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THE DEVELOPMENT OF AL-GHAZALI BASED THERAPEUTIC CONSULTATION MODULE (KiTA) IN DEALING WITH MENTAL HEALTH STUDENT IN HIGHER EDUCATIONAL INSTITUTIONS

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Abstract: *Statistics on the attendance of* public higher education institutions (HEIs) *students at the Health Centre due to mental health problems show a sharp increase in 2023 compared to the previous two years. Various intervention modules have been implemented to help shape student behaviour from various sides, but modules involving the role of academic advisors as mediators to help change students with mental health cases are very limited. Therefore, this study aims to develop the Al-Ghazali Therapy Consultation Module (KiTA), which integrates Islamic therapeutic principles derived from Al-Ghazali's thought with relevant Western psychological theories. This study adopted a conceptual approach to develop a framework for the Al-Ghazali Therapy Consultation Module (KiTA). An integrative literature review was conducted to examine Al-Ghazali's Islamic therapeutic principles, relevant western psychological theories, and the role of academic advisors in supporting students experiencing mental health challenges. The resulting module may serve as a foundation for future research and further evaluation of its feasibility and effectiveness in supporting students experiencing mental health challenges in Malaysian public and private higher education institutions*

Keywords: *Mental health, Al-Ghazali Therapy Consultation Module (KiTA), Therapeutic Consultation Module, Higher Education Institutions*

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Introduction

There are various challenges and pressures that young people have to face, especially students studying at higher education institutions (HEIs), where they also receive the effects of these psychosocial changes and have to face various difficulties to adapt to these changes. At the same time, they need to ensure academic excellence to prepare themselves for a professional career. Indirectly, this group is very susceptible to stress, which can affect the level of physical, mental, and emotional health (Shamzaeffa & Kevin, 2016).

Mental health among students in higher education institutions (HEIs) has become an increasingly important issue within the Malaysian higher education context. A recent study involving 7,278 students from 20 Malaysian public universities reported that 24.8% of students experienced symptoms of depression, 32.4% reported anxiety, and 35.5% experienced loneliness. In addition, 38.6% demonstrated signs of internet addiction, highlighting the complexity of psychological and behavioural challenges faced by university students (Nor Asiah Muhamad et al., 2026).

The National Health and Morbidity Survey (NHMS) 2023 reported that 4.6% of Malaysians aged 16 years and above, representing approximately one million individuals, experienced depression. This prevalence doubled from 2.3% in 2019, with higher rates observed among younger age groups, particularly those aged 16–19 years (7.9%) and 20–29 years (7.6%) (Institute for Public Health, 2024). In addition, Astro Awani (2021) reported that 91.2% of the 101,150 calls received by several psychosocial support helplines between 1 January and 21 May 2021 required emotional support and counselling. These findings highlight the importance of strengthening mental health awareness, early intervention, and accessible support services in Malaysia.

At the university level, specifically among universities in the Klang Valley, statistics on students seeking treatment at health centres for mental health issues showed a sharp increase in 2023 compared to the preceding two years; records indicate that 43 students sought help for mental health issues in 2021, a figure that rise to 89 students in 2022 and further to 163 students in 2023.

Various efforts have been made through various intervention modules that have been implemented to help shape student behaviour from various sides, but the module involving the role of academic advisors as mediators to help change students with mental health cases is very limited. The involvement of academic advisors is very important. This is because they play an important role in educating and as individuals who are close to students. Therefore, the involvement of academic advisors indirectly helps change students who are consistent with mental health problems.

The Al-Ghazali Therapy Consultation Module (KiTA) is part of an effort to diversify intervention options that indirectly impact student change. This is because the KiTA module describes the role of academic advisors, parents, and lecturers in helping students who face mental health problems indirectly. Counsellors and psychologists have the right intervention options for their clients, especially students.

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Literature Review

Al-Ghazali's Approach in Mental Health Recovery

Mental health encompasses our emotional, psychological, and social well-being. It affects the way we think, feel, and act. According to the World Health Organisation (WHO) 2026, mental health is a state of well-being in which an individual realises his own abilities, is able to cope with the normal stresses of life, is able to work productively, and is able to contribute to society. Mental health is important at every stage of our lives, from childhood and adolescence to adulthood. It is the basis of thinking, learning, communication, resilience, and self-confidence. Although mental illness, also known as a mental disorder, can affect anyone. Mental illness is a health condition that involves changes in the mind, emotions, or behaviours (or a combination of all these) that often cause difficulty coping with normal life stressors. A person can experience poor mental health without being diagnosed with a mental illness.

Various methods and ways to help individuals facing mental health problems and illnesses The Islamic approach is also seen to have a good effect in dealing with mental health cases; the *Tazkiyah al-nafs* approach, according to al-Ghazali, is an effort to cleanse the human soul, heart, and self from the impurities of vile traits through the process of *mujhadah al-nafs (al-takhalli)* and then decorate it with pure qualities through the process of *riyah al-nafs (al-tahalli)*, which requires patience because this process requires persistent effort and takes a long time (Salasiah 2014). Al-Ghazali's view is more detailed and clear. Approach of *Mujahadah al-Nafs Al-Ghazali* has a goal in the process of *mujhadah al-nafs*, which is to fight against the desires of lust and the temptation of the devil. Al-Ghazali (2000) and Ibnu Qayyim (1961 & 2001) divided lust into three types, namely nafsu *mutmainnah*, nafsu *ammrah,* and nafsu *lawwamah*. In this process, al-Ghazali emphasises the process of removing the reprehensible qualities in oneself through the specific method recommended by him.

According to Salasiah (2008), this method is suitable for treating all liver diseases because it is done with the opposite method. This can be understood through al-Ghazali's view in the book *Ihya' Ulum al-Din*, which mentions that every illness is treated with the opposite method, the darkness that dominates the heart occurs due to the sins committed, and there is no other method to eliminate that darkness except with the resulting light of good, and every evil is treated with good. Salasiah (2008) emphasised that everyone needs to examine the cause and identify the type of liver disease so that, with that knowledge, they can use specific treatment methods that coincide with the problem at hand. The total number of reprehensible traits listed by al-Ghazali is as many as 12 traits. Among them are rude speech, telling lies, swearing, bad thinking, anger, envy, arrogance, sadness, and disappointment, which al-Ghazali classifies as Amrd al-Qalb (disease of the heart). Among the examples of treatment are that anger is treated with forgiveness, pride is treated with humility, and so on.

Therapeutic Consultation

Consultation is a service provided by counsellors, psychologists, and human resource workers to help someone who is responsible for a case or programme (Dougherty, 2009). The consultant will help the consultee see the problem as a broad system to understand how it develops, persists, and is resolved (Fuqua & Kurpius, 1993). Consultation can help bring positive change, not only to the client but to the consultation, programme, curriculum, and learning environment as well as the entire environment (Buysse & Wesley, 2005).

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The Development of Al-Ghazali Approach Therapeutic Consultation Module (KiTA)

The development method of this module is based on Al Ghazali Therapy, the Therapeutic Consultation Model (Dougherty, 2009), solution-focused brief therapy and Structural Family Therapy, and Cognitive Behavioural Theory (CBT). Detailed description as below:

1) Al Ghazali Therapy

According to al-Ghazali, *tazkiyat al-nafs* is an earnest effort to cleanse and purify the heart from reprehensible traits. In addition*, tazkiyat al-nafs* is a process of transition from a dirty, stained, and polluted heart with sin to a pure heart. For example, a heart that does not follow the rules of the Sharia needs to be purified into a heart that follows the demands of the Sharia: from a dirty heart to a clean heart; from the emotion of sadness to serenity; the nature of revenge is replaced by forgiveness, humility, control, trust, and so on.

Important principles in *tazkiyat al-nafs* based on the Qur'an, hadiths, and practises of righteous Salafs include sincerity, strengthening monotheism, sticking to the Qur'an and Sunnah, trust, believing in Qada' and Qadr, and the Hereafter (Basri et al. 2013). The Approach of *tazkiyat al-nafs* in dealing with the problem of depression al-Ghazali (2010), the process of *tazkiyat al-nafs* not only involves efforts to cleanse the soul from mazmumah attributes *(al-takhall*), but it also involves efforts to decorate the soul with mahmudah attributes (al. *Al-takhall* is a process that requires a high effort from the opponent, which is the process of *mujahadat al-nafs* by doing the recommended worship practises. On the other hand, needs to go through a continuous training process through virtuous practises, and this process is called *riyaḍat al-nafs*. Individuals who experience problems in life will feel stressed and depressed because they are frustrated with the pressure of the problems they face. If they believe in fate and consider the test a gift from Allah S.W.T, they will be patient and grateful for the test they face (Siti Norlina 2018). Based on the description above, it shows that performing *tazkiyat al-nafs* involves two main processes, namely *mujahadat al-nafs* and *riyaḍat al-nafs*.

Mujhadat al-nafs is a serious effort to cleanse the soul from reprehensible or mazmumah traits (Basri et al. 2013). *Mujhadat al-nafs* is a method to resist and control the lust and eliminate the reprehensible or *mazmumah* traits found in oneself, such as envy, anger, love of the world, takbur, and riak. Not only that, *mujahadah* is a condition for getting guidance from Allah S.W.T (Fariza et al. 2017).

It is also a method of eliminating mazmumah attributes and things related to them so that Allah S.W.T. fills his heart with the light of knowledge. In the book *Ihya' 'Ulum al-Din*, al-Ghazali (2000) states that Sufists obtain inspiration or the path by prioritising mujahadah, eliminating all reprehensible, behaviour, severing all ties with the world, and facing themselves with sincerity to Allah S.W.T. The *mujahadat al-nafs* method is suitable for treating all heart diseases because it is done with the opposite method. For example, anger is treated with forgiveness, and arrogance is treated with humility (al-Ghazali 2000). The process of purifying the soul (*mujahadat al-nafs*) from these mazmumah qualities needs to involve efforts to decorate the soul (*riyaḍat al-nafs*) with mahmudah qualities to purify the soul from reprehensible morals.

The next stage of *tazkiyat al-nafs* is *riyaḍat al-nafs*, which refers to the spiritual discipline of cultivating virtuous qualities and refining one's character. According to al-Ghazali's approach, this process involves strengthening faith, improving the quality of worship, and cultivating

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praiseworthy qualities within the soul. The process requires continuous effort and spiritual discipline to overcome negative traits and develop virtuous habits (Noordin & Ab. Rahman, 2017; al-Ghazali, 1995).

In addition, faith is an important aspect of human life because faith can have a positive effect on mental health. Faith is also the source of all goodness and a reflection of the noble components of Islam. Salasiah et al. (2015) stated that the process of establishing faith involves efforts to complete confidence in the six pillars of faith, including faith in Allah SWT, angels, messengers, the book, the day of judgement, and belief in qadha' and qadar. The second aspect is to improve religious deeds.

2) Therapeutic Consultation Model

Consultation involves three parties, namely the consultant, the consultation, and the client system. The consultant will deliver the service directly to the consultant, that is, the person who will deliver the service directly to the client's system. The client will receive the services delivered by the consultant through an intermediary, which is the consultant. Through the help given by the consultant to the consultee, it will have a positive effect on the role of the consultant in helping the client's system. Consultation is often associated with professional services such as counsellors, psychologists, social workers, or human resource development specialists. Consultants usually consist of lecturers, parents, professionals in human resource services, teachers, administrators, and so on (Dougherty, 2009).

Consultation involving services to people usually involve professionals in services to society such as counsellors, psychologists, social workers, or experts in human resources. While consulting usually involves advisors, people involved in professional services to the community, teachers, administrators, supervisors, and so on. A consultant can consist of one or more individuals. While the client system involves an individual, group, organisation, or community.

There are several studies that use the consultation process among parents and teachers. There are also several studies related to consultation that have proven its effectiveness. Among parents, a study of the effectiveness of consultation was conducted by Clark (2011). For parents who have children with autism, this study involves three mothers who have children with autism in Kentucky, America. They attend weekly therapeutic consultation interventions. This study was conducted to see the acceptance of parents facing the challenge of caring for their children. The results of the study found an increase in competence in dealing with daily routines, dissatisfaction with the school system, daily fatigue, the balance of choosing success, and social acceptance of their children.

A decrease in the level of stress to continue and satisfaction in life. The same findings were obtained from a study conducted by Flanagan (2007), who conducted a study on the effectiveness of one consultation session for parents. This study focus on preliminary study, involving 20 mothers, 3 fathers, and 4 couples, including stepfathers and one stepmother. The results of the study found that after they went through a therapeutic consultation session, their stress level decreased, and they were more able to manage their child's behaviour. Next, a study conducted by Jarvis, Trevatt, and Drinkwater (2004) focused on parents who face the problem of rejection and failure to relate well with their teenage children in the United Kingdom. The results found that there was a significant relationship between changes in parents' perceptions of relationship problems with their teenage children and the level of stress experienced.

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In the teaching setting, a study conducted by Upshur, Gross, and Reed (2009) has done a pilot study on the early mental health of children through an intervention that uses consultation for children who have behavioural problems in preschool. The study was carried out in four pre-school programmes. The results of the study found that there was a significant relationship between the consultation intervention and an increase in aggressive and maladaptive behaviour and an increase in behavioural adjustment. Next, the effectiveness of consultation is further proven by a study conducted by Wilkinson (2006), which is about the effectiveness of energy conjoint behaviour consultation and an effective model for the development of home and school partnerships. The results show a significant increase in behaviour control and a significant change in the teacher's perception and assessment of behaviour problems.

The effectiveness of the Therapeutic Consultation process is stated in the article prepared by Sheridan and Kratochwill (1992), which is about the Behavioural Therapeutic Consultation of parents and teachers. The concept and consideration of the study have stated the appropriateness and effectiveness of the Behavioural Therapeutic Consultation, which is supported by the findings of previous studies showing that through the involvement of parents and their children's teachers, positive behaviour can be formed towards the school and school personnel. A good start in community support, building a positive attitude, and boosting self-confidence. A study conducted by Dunn (1990) reviewed the results and perceptions of teachers towards therapeutic consultation. He suggested that being more consistent can be achieved with a combination of individual and systematic approaches.

Collaborative consultation should have input on problem solving, strategy sharing, peer coaching, and finding an agreed-upon treatment. Kemmis & Dunn (1996) studied the success of an intervention between weekly collaborative consultations with therapists and teachers for children identified as having sensory integration dysfunction and learning problems. The results found that consultation is a very short and appropriate technique to help change mothers' knowledge about parenting skills and their child's level of adaptation. Since previous studies can prove the effectiveness of therapeutic consultation in helping the client and system who are facing various issues, especially in helping to change the client's behaviour, In addition, the existing intervention modules rarely use the consultation process as an intervention. The use of therapeutic consultation is an intervention to overcome the health problems of a student because this consultation is one of the helping relationships that can help individuals such as lecturers, academic advisors, and administrators guide their students to make consistent behaviour changes and at the same time give them confidence to do something relevant and smart when faced with students who have mental health cases. This consultancy can help students with mental health problems by changing positive behaviour and indirectly increasing self-awareness and self-esteem among them.

3) Cognitive Behavioral Theory (CBT).

Cognitive Behavior Therapy was developed by several experts, including Albert Ellis with Rational Emotive Therapy, Aaron T. Beck with Cognitive Therapy, Donald Meichenbaum with Cognitive Behavior Modification, and Arnold Lazarus with Multimodal Therapy. Equally valuable contributions were given by Michael Mahoney, Vittorio Guidano, and Giovanni Liotti (Oemarjoedi, 2003).

Rational Emotive Therapy Albert Ellis, born in Pittsburg in 1913 and living in New York since 1917, is considered the forerunner of Cognitive Behaviour theory, known as Rational Emotive Therapy (RET). Initially, this method of therapy was less acceptable among therapists because

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the effort to rationalise emotions was considered an act that did not value the client. However, with the increasing involvement of cognitive elements and the restructuring of cognitive functions and problem-solving skills, this therapy model began to be accepted and used in psychotherapy. In Rational Emotive Therapy, the therapist is expected to be able to help the client resolve his negative emotions. The basic principle of this therapy is to emphasise the learning process in training skills to shake irrational patterns of thinking, develop rational patterns of thinking, and learn more effective ways to overcome problems or disorders h ins emotions.y placing his emotional condition in a more rational thinking framework, the client is expected to display rational behaviour as well. Further, the disorder becomes milder or even cured altogether (Oemarjoedi, 2003).

Ellis argues that humans tend to talk to themselves, judge themselves, and be defensive. They begin to have emotional and behavioural problems when they are attracted to certain needs (needs for love, recognition, or success) and make the mistake of considering those needs as absolute fulfilment. The words should, must, entitled, demand, order, and the like will increase one's desire to be dogmatic and irrational. Irrational and illogical thought patterns will cause emotional disturbances and further produce behavioural disturbances.

According to Oemarjoedi and Aaron T. Beck (2003) called his theoretical flow Cognitive Therapy (CT), where he developed this theory in cases of depression, which then developed in cases of anxiety and phobias, and continued in cases of personality disorders. Beck's Cognitive Therapy has much in common with rational emotional therapy in terms of an active, directive, present-centred, and structured approach. It emphasises therapeutic efforts based on the technique of recognising and changing negative thoughts as well as maladaptive (rigid) belief systems. Beck's approach is based on the logical idea that the way a person feels and acts is greatly influenced by the way he views and understands his experience. The main purpose of Cognitive Therapy is to restructure negative thoughts and rigid belief systems. The background as a psychoanalyst, where he often found the existence of deviant thought pattern characteristics in the clinical cases he dealt with, made Beck interested in exploring the client's automatic mind in his Cognitive theory.

Beck assures that clients with emotional disorders tend to have difficulties in logical thinking that cause disturbances in their understanding capacity, which is called cognitive distortion. Cognitive distortion is the best-known model of cognitive processing used by Beck's Cognitive Behavioural Counsellors. In this work, the experience of threats will result in the loss of the ability to process information effectively. Cognitive distortions, according to Beck, include:

a) It is easy to draw conclusions without supporting data, tend to think catastrophically, or think the worst.
b) Having a selective understanding, limiting conclusions based on limited matters.
c) It is easy to generalise, as the process of believing an event to be inaccurately applied to other situations
d) The tendency to magnify and minimise the problem makes the client unable to evaluate the problem objectively.
e) Personalization makes clients tend to connect external events with themselves and blame themselves.
f) Labelling or fault labelling, defining self-identity based on failure or fault.
g) A polarised thinking pattern, a tendency to think and interpret everything in the form of all or nothing at all.

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The fundamental difference between Beck's Cognitive therapy and Ellis's Rational emotional therapy is that Ellis emphasises the irrational substance of the mind, while according to Beck, dysfunctional beliefs become a problem because they are not compatible with common cognitive processes, not because of their irrationality. Cognitive therapy uses evidence that supports or contradicts the client's views and assumptions to change their thinking patterns.

Burrow and Wrona (2012), in a pilot study, tested the effectiveness of two types of CBT therapy. Accomadate CBT (A-CBT) and Standard CBT (S-CBT) were tested on 35 samples of Latino adults. The mean age of the sample is 15.49. In this study, six measurements were carried out namely; Timeline Followback; Structured Clinical Interview for DSM-IV; Client Satisfaction Questionnaire; Acculturation Rating Scale for Mexican Americans-II; The Multiethnic Identity Measure and Familism Scale. It was found that A-CBT showed a higher level of retention from continuing to use drugs compared to samples from S-CBT. In addition, the sample following A-CBT also showed a higher level of satisfaction after undergoing therapy, and the sample from A-CBT therapy also showed a lower level of drug re-use after treatment within a period of three months. Likewise, ethnic identity and family influence showed that the sample that followed A-CBT treatment was better than the sample that followed S-CBT. This is because A-CBT has been modified in terms of easier language use, more dynamic group activities, and active interaction with the sample while the therapy is being carried out. Although this study proves that CBT will be more successful if conducted proactively, it uses a small sample size and only focuses on one ethnic group.

Research Methodology

This study employs a conceptual approach to develop a framework for the Al-Ghazali Therapeutic Consultation Module (KiTA). An integrative literature review was conducted to examine Islamic therapeutic principles according to Al-Ghazali, relevant Western psychological theories, and the role of academic advisors in supporting students facing mental health challenges. The literature was synthesized to identify key concepts, theoretical relationships, and potential areas for integration. Based on this synthesis, a conceptual framework is proposed to illustrate the connections between theoretical foundations, the consultation process, the role of academic advisors as facilitators, and the expected outcomes of student support. This proposed framework provides a theoretical basis for future research concerning the development, validation, and empirical evaluation of KiTA within higher education institutions.

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Discussion And Conclusion

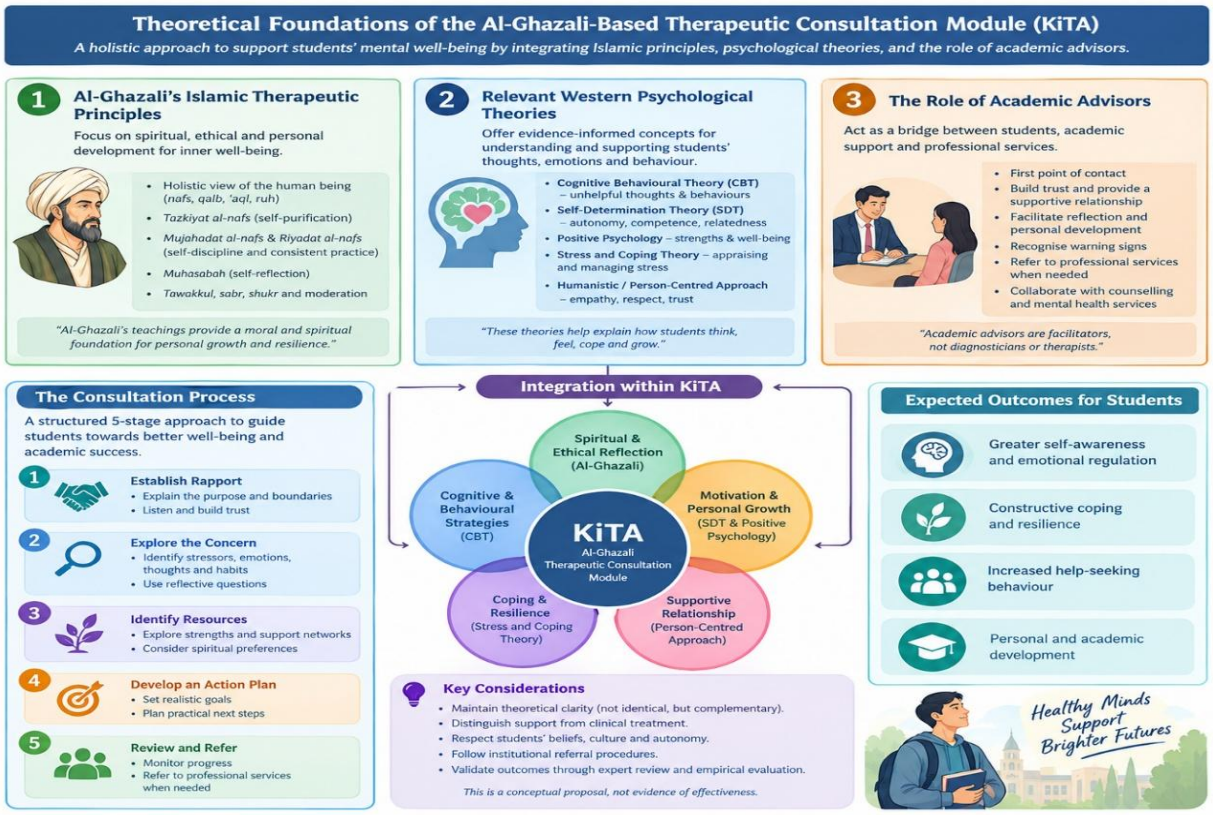

Figure 1: Reseacher Illustration of Al-Ghazali Therapeutic Consultation Module (KiTA)

Based on Figure 1, it can be concluded that KiTA module offers an integrated conceptual approach to supporting students experiencing mental health challenges through three complementary foundations: Al-Ghazali's Islamic therapeutic principles, relevant western psychological theories, and the supportive role of academic advisors. Al-Ghazali's teachings provide a spiritual and ethical perspective on self-development, reflection, discipline, and reliance on Allah. Western psychological theories contribute structured ways of understanding students' thoughts, emotions, motivation, and interpersonal needs. Academic advisors translate these principles into supportive interactions by listening to students, helping them identify resources, encouraging realistic action plans, and facilitating professional referrals when necessary.

The principal strength of KiTA is its recognition that student well-being can involve spiritual, psychological, and academic dimensions that require coordinated attention. Nevertheless, integration must preserve the distinct purposes of each theoretical tradition, respect students' individual beliefs, and maintain the boundaries between supportive academic consultation and clinical treatment.

In conclusion, KiTA offers a potential framework for developing a holistic and culturally responsive student support module within higher education. However, its anticipated benefits in enhancing students' emotional regulation, resilience, help-seeking behaviour, and personal development require further examination through expert validation, pilot testing, and empirical evaluation to establish its effectiveness.

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