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Qana'ah as a Qur'anic Spiritual Disposition: Its Conceptual Relevance to Mental-Health Self-Diagnosis in Digital Contexts

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Abstract

The growing circulation of mental-health content on social media has expanded access to psychological vocabulary while also increasing the possibility that individuals interpret ordinary distress as a clinical disorder without professional assessment. This article examines the conceptual relevance of qana'ah to mental-health self-diagnosis and specifies the safeguards required for a responsible Islamic response. The study uses a qualitative conceptual design that combines thematic Qur'anic exegesis with an integrative literature review. Six passages—Q. 9:59, 16:97, 20:131, 57:23, 65:3, and 49:6—were analyzed through al-Tabari, Ibn Kathir, Hamka, and M. Quraish Shihab, while peer-reviewed studies on qana'ah, mental-health literacy, misinformation, self-diagnosis, and help-seeking were coded comparatively. The analysis identifies qana'ah as an active disposition comprising gratitude, sufficiency, proportionate desire, continued effort, and reliance on God. Conceptually, these qualities may support emotional regulation and create an interpretive pause before distress is converted into a diagnostic identity. Qana'ah alone, however, does not establish diagnostic accuracy. Its protective relevance becomes more coherent when joined to tabayyun as information verification, mental-health literacy as symptom-context differentiation, and professional consultation as a clinical safeguard. The article therefore proposes qana'ah as a complementary spiritual framework rather than a substitute for psychological or psychiatric care. Because the model is conceptual, its proposed pathways require empirical testing across diverse Muslim populations and digital environments.

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Introduction

Digital media have transformed the ways in which people encounter, name, and communicate psychological distress. Short-form videos, personal testimonies, symptom checklists, and algorithmically recommended content can increase awareness and reduce isolation; they can also detach clinical terms from duration, impairment, differential diagnosis, and context. Mental-health self-diagnosis is used here to mean an individual's attribution of a psychiatric diagnosis to the self without an adequate assessment by a qualified professional. This definition does not pathologize ordinary self-reflection or the preliminary recognition of symptoms. Rather, it distinguishes those potentially useful activities from diagnostic closure based principally on online information.

Recent international research demonstrates why this distinction matters. Social media can facilitate information exchange and peer support, yet the same environment can circulate oversimplified or inaccurate claims (Hudon et al., 2025; Naslund et al., 2020; Starvaggi et al., 2024). Analyses of highly engaged TikTok content have found substantial variability in the accuracy and clinical completeness of information about depression, anxiety, and attention-deficit/hyperactivity disorder (Samuel et al., 2024; Yeung et al., 2022). Qualitative and clinical studies further show that self-diagnosis can provide language, validation, and a pathway toward care, but it may also encourage confirmation bias, identity foreclosure, inappropriate self-treatment, or delayed consultation (Armstrong et al., 2025; Underhill & Foulkes, 2025). Consequently, the problem is not simply access to information; it is the quality of interpretation and the point at which a tentative hypothesis is treated as a clinical conclusion.

Mental-health literacy is commonly proposed as a protective resource because it includes knowledge and beliefs that support recognition, management, prevention, and appropriate help-seeking (Jorm, 2000). Higher literacy is generally associated with better well-being and help-seeking outcomes, although the relationship depends on the quality of knowledge and the availability of services (Özparlak et al., 2023; Pretorius et al., 2019). A further complication is conceptual overexpansion: when increasingly broad descriptions of disorder are adopted, more experiences may be interpreted as pathological. Tse and Haslam (2024) found that broader concepts of mental disorder predicted greater endorsement of self-diagnosis. Responsible literacy must therefore combine recognition with diagnostic humility, contextual appraisal, and awareness of professional limits.

For Muslims, religious concepts may shape how distress is appraised and how support is sought. Religion can provide meaning, hope, community, and coping resources, but it can also be invoked in ways that minimize symptoms or delay treatment when spiritual explanations are treated as exhaustive (Ibrahim & Whitley, 2021; Mahmood & McAloney-Kocaman, 2026). An academically responsible Islamic psychology must therefore articulate spiritual resources without converting them into untested clinical interventions or alternatives to evidence-based care.

One such resource is qana'ah, broadly understood as contentment with God's provision accompanied by gratitude, moral effort, proportionate desire, and reliance on God. Qana'ah is not identical to passivity, withdrawal, or the refusal to improve one's circumstances. Classical and contemporary discussions instead frame it as inner sufficiency that disciplines acquisitive desire while preserving lawful effort and responsibility (Ali, 2014; Abdusshomad, 2020). Psychological studies have associated

qana'ah with well-being, lower future anxiety, adaptive coping, and reduced consumerist orientation (Ahya, 2019; Andriani, 2022; Muawaliyah & Saifuddin, 2023; Saifuddin & Nisa, 2025). These findings are relevant but do not demonstrate that qana'ah prevents or reduces mental-health self-diagnosis.

The existing literature leaves three linked gaps. First, studies of qana'ah generally address well-being, anxiety, coping, or consumption rather than the interpretive process through which online mental-health information becomes a self-applied diagnostic label. Second, studies of self-diagnosis focus mainly on misinformation, literacy, and help-seeking, with limited attention to religious dispositions that may regulate emotional urgency and epistemic judgment. Third, publications that invoke a 'Qur'anic perspective' sometimes cite verses descriptively without documenting a verse-selection procedure, an exegetical corpus, or a transparent movement from tafsir to psychological construct. These gaps require a conceptual—not correlational—analysis.

This study asks: (1) which dimensions of qana'ah emerge from a thematic analysis of selected Qur'anic passages and representative classical and Indonesian tafsir; (2) how might those dimensions be conceptually related to the interpretation of psychological distress in digital contexts; and (3) which epistemic and clinical safeguards are needed to prevent a spiritual framework from replacing professional care? Its novelty lies in three contributions: a documented verse–tafsir–construct mapping; an integrative mechanism linking qana'ah to emotional regulation and responsible interpretation; and the positioning of tabayyun, mental-health literacy, and professional consultation as necessary safeguards. The proposed mechanism is a theoretical synthesis that generates testable propositions; it is not evidence of causation or clinical efficacy.

Method

This article employed a qualitative conceptual design combining thematic Qur'anic exegesis (tafsir mawdu'i) with an integrative literature review. The design was selected because the research question concerns the construction and boundaries of a conceptual relationship rather than the estimation of statistical association or treatment effect. The thematic-exegetical procedure followed the logic of collecting related passages, reading them in textual and interpretive context, and synthesizing their ethical dimensions; the conceptual synthesis followed iterative coding and comparison across disciplinary literatures (al-Farmawi, 1977; Jabareen, 2009; Snyder, 2019).

The primary corpus consisted of the Qur'an (Kementerian Agama Republik Indonesia, 2019) and four tafsir works: al-Tabari's Jami' al-Bayan and Ibn Kathir's Tafsir al-Qur'an al-'Azim, representing influential classical transmitted exegesis, and Hamka's Tafsir Al-Azhar and M. Quraish Shihab's Tafsir Al-Mishbah, representing modern and contemporary Indonesian contextual interpretation. This purposive corpus provided chronological, methodological, and contextual variation without implying exhaustive coverage of the exegetical tradition. Six passages were selected because preliminary lexical and thematic reading showed direct relevance to sufficiency, contentment, regulation of worldly desire, balanced response to gain and loss, reliance on God, or verification: Q. 9:59, 16:97, 20:131, 57:23, 65:3, and 49:6. Q. 49:6 was included not as a direct definition of qana'ah but as the Qur'anic basis for tabayyun, an epistemic safeguard in the proposed model.

Secondary literature was identified through searches of Google Scholar, PubMed, the Directory of Open Access Journals, and Garuda. Searches combined English and Indonesian terms, including 'qana'ah' OR 'contentment' with 'mental health,' 'well-being,' 'anxiety,' or 'coping'; 'mental-health self-diagnosis' OR 'self-diagnosis of mental disorders' with 'social media,' 'misinformation,' 'literacy,' or 'help-seeking'; and 'tabayyun' with 'verification' or 'digital information.' Peer-reviewed English- or Indonesian-language studies published mainly from 2019 to August 2026 were prioritized for the contemporary digital phenomenon. Earlier seminal works were retained when they defined a core construct or method. Sources were included when they directly informed qana'ah, mental-health literacy, self-diagnosis, digital misinformation, religious coping, or help-seeking. Duplicates, non-academic opinion pieces, studies limited to physical-health self-diagnosis, automated disease-detection research unrelated to individual interpretation, and records with unverifiable bibliographic information were excluded. This was a purposive conceptual review rather than a systematic review; the search sought analytic adequacy and conceptual saturation, not exhaustive retrieval or pooled effect estimation.

Analysis proceeded in four stages. First, each passage was read in its immediate Qur'anic context and compared across the four tafsir works. Second, exegetical statements were coded for gratitude, sufficiency, proportionate desire, nonattachment, effort, tawakkul, emotional balance, and verification. Third, the secondary literature was coded for affective urgency, social comparison, source credibility, conceptual overexpansion, symptom-context differentiation, diagnostic humility, and help-seeking. Fourth, the two coding matrices were compared to construct a mechanism linking qana'ah, emotional regulation, tabayyun, mental-health literacy, responsible interpretation, and professional consultation. Following Braun and Clarke's (2006) principles, coding was recursive: proposed themes were checked against source context, negative cases, and conceptual boundaries. Interpretive claims were retained only when supported by convergence across the selected tafsir or clearly labeled as the authors' interdisciplinary inference.

Analytic credibility was supported through source triangulation across classical and contemporary tafsir, explicit separation of primary and secondary sources, and an audit trail from verse to exegetical meaning and then to conceptual psychological relevance. Clinical claims were deliberately constrained: no verse or spiritual disposition was treated as a diagnostic instrument, and no causal effect was inferred from conceptual proximity or cross-sectional associations. Because the study used publicly available texts and did not involve human participants or identifiable personal data, institutional ethics approval was not required.

Results

Qur'anic-Exegetical Dimensions of Qana'ah

The verse–tafsir analysis produced five interrelated dimensions of qana'ah: receptive gratitude, inner sufficiency, restraint of comparative desire, affective balance, and effort joined to tawakkul. Tabayyun emerged as a separate but complementary epistemic principle. Table 1 presents the analytical chain from passage and exegetical emphasis to the psychological relevance proposed in this study.

Q. 9:59 occurs in a context of dissatisfaction with the distribution of alms. Across the selected exegeses, the verse redirects reactive grievance toward acceptance of what

God and the Messenger have given, while preserving hope in God's bounty. The passage therefore does not authorize passive acceptance of injustice or abandonment of lawful aspiration. Its relevance to qana'ah lies in regulating immediate dissatisfaction and relocating desire within trust, ethics, and continued expectation of legitimate provision.

Q. 16:97 promises a good life (hayatan tayyibah) to believers who act righteously. The classical exegetical tradition reports qana'ah among the meanings of the good life, alongside lawful provision, happiness, and obedience; the Indonesian commentaries emphasize the interior quality of life produced by faith and righteous action. This breadth is important: qana'ah is neither material deprivation nor a denial of hardship. It is a mode of sufficiency in which well-being is not reduced to possession or external comparison.

Q. 20:131 prohibits fixing one's gaze on the temporary splendor granted to others. The selected tafsir connects the command to the testing character of worldly display and the superior endurance of divine provision. Conceptually, the verse supports restraint of comparison rather than indifference to social conditions. In digital environments structured by curated self-presentation, this dimension may be relevant to the emotional amplification that precedes hasty self-interpretation.

Q. 57:23 frames a balanced response to what escapes a person and what is received. The exegetical emphasis is not emotional numbness but freedom from excessive grief and arrogant exultation. Qana'ah thus includes proportionate affect: loss may be acknowledged and support may be sought, yet a fluctuating event need not define the entire self. This distinction prevents spiritual language from being used to invalidate sadness, anxiety, or clinically significant symptoms.

Q. 65:3 links tawakkul with divine sufficiency. The tafsir corpus treats reliance on God within a passage that also presupposes observance of limits, deliberation, and action. Accordingly, tawakkul is not a refusal of means. Within the proposed framework, consultation with a psychologist, counselor, physician, or psychiatrist can be one responsible means through which care is pursued.

Finally, Q. 49:6 commands verification when consequential information is received from an unreliable source. Although the immediate context concerns social information rather than mental-health content, the exegetical principle is epistemically transferable: claims should be checked before they guide judgment or action. This study therefore treats tabayyun as a companion to qana'ah. Qana'ah may regulate urgency; tabayyun tests the information on which an interpretation depends.

Table 1. Verse–Tafsir–Construct Synthesis

Passage	Exegetical synthesis	Analytical dimension	Conceptual relevance
Q. 9:59	Acceptance of God-given provision is joined to hope for further bounty; contentment does not cancel legitimate effort.	Receptive gratitude and active hope	Moderates reactive dissatisfaction while preserving agency.
Q. 16:97	The "good life" includes inner sufficiency/qana'ah within faith and righteous action, not material abundance alone.	Inner sufficiency	Broadens well-being beyond possessions and diagnostic labels.
Q. 20:131	Worldly display is temporary and testing; fixation on what others possess is restrained.	Nonattachment and comparison restraint	May reduce affective escalation produced by curated social comparison.

Q. 57:23	Loss and gain should not produce excessive despair or boastful exultation.	Proportionate emotional response	Supports balanced appraisal without suppressing distress.
Q. 65:3	Reliance on God accompanies observance, deliberation, and responsible means.	Tawakkul with effort	Allows professional care to be understood as responsible action.
Q. 49:6	Consequential information must be verified before judgment and action.	Tabayyun (epistemic verification)	Interrupts uncritical adoption of online symptom claims.

Source: Authors' synthesis of al-Tabari (2001), Ibn Kathir (1999), Hamka (2015), and Shihab (2002).

Conceptual Drivers of Mental-Health Self-Diagnosis

The literature synthesis identified three interacting vulnerabilities. The first is affective vulnerability: distress, fear, loneliness, and repeated social comparison may increase the desire for an immediate explanatory label. The second is epistemic vulnerability: short-form content compresses diagnostic criteria, while repetition, personal testimony, and algorithmic relevance can be mistaken for clinical authority. The third is clinical vulnerability: users may not distinguish a symptom from a syndrome or may overlook duration, severity, impairment, comorbidity, medical explanations, and differential diagnosis. These vulnerabilities do not make all self-recognition harmful, but they explain why an accessible label can be adopted before adequate evaluation.

The reviewed studies also show that self-diagnosis is not a unitary practice. For some individuals, it is a provisional language for previously unrecognized suffering and a step toward treatment; for others, it becomes a closed identity or a basis for self-management without assessment (Armstrong et al., 2025; Underhill & Foulkes, 2025). The responsible endpoint is therefore not the prohibition of all online engagement. It is a calibrated sequence: acknowledge distress, treat diagnostic interpretations as tentative, verify sources, assess functional impact and persistence, and seek qualified help when indicated.

Evidence about qana'ah remains indirect. Studies have reported associations with psychological well-being, coping, and lower future anxiety, and a qana'ah-based coping intervention has shown promise in a specific school-related context (Andriani, 2022; Khusumadewi et al., 2025; Saifuddin & Nisa, 2025). None of these findings establishes a direct effect on mental-health self-diagnosis. The present result is consequently a conceptual correspondence between a spiritual disposition and vulnerabilities identified in the self-diagnosis literature, not a measured relationship between variables.

Integrative Conceptual Synthesis

Four protective components emerged from the comparison of the exegetical and psychological corpora. Each performs a different function, and no single component is sufficient. Their relationship is summarized in Table 2.

Table 2. Protective Components and Their Conceptual Functions

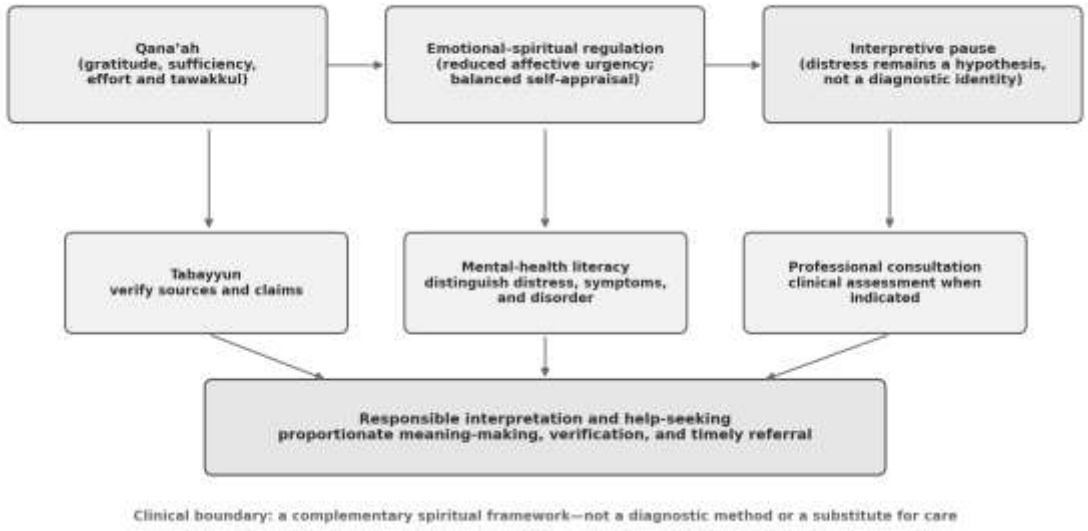
Component	Principal function	Targeted vulnerability	Responsible endpoint
Qana'ah	Emotional–spiritual regulation: gratitude, sufficiency, proportionate desire, effort, and tawakkul.	Affective urgency, comparison, and premature identity closure.	A calmer, non-final appraisal of distress.

Tabayyun	Epistemic verification of source, evidence, context, and likely consequences.	Misinformation, anecdotal generalization, and algorithmic repetition.	A claim is checked before it guides self-judgment.
Mental-health literacy	Differentiation among ordinary distress, isolated symptoms, syndromes, impairment, and clinical disorder.	Conceptual overexpansion and checklist-based labeling.	Diagnostic humility and knowledge of available support.
Professional consultation	Assessment, differential diagnosis, risk evaluation, and appropriate treatment or referral.	Delayed care, self-treatment, and missed comorbidity or risk.	Timely, evidence-informed care when indicated.

Source: Authors' conceptual synthesis of the primary exegetical corpus and secondary mental-health literature.

Proposed Protective Mechanism

The resulting mechanism begins with qana'ah as an emotional–spiritual regulator. Gratitude, sufficiency, and proportionate desire may lower the urgency to convert distress into an immediate identity claim. This creates an interpretive pause in which the person can acknowledge suffering without treating the first plausible label as definitive. Tabayyun and mental-health literacy then operate as epistemic filters, while professional consultation supplies the clinical competencies that neither spiritual reflection nor online content can provide. Figure 1 presents this mechanism and its boundary condition.



Source: Authors' conceptual model. Arrows represent propositions for empirical testing, not established causal effects.

Figure 1. Conceptual Pathway from Qana'ah to Responsible Interpretation

Discussion

Qana'ah as Emotional–Spiritual Regulation

The central contribution of this study is the relocation of qana'ah from a general virtue associated with well-being to a specific position within an interpretive process. The proposed sequence—qana'ah, emotional regulation, interpretive pause, and responsible interpretation—explains relevance without claiming correlation or causation. When distress is accompanied by comparison, uncertainty, or fear, an immediate diagnostic label can promise coherence. Qana'ah may counter this urgency by stabilizing valuation: the self is not measured solely by possessions, performance, emotional fluctuation, or an online

category. This interpretation is consistent with work linking qana'ah to well-being and lower anxiety, but it goes beyond those studies by identifying a hypothesized mechanism that remains to be tested (Ahya, 2019; Andriani, 2022; Saifuddin & Nisa, 2025).

This regulatory interpretation must not be confused with emotional suppression. Q. 57:23 does not require a person to deny pain, and qana'ah should not be used to blame individuals for symptoms or to portray treatment-seeking as spiritual weakness. A person may be grateful and trusting while also experiencing a mental disorder. Equally, acceptance of divine decree can coexist with efforts to change harmful circumstances. The combination of acceptance and action is essential because an exclusively passive reading would contradict the effort-oriented dimensions found in Q. 9:59 and Q. 65:3.

Tabayyun as an Epistemic Protective Mechanism

The incorporation of tabayyun addresses a limitation in approaches that rely on emotional regulation alone. A calm person can still encounter false information, and a verified source can still be misapplied without clinical knowledge. Q. 49:6 provides a normative sequence—receive, verify, then judge or act—that is particularly relevant to digital information with potentially harmful consequences. Its application to mental-health content is an interdisciplinary inference rather than a claim that the verse directly discusses psychiatric diagnosis.

In practice, tabayyun requires more than asking whether a post appears persuasive. It involves checking the creator's competence, the source of diagnostic criteria, the difference between education and assessment, the role of duration and impairment, and whether alternative explanations have been considered. It also entails resisting the equation of popularity with validity. This interpretation complements research showing that high-engagement content may contain incomplete or misleading clinical information (Samuel et al., 2024; Starvaggi et al., 2024; Yeung et al., 2022). Tabayyun thus functions as an epistemic discipline that converts spiritual attentiveness into responsible information behavior.

Mental-Health Literacy, Diagnostic Humility, and Help-Seeking

Mental-health literacy supplies knowledge that qana'ah and tabayyun do not. It helps individuals recognize warning signs, understand available services, and decide when professional support is needed. Yet literacy should not be reduced to familiarity with diagnostic labels. Because broad concepts of disorder can increase self-diagnostic endorsement, responsible literacy must also teach thresholds, uncertainty, developmental and cultural context, and the limits of self-assessment (Jorm, 2000; Tse & Haslam, 2024). The desired outcome is diagnostic humility: the ability to say, 'I am experiencing significant distress and need support,' without assuming that one online description establishes a disorder.

Professional consultation is therefore a constitutive safeguard, not an optional addition. Clinical assessment can evaluate risk, functional impairment, duration, medical conditions, substance use, trauma, and differential diagnoses. Help-seeking research indicates that online environments may either facilitate or delay this step depending on literacy, trust, stigma, and service access (Pretorius et al., 2019; Rickwood & Thomas,

2012). Framing consultation as a responsible means compatible with tawakkul can reduce the false opposition between spiritual reliance and professional care.

Theoretical Contribution, Application, and Boundaries

The model contributes to Islamic psychology by integrating an affective-spiritual mechanism with epistemic and clinical safeguards. Previous qana'ah research has largely measured general well-being, anxiety, or coping; the present synthesis identifies where qana'ah may operate before, during, and after exposure to mental-health content. It also contributes to digital mental-health scholarship by showing that responsible interpretation can be supported not only by factual literacy but also by culturally meaningful dispositions that regulate urgency and comparison.

The model can inform psychoeducational materials for Muslim students, families, counselors, religious educators, and digital-content creators. Such materials should encourage emotional acknowledgment, source verification, contextual assessment, and clear referral pathways. Religious educators should avoid diagnosing congregants, while clinicians should avoid treating religious meaning as clinically irrelevant. Collaborative guidance could present qana'ah as a resource for coping and value clarification, tabayyun as a protocol for evaluating claims, and professional care as the appropriate setting for diagnosis and treatment.

The boundary is categorical: qana'ah is a complementary spiritual framework, not a diagnostic test, preventive guarantee, psychotherapy, medication, or substitute for crisis intervention. The proposed relevance concerns meaning-making and interpretive conduct. It does not imply that insufficient qana'ah causes mental illness or self-diagnosis, that greater qana'ah eliminates symptoms, or that every act of provisional self-recognition is harmful. Immediate professional or emergency support remains necessary when there is risk of self-harm, harm to others, psychosis, severe functional decline, or other urgent clinical concern.

Conclusion

A thematic reading of Q. 9:59, 16:97, 20:131, 57:23, and 65:3 across the selected tafsir corpus identifies qana'ah as an active disposition of gratitude, inner sufficiency, restrained comparison, affective balance, effort, and tawakkul. Q. 49:6 adds tabayyun as an epistemic obligation to verify consequential information. When these findings are integrated with the literature on digital mental-health information, qana'ah is conceptually relevant because it may support emotional regulation and an interpretive pause before distress is converted into a fixed diagnostic identity.

This relevance is conditional, not causal. Qana'ah does not determine whether a disorder is present and cannot establish diagnostic accuracy. Responsible interpretation requires tabayyun, mental-health literacy, and professional consultation. The article's novelty lies in making this layered mechanism and its boundaries explicit: qana'ah regulates affective urgency, tabayyun tests informational claims, literacy differentiates symptoms and disorders, and clinicians provide assessment and care. The framework should therefore be used to complement—not replace—psychological, psychiatric, or emergency services. Empirical testing is required before any preventive or clinical effectiveness claim can be made.

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