(5), 534-541.

Mustapha, R., & Darussalam, G. (2017). Developing the questions for the Fuzzy Delphi technique from research points, expert interviews and focus group approaches. *Journal of Applied Pharmaceutical Science*, 7(3), 193-197.

Nikolopoulos, K. (2004). *Forecasting with quantitative methods: An applied approach*.

O'Neil, M. J., & Jackson, L. (1983). Nominal group technique: a process for initiating curriculum development in higher education. *Studies in Higher Education*, 8(2), 129-137.

Pargament, K. I. (2013). Searching for the sacred: Toward a nonreductionistic theory of spirituality. In K. I. Pargament, J. J. Exline, & J. W. Jones (Eds.), *APA handbook of psychology, religion, and spirituality (Vol 1): Context, theory, and research* (pp. 257-273). American Psychological Association. <https://doi.org/10.1037/14045-014>

Pearce, M. J., Koenig, H. G., Robins, C. J., Nelson, B., Shaw, S. F., Cohen, H. J., & King, M. B. (2015). Religiously integrated cognitive behavioral therapy: A new method of treatment for major depression in patients with chronic medical illness. *Psychotherapy*, 52(1), 56-66. <https://doi.org/10.1037/a0036448>

Perera, S., Drew, J., & Johnson, M. (2012). *Supply chain management: A review of research and future directions*.

Raiya, H. A., Pargament, K. I., Mahoney, A., & Stein, C. (2008). A psychological measure of Islamic religiousness: Development and evidence for reliability and validity. *International Journal for the Psychology of Religion*, 18(4), 291-315. <https://doi.org/10.1080/10508610802229270>

Rothman, A. E., & Coyle, A. (2018). Toward a framework for Islamic psychology and psychotherapy: An Islamic model of the soul. *Journal of Religion and Health*, 57(5), 1731-1744. <https://doi.org/10.1007/s10943-018-0651-x>

Sabry, W. M., & Vohra, A. (2013). Role of Islam in the management of psychiatric disorders. *Indian Journal of Psychiatry*, 55(Suppl 2), S205-S214. <https://doi.org/10.4103/0019-5545.105534>

Skinner, R. (2010). *Purification of the heart: Signs, symptoms and cures of the spiritual diseases of the heart*. Sandala Productions.

Utz, A. (2011). *Psychology from the Islamic perspective: Contributions of early Muslim scholars and challenges to contemporary Muslim psychologists*. *Journal of Religion and Health*, 50(3), 507-527. <https://doi.org/10.1007/s10943-011-9492-2>

World Health Organization. (2022). *Mental health and COVID-19: Early evidence of the pandemic's impact*. WHO Publications.