

INTERNALIZATION OF ISLAMIC VALUES THROUGH THERAPY AND SPIRITUAL EDUCATION

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Abstract: *The achievement of insanul kamil the ideal of perfect human character in Islam has long served as the ultimate aspiration of Islamic education. Yet contemporary Muslim societies face a paradox: millions of individuals who are nominally Muslim exhibit values, behaviors, and character traits that diverge profoundly from the ideals espoused by the Islamic tradition. This study investigates how Islamic therapeutic approaches and spiritual education can serve as integrated mechanisms for the internalization of Islamic values, addressing both the psychological and spiritual dimensions of character formation. Employing a qualitative phenomenological research design, the study engaged educators, spiritual counselors, and students at Islamic educational institutions in North Sumatra, Indonesia, through in-depth interviews, participatory observation, and document analysis. Data were analyzed thematically following Braun and Clarke’s (2006) six-phase framework. Findings reveal that effective internalization of Islamic values occurs through a four-stage holistic model encompassing cognitive understanding, affective engagement, behavioral habituation, and sustained character consolidation. Islamic therapeutic practices — particularly dhikr (remembrance of Allah), muhasabah (self-reflection), tawbah (repentance), tafakkur (contemplation), and structured spiritual mentorship — proved instrumental in facilitating progression through these stages. Key outcomes of successful internalization included enhanced taqwa (God-consciousness), strengthened tawhid-based knowledge and practice, increased quality of righteous companionship, and demonstrable moral transformation. The study concludes that the deliberate integration of Islamic therapy within spiritual education programs produces synergistic outcomes that conventional cognitive-only approaches to Islamic education cannot achieve, and offers a replicable model for Islamic educational institutions seeking holistic character formation.*

Introduction

Contemporary Islamic education faces a profound and multifaceted challenge. On the one hand, Muslim educational institutions worldwide have achieved remarkable expansions in access and enrollment; on the other hand, there is a widening gap between formal religious education and the actual moral character of its graduates. The phenomenon of what might be called “administrative Islam” — in which individuals are enrolled as Muslims and complete religious curricula without genuinely internalizing Islamic values into their character — represents one of the most urgent problems facing Muslim educators and scholars today (Mujib & Mudzakkir, 2008).

The Islamic tradition articulates its highest educational ideal as *insanul kamil* — the perfect or complete human being who has actualized the full range of spiritual, moral, intellectual, and social virtues in a unified and harmonious personality (Nasr, 2010). This ideal, grounded in the Quranic account of the human being as Allah's vicegerent (*khalifah*) on earth and in the prophetic example (*uswah hasanah*) of Prophet Muhammad (peace be upon him), sets an extraordinarily high bar for Islamic education. It demands not merely the transmission of doctrinal knowledge or the inculcation of ritual observance, but the genuine transformation of the human soul (*nafs*) toward proximity to its Creator.

The contemporary crisis of Islamic character formation is rooted in a fundamental methodological inadequacy: the dominance of cognitive and ritualistic approaches to Islamic education that fail to engage the affective and spiritual dimensions of the learner (Muhaimin, 2012). When Islamic education is reduced to memorization of religious texts, performance of obligatory rites, and compliance with religious rules, it addresses the outer form (*zahir*) of Islam while leaving its inner reality (*batin*) — the living relationship with Allah, the purity of intention (*niyyah*), and the depth of spiritual experience — largely untouched. The result is what Tasmara (2001) describes as formal religiosity without spiritual substance: an Islam of the tongue and the body that has not penetrated the heart (*qalb*).

Islamic therapy and spiritual education offer a more comprehensive and integrative approach to this challenge. Islamic therapy, drawing on the rich tradition of Islamic psychology (*ilm al-nafs*) and the classical literature of spiritual medicine (*al-tibb al-ruhani*), addresses the psychological and spiritual obstacles that prevent the full internalization of Islamic values. Practices such as *dhikr* (remembrance of Allah), *muhasabah* (self-examination), *tawbah* (sincere repentance), *tafakkur* (contemplative reflection), and structured spiritual guidance have been documented as effective tools for healing the diseases of the heart and cultivating positive moral character (Najati, 2005). Spiritual education, meanwhile, provides the structured pedagogical framework within which these therapeutic practices can be intentionally deployed for character formation.

This research is motivated by the recognition that despite growing theoretical discussion of the integration between Islamic therapy and spiritual education, empirical investigation of how this integration actually operates in practice — and what outcomes it produces — remains limited. The study therefore sets out to document and analyze the lived experience of Islamic values internalization through therapeutic and spiritual educational practices at Islamic educational institutions in North Sumatra, Indonesia, contributing both theoretical understanding and practical guidance for Islamic educators, counselors, and policymakers.

The research addresses four primary questions: (1) What factors contribute to the decline in quality of faith (*iman*) among contemporary Muslims, and what indicators signal this decline? (2) What therapeutic approaches can be applied for spiritual healing and values restoration? (3) How can Islamic therapy and spiritual education be integrated into a coherent model of Islamic values internalization? (4) What are the measurable outcomes of such an integrated approach?

2. Literature Review

2.1 Internalization of Islamic Values: Theoretical Foundations

Internalization, as a concept drawn from developmental psychology and educational theory, refers to the process by which external norms, values, and beliefs are progressively

absorbed into an individual's inner world, becoming integral to their identity, motivation, and spontaneous behavior (Hakam, 2007). In the Islamic educational tradition, this concept finds its most profound expression in the classical distinction between ta'lim (instruction in knowledge), tarbiyah (holistic nurturing of the whole person), and tazkiyah (purification of the soul) — three dimensions of the prophetic mission that together constitute the fullest form of Islamic education (Wan Daud, 1989).

Muhaimin (2012) describes the internalization of Islamic values as occurring through three progressive stages. The first is the cognitive or transformational stage, in which learners come to intellectually understand the content, meaning, and rationale of Islamic values through instruction, dialogue, and textual engagement. The second is the transactional stage, characterized by affective engagement with Islamic values through experiential learning, ritual practice, and formative relationships with educators who model the values being taught. The third and most demanding stage is transinternalization, in which Islamic values are fully integrated into the learner's personality structure — expressed naturally and spontaneously in all dimensions of life without external compulsion.

Tafsir (2010) similarly identifies three stages of Islamic values internalization — value transformation, value transaction, and transinternalization — emphasizing that progression through these stages requires not only repeated habituation (ta'wid) but also exemplary modeling (uswah) by educators who embody the values they teach. The centrality of the educator's moral character in Islamic pedagogical theory reflects the classical conviction, expressed by Ibn Khaldun (1377/1958) and Al-Ghazali (2016), that moral formation is fundamentally a relational and experiential process rather than a cognitive one.

Zubaedi (2011) contributes an important insight regarding the holistic character of effective values internalization: it must engage the intellectual, emotional, and spiritual dimensions of the learner simultaneously. This finding has direct implications for educational methodology, suggesting that values-focused programs must go beyond classroom instruction to include experiential, contemplative, and therapeutic components that reach dimensions of the learner that didactic teaching cannot access.

2.2 Islamic Therapy: Spiritual Healing and Moral Restoration

Islamic therapy, as a distinct field of practice and scholarly inquiry, is grounded in the Quranic understanding of the human being as a unity of body (jasad), soul (ruh), heart (qalb), and rational spirit ('aql), whose wholeness and flourishing depend on the harmonious integration of these dimensions in submission to Allah (Bastaman, 2007). The Quran presents itself as a healing — “O mankind, there has come to you a guidance from your Lord, and a healing for what is in the breasts” (Quran 10:57) — and the Islamic tradition has developed rich therapeutic resources grounded in this understanding.

Najati (2005), drawing on the psychology of the Quran and Sunnah, identifies the primary diseases of the heart that Islamic therapy addresses: nifaq (hypocrisy), kibr (arrogance), hasad (envy), bukhl (miserliness), and hub al-dunya (excessive attachment to worldly life). These diseases are not merely moral failures but psychological conditions that distort perception, motivation, and behavior, preventing the genuine internalization of Islamic values. The therapeutic tradition associated with Imam al-Ghazali and Ibn al-Qayyim al-Jawziyyah provides

systematic prescriptions for diagnosing and treating these conditions through specific spiritual practices tailored to the individual's condition.

Hawari (2008) emphasizes the empirically documented therapeutic effects of Islamic spiritual practices. Research on the psychophysiology of prayer and dhikr demonstrates that these practices activate the parasympathetic nervous system, reduce cortisol levels, enhance emotional regulation, and promote states of calm and focused attention — physiological correlates of the classical Islamic description of dhikr as a source of contentment and tranquility of the heart (Quran 13:28). Structured tawbah processes have been associated with significant reductions in guilt, shame, and moral self-condemnation, facilitating the emotional release necessary for genuine moral renewal (Ancok & Suroso, 2011).

Bastaman (2007), drawing on logotherapy and Islamic psychology, argues that spiritual therapy in the Islamic framework is uniquely effective because it addresses not only the psychological symptoms of distress but the existential and spiritual dimensions of human suffering — the loss of meaning (*makna*), the erosion of purpose (*tujuan*), and the disconnection from the transcendent source of ultimate value. By restoring the individual's conscious relationship with Allah and reorienting their values hierarchy toward the divine, Islamic therapy addresses the root causes of moral failure rather than merely its symptoms.

2.3 Spiritual Education in Islamic Pedagogy

Spiritual education in the Islamic tradition encompasses the intentional and systematic cultivation of the learner's spiritual dimension — their relationship with Allah, their God-consciousness (*taqwa*), their experiential engagement with acts of worship, and their progressive purification of the *nafs* from its lower impulses (Tasmara, 2001). This understanding of spiritual education is grounded in the Quranic account of human nature (*fitrah*): the recognition that every human being carries within them an innate orientation toward the divine that, when cultivated, blossoms into genuine piety, wisdom, and virtue.

In the Indonesian Islamic educational context, *pesantren* institutions have historically served as the most developed sites of spiritual education, integrating formal religious instruction with structured spiritual formation through daily routines of congregational prayer, Quranic recitation, dhikr, night vigils (*qiyam al-layl*), and engagement with classical Islamic spiritual literature under the guidance of a *kyai* whose personal spiritual authority and exemplary character constitute the primary pedagogical medium (Dhofier, 2011). Research on *pesantren* environments consistently demonstrates stronger Islamic values internalization outcomes compared to conventional Islamic schools, attributable in large part to the holistic Islamic atmosphere (*biah islamiyyah*) that these institutions deliberately cultivate.

Mujib and Mudzakkir (2008) identify five dimensions of spiritual education in the Islamic tradition: (1) *ruhiyyah* — the cultivation of the soul's relationship with its Creator; (2) *'aqliyyah* — the development of the rational capacity in accordance with divine guidance; (3) *qalbiyyah* — the purification and illumination of the heart; (4) *nafsiyyah* — the refinement of the lower soul through discipline and practice; and (5) *khuluqiyyah* — the formation of noble character (*akhlaq al-karimah*) through habituation and exemplary modeling. An effective spiritual education program must address all five dimensions simultaneously, recognizing their mutual interdependence in the formation of the complete Muslim personality.

3. Research Method

This study employs a qualitative phenomenological research design (Creswell, 2014), chosen for its capacity to explore the lived experiences, subjective meanings, and experiential processes associated with Islamic values internalization through therapy and spiritual education. Phenomenological inquiry is particularly well-suited to this investigation because the central phenomena under study — spiritual transformation, moral character formation, and the subjective experience of Islamic therapeutic and educational practices — cannot be adequately captured through quantitative measurement alone.

The research was conducted at three Islamic educational institutions in North Sumatra, Indonesia, selected through purposive sampling based on their documented implementation of integrated spiritual education and therapy programs. Participants comprised eighteen individuals: six Islamic education teachers (*ustadz/ustadzah*) with specialized experience in spiritual guidance, four Islamic counselors with formal training in both psychology and Islamic sciences, and eight students who had participated in the institutions' spiritual education programs for at least one academic year. Ethical guidelines for research involving human participants were strictly observed, including informed consent, confidentiality, and the right to withdraw.

Data were collected through three complementary methods: (1) in-depth semi-structured interviews lasting 60–90 minutes, conducted individually with all eighteen participants, exploring their experiences of Islamic values internalization, spiritual therapeutic practices, and educational processes; (2) participatory observation of spiritual education sessions, *dhikr* circles, *muhasabah* practices, and counseling interactions across eight site visits; and (3) document analysis of curriculum materials, program designs, reflective journals, and institutional assessment records. Field notes were maintained throughout the observation period (Sugiyono, 2017).

Data analysis followed the six-phase thematic analysis framework developed by Braun and Clarke (2006): (1) familiarization with data through repeated reading and note-taking; (2) systematic coding of relevant features across the entire dataset; (3) collation of codes into potential themes; (4) review and refinement of themes against the coded extracts and the full dataset; (5) definition and naming of themes; and (6) production of the research report. Data validity was ensured through triangulation of sources and methods, prolonged engagement at research sites, member checking of emerging findings with key participants, and peer debriefing with colleagues in Islamic education and psychology (Lincoln & Guba, 1985).

4. Results And Discussion

4.1 Factors Contributing to the Decline of Faith Quality

Analysis of participant testimonies and observational data reveals a constellation of interconnected factors contributing to the decline of faith quality (*penurunan kualitas iman*) among contemporary Muslim youth. These factors operate at three levels: individual, relational, and environmental.

At the individual level, participants identified the dominance of the *nafs ammarah* — the lower, commanding self that inclines toward sensory gratification and worldly attachment — as the primary internal obstacle to values internalization. This manifests as an excessive attachment to social media, entertainment, and peer validation that crowds out the contemplative space necessary for spiritual growth. Participants described a progressive desensitization of the

spiritual heart (qalb) through habitual exposure to morally degrading content, resulting in a diminished capacity for repentance, moral shame (haya'), and spiritual sensitivity.

At the relational level, the quality and character of one's social companions (qarin) emerged as a critical determinant of faith quality. Consistent with the prophetic tradition that describes the influence of companions as resembling fire in a blacksmith's shop or a perfume seller's market — one who sits with the former will inevitably carry the smell of smoke — participants reported that exposure to peers with weak religious commitment significantly accelerated the erosion of their own Islamic values. The absence of righteous companionship (suhbah salihah) created a moral vacuum that negative influences readily filled.

At the environmental level, participants identified the inadequacy of conventional Islamic education as a structural factor. Programs that emphasized doctrinal knowledge transmission without spiritual formation, that used lecturing as the exclusive pedagogical mode, and that assessed religious learning through written tests measuring cognitive retention rather than character transformation were consistently identified as failing to produce genuine internalization. One experienced ustadz summarized this with striking clarity: "We taught them the meaning of taqwa for fifteen years and never created the conditions in which they could actually experience it."

4.2 Indicators of Faith Quality Decline

Participants identified a range of observable behavioral and spiritual indicators that signal a decline in the quality of faith. These were organized by the research team into four domains: (1) ritual neglect — declining consistency and presence of heart in obligatory prayers, reluctance in Quranic engagement, and avoidance of voluntary worship; (2) moral regression — increased dishonesty, erosion of respect for elders and religious scholars, declining empathy, and growing tolerance for prohibited behaviors; (3) spiritual emptiness — loss of meaning and purpose, inability to experience inner peace in worship, disconnection from the dhikr of Allah, and a pervasive sense of existential restlessness; and (4) social deterioration — weakening of brotherhood (ukhuwwah), withdrawal from the mosque community, and increasing preference for the company of irreligious peers.

These indicators are consistent with the classical Islamic account of heart diseases described by Al-Ghazali (2016) and Ibn al-Qayyim al-Jawziyyah, who identify the progressive hardening (qasawah) of the heart as the root spiritual pathology from which all other indicators flow. Participants' descriptions of young Muslims who perform prayers mechanically without inner presence, who recite Quranic verses without being moved by their meaning, and who engage in Islamic community activities from social habit rather than genuine conviction — all point toward this condition of spiritual superficiality that Islamic therapy and spiritual education must address.

4.3 Holistic-Integrative Model of Islamic Values Internalization

The central analytical contribution of this research is a holistic-integrative model of Islamic values internalization that synthesizes findings from participant testimonies, observational data, and document analysis. The model identifies four sequential and mutually reinforcing stages of internalization, each associated with specific therapeutic and educational strategies.

Table 1. Holistic-Integrative Model of Islamic Values Internalization

No.	Stage	Primary Activities	Methods & Strategies	Expected Outcomes
1	Cognitive Recognition (Ta’rif)	Study of Islamic values, concepts, and their Quranic/Sunnah foundations	Halaqah, seminars, Quranic tadabbur, interactive dialogue, case studies	Clear conceptual understanding; intellectual acceptance of Islamic values
2	Affective Engagement (Tadabbur)	Spiritual therapy: dhikr, muhasabah, tafakkur, tawbah rituals, spiritual counseling	Guided meditation, dhikr circles, individual spiritual mentorship, reflective journaling	Emotional resonance with Islamic values; experiential spiritual awakening; heart softening
3	Behavioral Habituation (Ta’wid)	Structured practice of ibadah, community service, ethical conduct monitoring	Consistent scheduling, accountability partnerships, peer mentorship, behavioral contracts	Stable and consistent enactment of Islamic values in daily life
4	Character Consolidation (Tamkin)	Ongoing self-reflection, community engagement, spiritual maintenance, mentoring others	Periodic khalwah (retreat), continuing muhasabah, spiritual biography study, service leadership	Enduring Islamic character (akhlaq al-karimah); capacity to be a positive moral influence on others

Stage one, cognitive recognition (ta’rif), engages the learner’s rational dimension through systematic study of Islamic values in their textual sources and their rational justifications. This stage is necessary but insufficient: participants consistently reported that intellectual understanding of Islamic values, while a prerequisite for deeper internalization, produces no lasting character change without the affective and experiential engagement of stage two.

Stage two, affective engagement (tadabbur), represents the critical transition from cognitive to genuine internalization. It is here that Islamic therapeutic practices play their most decisive role. Through dhikr, the learner’s emotional life is progressively oriented toward Allah, dissolving attachments to competing worldly sources of meaning and security. Through

muhasabah, the learner develops the habit of honest self-examination that is essential for moral growth. Through tawbah, emotional burdens of guilt and shame are processed and released, creating the interior freedom necessary for positive character formation. Through tafakkur, the learner's perception of the natural world and human experience is transformed by the contemplative recognition of divine signs (ayat), deepening wonder, gratitude, and moral sensitivity.

Stage three, behavioral habituation (ta'wid), translates affective transformation into stable behavioral change through systematic practice and communal accountability. Research participants emphasized that this stage requires structured support: clear behavioral expectations, regular monitoring, accountability partnerships with peers and mentors, and positive reinforcement of Islamic values-consistent behavior. The role of the murabbi (spiritual mentor) as a consistent point of accountability and encouragement was identified as essential during this stage.

Stage four, character consolidation (tamkin), represents the achievement of genuine internalization — the stage in which Islamic values have become so thoroughly integrated into the learner's personality that they are expressed naturally and consistently across all domains of life, without external prompting or enforcement. Participants at this stage described a fundamental reorientation of motivation: from compliance-based Islamic practice (doing what Islam requires to avoid punishment or gain reward) to love-based Islamic practice (doing what Islam requires because one genuinely loves Allah and delights in pleasing Him). This phenomenological shift in the quality of religious motivation — from extrinsic to intrinsic, in the language of Deci and Ryan (2000) — represents the defining characteristic of successful internalization.

4.4 Islamic Therapeutic Practices as Mechanisms of Internalization

The thematic analysis reveals five Islamic therapeutic practices as particularly instrumental in facilitating Islamic values internalization across the four stages of the model. Each practice engages distinctive dimensions of the learner and contributes specific outcomes to the internalization process.

Dhikr (remembrance of Allah) functions as the foundational therapeutic and formative practice. Participants described dhikr as a practice that simultaneously addresses psychological distress, reorients the heart toward Allah, and cultivates the spiritual sensitivity necessary for genuine values internalization. Structured dhikr sessions, conducted both individually and communally, were reported to produce states of calm, clarity, and heightened moral consciousness that created optimal conditions for reflective learning and behavioral change. These reports are consistent with Hawari's (2008) research documenting the anxiolytic and psycho-spiritual effects of regular dhikr practice.

Muhasabah (self-examination or accounting of the soul) emerged as the practice most directly linked to moral growth and character transformation. Daily muhasabah — in which the practitioner systematically reviews their intentions, actions, words, and thoughts against the standard of Islamic values — creates a habitual practice of moral self-confrontation that progressively narrows the gap between professed values and actual conduct. Participants who practiced structured muhasabah reported increased moral consistency, reduced impulsive

behavior, and a growing capacity for honest self-assessment — outcomes that correspond directly to the affective and behavioral dimensions of values internalization.

Tawbah (sincere repentance) was identified as a therapeutic intervention of particular importance for students whose values internalization had been impeded by accumulated moral failures, guilt, and shame. Structured tawbah processes, facilitated by trained Islamic counselors, enabled participants to process their moral failures within a framework of divine mercy (rahmah) and forgiveness (maghfirah) that transformed shame from a paralyzing obstacle into a motivating catalyst for change. The experience of Allah's forgiveness, actualized through the tawbah process, was described by multiple participants as a pivotal transformative moment that fundamentally altered their relationship with Islamic values — from a relationship of fear and compliance to one of love and gratitude.

Tafakkur (contemplative reflection on the signs of Allah) was employed in the studied institutions through structured reflection exercises on natural phenomena, Quranic passages, life experiences, and biographical narratives of the Prophet and the Companions. This practice develops the contemplative dimension of the learner's intellect, cultivating a mode of perception that recognizes the divine presence and wisdom in all things and deepens the experiential reality of tawhid (divine unity) as the organizing principle of values and conduct.

Suhbah (righteous companionship) and spiritual mentorship (murabbi relationship) completed the therapeutic framework. Consistent with the Islamic tradition's profound recognition of the formative power of companionship, participants reported that placement within a community of sincerely practicing Muslims — supported by a personal relationship with a spiritually mature murabbi — provided the relational environment in which isolated therapeutic gains could be consolidated into lasting character transformation. The murabbi relationship, characterized by spiritual authority, personal care, consistent accountability, and exemplary modeling, was identified as the single most important contextual factor in successful Islamic values internalization.

4.5 Outcomes of Integrated Therapeutic-Spiritual Education

The research identifies four primary domains of outcome associated with successful Islamic values internalization through integrated therapy and spiritual education. These outcomes were consistently reported across participant groups and corroborated through observational data and document analysis.

In the domain of spiritual outcomes, participants reported significantly enhanced taqwa — not as an abstract theological concept but as a lived experiential reality of divine presence that permeated their daily decisions and relationships. More specifically, they described a strengthening of tawhid-based knowledge (knowing intellectually that Allah is One) into tawhid-based worship (experiencing the practical implications of divine unity in all aspects of life). This represents precisely the transition from cognitive to transinternalized values that the model describes.

In the psychological domain, outcomes included markedly improved emotional regulation, greater resilience in the face of adversity and temptation, reduced anxiety and depressive symptoms, and a deepened sense of meaning and purpose rooted in Islamic values. Participants described a qualitative shift in their experience of daily challenges: from events that provoked fear, anger, or despair to occasions for trust in Allah (tawakkul), patience (sabr), and

gratitude (*shukr*) — a shift that reflects the progressive habituation of Islamic values into spontaneous emotional responses.

In the moral domain, observable behavioral changes included increased consistency in religious obligations, greater honesty and integrity in social interactions, enhanced empathy and compassion toward others, and — strikingly — a significant improvement in the quality of social companionship. Multiple participants described a voluntary and motivated reorientation of their social networks toward righteous companions (*as-suhbah as-salihah*), which the Islamic therapeutic tradition identifies as both an outcome and a mechanism of ongoing values internalization. This finding aligns with the prophetic emphasis on the transformative power of companionship and confirms Mujib and Mudzakkir's (2008) theoretical account of the relational dimension of Islamic character formation.

In the social and communal domain, participants reported strengthened bonds of Islamic brotherhood (*ukhuwwah islamiyyah*), increased involvement in religious and community service activities, greater willingness to take on leadership roles within Islamic communities, and an emerging sense of responsibility for the moral formation of others — reflecting the Islamic understanding that the fully internalized Muslim becomes not merely a beneficiary of Islamic values but an active carrier and transmitter of those values to others.

5. Conclusion

This study set out to investigate how Islamic therapy and spiritual education can function as integrated mechanisms for the internalization of Islamic values, addressing the persistent gap between formal religious education and genuine character transformation in contemporary Muslim educational contexts. The findings make four significant contributions to the scholarly literature.

First, the study confirms that the dominant cognitive-and-ritual approach to Islamic education is structurally insufficient for the internalization of Islamic values, which requires engagement with the affective, spiritual, and experiential dimensions of the learner that didactic instruction alone cannot reach. The theoretical framework of internalization stages — cognitive recognition, affective engagement, behavioral habituation, and character consolidation — provides educational designers with a clear developmental roadmap for program planning.

Second, the study demonstrates that Islamic therapeutic practices — *dhikr*, *muhasabah*, *tawbah*, *tafakkur*, and structured spiritual mentorship — are not merely clinical interventions for individuals with psychological disorders, but are fundamentally formative practices that play an essential role in the moral and spiritual development of all Muslim learners. These practices deserve systematic integration into Islamic educational curricula and teacher training programs.

Third, the holistic-integrative model developed from the research findings offers Islamic educational institutions a practical and theoretically grounded framework for program design. The model emphasizes the sequential and mutually reinforcing character of the four stages, the critical importance of the *murabbi* relationship, and the indispensable role of a spiritually enriching educational environment (*biah islamiyyah*) that supports and sustains the internalization process beyond formal program hours.

Fourth, the study documents a range of positive outcomes — spiritual, psychological, moral, and social — associated with successful values internalization through integrated therapy and spiritual education, providing empirical grounding for the theoretical claims of classical

Islamic educational philosophy. Particularly notable are the findings regarding the voluntary reorientation of social companionship and the emergence of a service orientation toward others — outcomes that suggest successful internalization creates a self-reinforcing and socially generative dynamic that extends the impact of the program beyond its direct participants.

Future research should investigate the longitudinal durability of these outcomes, explore how the holistic-integrative model can be adapted for different educational levels and institutional contexts, and develop validated assessment instruments capable of measuring the deeper dimensions of Islamic values internalization that conventional academic assessments cannot capture. Systematic comparative research across different Islamic educational traditions and cultural settings would also contribute valuable insights into the universal and context-specific elements of effective Islamic values internalization programs.

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