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CHANGING THE LENSE: UNDERSTANDING MODREN PERSONALITY DISORDERS THROUGH ISLAMIC APPROACH OF AL-GHAZALI'S FUNCTIONAL DISORDERS

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Abstract: *Contemporary personality psychopathology and classical Islamic psychology offer distinct perspectives on enduring patterns of human dysfunction, yet their conceptual relationship has received little systematic attention. This study presents a comparative theoretical analysis of Abu Hamid al-Ghazali's ten functional disorders in relation to contemporary personality disorders to examine shared psychological mechanisms underlying personality dysfunction. Ghazali conceptualized dysfunction as arising from disturbances in the relationship between the qalb (heart), nafs (self), and aql (intellect), resulting in enduring maladaptive patterns of thought, emotion, and behavior. Drawing upon his writings and contemporary psychological literature, each functional disorder is analyzed within its original conceptual framework before being compared with relevant personality pathology. His descriptions of functional diseases reflect patterns comparable to personality pathology while remaining grounded in a moral-spiritual understanding of the self. The analysis identifies meaningful conceptual correspondences between Ghazali's functional disorders and contemporary personality psychopathology and culminates in the proposed Ghazalian Personality Pathology Correspondence Model, illustrating how clusters of functional disorders may conceptually resemble enduring patterns of personality pathology. By bringing Islamic moral psychology into dialogue with contemporary personality theory, the study offers a novel interdisciplinary framework for understanding personality dysfunction.*

Keywords: Al-Ghazali| Islamic psychology| Diseases of the heart| Qalb| Nafs| Aql| Functional disorders| Personality psychopathology| Personality disorders| Moral-spiritual development| Comparative theoretical analysis

Introduction

The study of human dysfunction and mental health gained significant momentum post World War 2 and has since continued to evolve across cultures and time, continuously being shaped by different assumptions about the nature of self and causes of this dysfunctional behavior. In contemporary Western psychology, maladaptive personality and pathology are generally studied and understood through biopsychosocial framework, where it is defined in terms of cognitive impairments, emotional disturbances, behavioral dysfunctions and neurobiological

imbalances (American Psychiatric Association, 2022). Diagnostic systems categorize personality disorders according to their symptomatology and functional impairments, putting more focus on objectivity, measurability, and empirical evidence. So, traits like aggression, anxiety, impulsivity, avoidance and distorted thinking are studied as clinical phenomena, which significantly shifts focus from moral and spiritual aspects. Long before the emergence of modern clinical psychology, the classical Islamic scholar Abu Hamid al-Ghazali, developed a comprehensive model of the human self. In his works, particularly *Ihya Ulum al-Din and Kimya al-Sa'adat*, he defines human being as a combination of the heart (*qalb*), the self (*nafs*), and the intellect (*aql*) (Al-Ghazali, 2015a, 2015b). These components combine and integrate their functions which shape human thoughts, emotions, and actions. When left unchecked, they gradually distort perception, emotion, judgment, and behavior (Al-Ghazali, 2015). So, from Ghazali's point of view, psychological disturbances are not merely errors of cognition or behavior, but a disruption in the moral and spiritual equilibrium of the inner self.

Ghazali talked about several destructive traits, such as ignorance (*jahl*), malice (*bughd*), cowardice (*jubn*), cruelty (*qaswah/zulm*), lust (*shahwah*), melancholia (*huzn*), malevolence (*khubth*/*hiqd*), envy (*hasad*), deceit (ghurūr / khidāʿ), and *Al-amal*. He called them, the core functional "diseases" that originate within *nafs* and affect the state of *qalb* (Al-Ghazali, trans. 2015). Each of these traits show a specific type of imbalance in the inner self: Ignorance is the distortion in perception and lack of true understanding, malice involves hostility and inner resentment toward others, cowardice reflects excessive fear and avoidance, cruelty indicates absence of empathy and moral sensitivity, lust represents uncontrolled desire overpowering reason, malevolence is the tendency toward intentional harm and moral indifference, melancholia reflects prolonged low mood with loss of interest, envy, which is distress and resentment toward others' advantages, deceit means intentional manipulation through dishonesty and finally, *al-amal* means unrealistic hope that distorts reality.

Personality disorders are enduring and inflexible patterns of cognition, emotion, interpersonal functioning, and behavior that deviate markedly from cultural expectations and lead to significant distress or impairment (American Psychiatric Association, 2022). Unlike many clinical disorders, which may present episodically, personality disorders represent persistent ways of perceiving oneself and others. Because Ghazali's functional disorders likewise describe enduring distortions in moral character, cognition, and emotional functioning, personality disorders provide an appropriate framework for conceptual comparison.

Although Ghazali's framework and contemporary personality theory originate from different intellectual traditions, they converge in describing many of the same disturbances in human functioning. Deficits in moral insight, distorted self-perception, impaired empathy, emotional dysregulation, maladaptive interpersonal functioning, and cognitive distortions described by Ghazali resemble psychological mechanisms that underlie several personality disorders recognized in the DSM-5-TR (American Psychiatric Association, 2022; Beck, 2015). However, these similarities have received limited systematic examination within the psychological literature, particularly through a comparative framework that integrates Islamic moral psychology with contemporary personality theory.

The purpose of this paper is not to equate Ghazali's moral-spiritual framework with DSM-5-TR diagnoses, but to examine whether the psychological mechanisms underlying his functional disorders conceptually resemble those observed in contemporary personality pathology. These conceptual parallels provide a strong basis for comparative examination across both frameworks.

In light of the above, this study examines each of Ghazali's functional disorders as a distinct construct to explore their conceptual relationship with contemporary personality

psychopathology. Each construct is considered within its original conceptual context to facilitate this systematic and in-depth analysis. Rather than proposing diagnostic equivalence, the discussion focuses on conceptual parallels that move beyond superficial similarities toward a detailed analysis of cognitive, emotional and behavioral processes shared across both frameworks, while acknowledging their distinct theoretical foundations. This comparison illustrates how persistent disturbances in qalb, nafs and aql may develop into stable characteristics of individuals that conceptually correspond to enduring patterns of personality dysfunction.

Rationale of the study

Although modern psychopathology has made significant contributions in identifying, classifying and treating personality disorders through empirical and scientific methods, it often lacks attention to deeper moral, spiritual and existential aspects of human functioning. Ghazali conceptualizes ignorance, malice, cowardice, cruelty, lust, malevolence, melancholia, envy, deceit and al-amal as diseases of *qalb*, rooted in the imbalance of *nafs*, emphasizing self-awareness, ethical accountability and inner purification (Al-Ghazali, 2015). Therefore, the rationale of the study lies in bridging the Islamic ethical-spiritual psychology and contemporary psychology, not by equating both systems, but by exploring conceptual parallels in how both explain persistent maladaptive patterns of thought, emotion, and behavior. This comparative approach allows for a deeper interdisciplinary understanding, where personality dysfunction is not only understood in terms of symptoms but also in relation to moral development, meaning, and the refinement of the self, ultimately contributing to a more integrative understanding of human psychology and personality.

Methodology

This research uses a qualitative, theoretical, and comparative design. It is non-empirical in nature and is based on literature review and conceptual analysis rather than data collection and statistical analysis. The study analyzes the concept of functional psychological disorders in the works of Abu Hamid al-Ghazali and compares them with corresponding personality disorders in modern Western psychopathology.

Discussion

Ignorance *(Jahl)*

Ghazali defines ignorance not just as mere absence of information; rather, it is a failure of inner awareness, where individuals get disconnected from self-recognition and truth. Thus, it moves beyond the surface level of “not knowing” and enters the realm of misrecognition. In this condition, the individual loses the capability to analyze himself critically, to examine his own intention, beliefs, attitudes, and actions. In Ihya Ulum al-Din (Book of Knowledge), Ghazali explains that true knowledge (*ilm*) is not just informational but transformative; it illuminates the *qalb*, allowing a person to perceive reality as it truly is. Ignorance (*jahl*), therefore, is a state where this illumination is absent, the heart becomes clouded, and the individual begins to misinterpret truth, justify falsehood, and remain unaware of their own inner condition (Al-Ghazali, 2015). He highlights that the most dangerous form of ignorance is when a person assumes they are correct while remaining inwardly misaligned; what is interpreted as compound ignorance, a state resistant to correction. The main difference between simple ignorance and compound ignorance is that ignorance is simply not knowing, but compound ignorance is not knowing but believing that one knows. This state of belief makes the person resist correction. Here, the problem is not only in cognition but in the detachment between the

qalb and *aql*, where knowledge no longer transforms the self into a perfect man. In this sense, ignorance becomes the foundation or root cause of all other psychological and moral disorders.

The Qur'an repeatedly emphasizes that reflection and comprehension are not merely intellectual but also rooted in heart, as reflected in verse: "They have hearts with which they do not understand…" (Surah Al-A'raf 7:179). Similarly, Quran condemns neglect of reasoning by stating, "Indeed, the worst of living creatures in the sight of Allah are the deaf and dumb who do not use reason." (Surah Al-Anfal 8:22). The consequences of such ignorance are further shown as, "And do not be like those who forgot Allah, so He made them forget themselves." (Surah Al-Hashr 59:19). Likewise, Prophet (PBUH) said, "Whomever Allah intends good for, He gives him understanding of the religion." (Muslim, 2007). In support of this, Ibn e Sina associated ignorance with deficiency in rational soul (*aql*) affecting judgment (Ibn Sina, 2005).

Ignorance may be conceptually linked to several personality disorders, including Antisocial Personality Disorder, Narcissistic Personality Disorder, Schizotypal Personality Disorder, as reflected in disturbances of moral reasoning, self-concept, and reality interpretation (American Psychiatric Association, 2022; Millon et al., 2004).

Ignorance is associated with deficits in moral insight, where individuals fail to evaluate their actions in a moral lens. This may manifest as repeated harm, exploitation, and disregard for others, alongside reduced empathic responsiveness and impaired emotional sensitivity to others' suffering (Blair, 2007; Glenn & Raine, 2014). Such patterns are reflected in Antisocial Personality Disorder, which is characterized by deceitfulness, irresponsibility, lack of remorse, and violation of social norms (American Psychiatric Association, 2022). These behaviors are often maintained through moral disengagement processes, where harmful actions are justified and responsibility is displaced (Bandura, 1999). Cognitive distortions involving rationalization and blame externalization contribute to failure to internalize social norms and ethical standards (Beck et al., 2015; Walters, 2003).

Ignorance may also involve lack of self-knowledge, leading to distorted self-concept and inflated self-appraisal. Such distorted self-perception is maintained through self-enhancing cognitive processes that preserve grandiosity and exaggerated self-importance (Morf & Rhodewalt, 2001). This aligns with Narcissistic Personality Disorder, which involves grandiosity, entitlement, and impaired self-appraisal (American Psychiatric Association, 2022). Psychodynamic accounts further emphasize unstable self-structure and dysregulated self-esteem (Kernberg, 1975; Kohut, 1971), while interpersonal models highlight deficits in empathy and relational attunement (Pincus & Lukowitsky, 2010). Ignorance may also cloud judgement and perception, impairing reality interpretation, leading to unusual beliefs, magical thinking, and cognitive-perceptual distortions. Such individuals struggle to differentiate subjective interpretation from objective reality. These features are characteristic of Schizotypal Personality Disorder, which involves odd beliefs and impaired reality testing (American Psychiatric Association, 2022). Cognitive models attribute these patterns to biased interpretation processes and maladaptive belief formation (Beck et al., 2015; Freeman, 2007; Garety et al., 2001).

Malice *(Bughd)*

Malice refers to a persistent state in which the *qalb* gets so occupied with resentment that one could go to any extremes inflicting pain upon others. The individual thinks that he has to live forever, ignoring the reality of death and day of judgement. Malice is a distortion in social emotion that makes an individual absorb himself with envy (*hasad*) and hostility (*bughd*) towards others. It is a sustained desire for harm, revenge or seeing another person suffer. In

Ihya Ulum al-Din, Ghazali explains that such emotions arise when the *nafs* (self) starts comparing excessively, relating its self-worth to the status and success of others, seeking validation through downfall of others, which gradually transforms natural competition into ill-will (Al-Ghazali, 2015). Malice is not just momentary anger; it is enduring and subtle. It is described as a deep-seated inner grudge or resentment that remains in the heart even after anger has subsided. In this sense, malice reflects a deeper imbalance where emotional responses are not regulated by ethical awareness or reason (*aql*) anymore, which results in this distorted social attitude.

The Qur'an highlights emotional purification as an ethical ideal: "And remove from our hearts any resentment toward those who believe" (Surah Al-Hashr, 59:10). Similarly, the Prophet Muhammad (PBUH) warned against such inner states: "Do not hate one another, do not envy one another…" (Muslim, 2007).

Malice may be conceptually associated with features seen in Paranoid Personality Disorder and Antisocial Personality Disorder (APA, 2022; Millon et al., 2004). Unlike impulsive aggression, malice involves intentional, goal-directed aggression that disregards the rights and welfare of others. This is consistent with Antisocial Personality Disorder, which includes deceitfulness, lack of remorse, and violation of social norms (American Psychiatric Association, 2022; Glenn & Raine,2014). Such patterns are linked to callous-unemotional traits characterized by reduced concern for others' suffering and proactive aggression (Frick & Viding, 2009). Malice may also contribute to hostile attribution bias, where individuals interpret ambiguous social cues as threatening due to projecting their own hostility onto others. Such paranoid interpretations are characteristic of Paranoid Personality Disorder (American Psychiatric Association, 2022). Cognitive models explain this through biased threat perception and interpretative distortions in social cognition (Freeman, 2007; Beck et al., 2015), while psychodynamic perspectives describe projection as a mechanism for externalizing unacceptable impulses (McWilliams, 2011).

Cowardice *(Jubn)*

In the framework of Ghazali, cowardice (*jubn*) is the imbalance of fear. It is a state when the person fails to show courage even when it is morally required, because the faculty of anger (*quwwat al-ghadabiyyah*) is deficient or weakened, or when the irascible forces overpower *qalb* (Al-Ghazali, 2015; Griffel, 2009). Cowardice is manifested as excessive fear that prevents the individual from acting with courage. The self (*nafs*) becomes so overwhelmed by the worldly fears, it leads to avoidance of responsibilities, truth and moral action. (Al-Ghazali, 2015). Basically, the love of the worldly makes one timid as the fear of losing these things becomes great. In *Ihya Ulum al-Din*, Ghazali explains that emotions such as fear are not inherently negative; rather, dysfunction arises when they exceed moderate levels and disrupt the harmony between the *qalb* (heart) and *aql* (intellect). So, the issue is not fear itself, but fear becoming dominant over the *aql* and *qalb*, leading to avoidance of necessary or morally right actions (Al-Ghazali, 2015). This fear dominates the decision-making skills, which further prevents the individual from acting with courage *(shaja'ah)* and balance. It's not just physical fear, but a broader and more generalized psychological tendency which makes the individual resist challenges, accountability, and ethical stands.

The Qur'an redirects fear toward a higher source, stating, "So do not fear them, but fear Me if you are believers" (Qur'an 3:175). Expanding on this, Ibn Taymiyyah explains that fear becomes blameworthy when it prevents a person from fulfilling obligations or pursuing truth, reflecting an imbalance in the self (Ibn Taymiyyah, 2005). Similarly, Ibn Qayyim al-Jawziyyah describes excessive fear as a disturbance of the *qalb*, where reliance shifts away from stability and trust, leading to psychological weakness (Ibn al-Qayyim, 2003).

Cowardice may be conceptually associated with Avoidant Personality Disorder and Dependent Personality Disorder. Fear of rejection or criticism can lead to social inhibition, avoidance of interpersonal situations, and feelings of inadequacy, which are characteristic of Avoidant Personality Disorder (American Psychiatric Association, 2022). Behavioral inhibition theory suggests that heightened sensitivity to social threat contributes to avoidance and withdrawal (Rapee & Heimberg, 1997). When fear of vulnerability becomes prominent, individuals may seek external support. This dependence or excessive reliance on others for emotional and decision-making reflects Dependent Personality Disorder, which involves submissive and clinging behavior along with difficulty functioning independently (American Psychiatric Association, 2022). Attachment theory explains this through anxious attachment patterns and perceived inability to cope without external support (Mikulincer & Shaver, 2007), while dependency research highlights reduced autonomy and heightened reassurance-seeking (Bornstein, 1992).

Cruelty *(Qaswah / Zulm)*

In Ghazali's perspective, cruelty can be understood as an excess in the anger faculty

(quwwat al-ghadabiyyah), where anger surpasses moderate levels and becomes destructive. It reflects the opposite pole of cowardice, marked by overactivation of aggression, which leads the individual to inflict pain, show harshness, become less empathic, and diminished responsiveness to sufferings of others (Al-Ghazali, 2015). In this state, the *qalb* becomes hardened *(qaswah)*, losing its capacity for empathy, mercy and moral sensitivity. The hierarchy of soul gets disturbed; the *qalb* fails to regulate the lower faculties, gets overpowered by *nafs* and anger *(ghadab)*, leaving them unchecked, desensitizing the individual. The individual is not merely angry but shows pleasure or indifference toward others' suffering.

Classical scholars further expand on this idea; for instance, Ibn Qayyim al-Jawziyyah describes hardness of the heart as a condition where emotional responsiveness diminishes due to persistent moral neglect, ultimately leading to injustice *(zulm)* toward others (Ibn alQayyim, 2003).

Cruelty may be conceptually associated with features of Narcissistic Personality Disorder and Antisocial Personality Disorder (American Psychiatric Association, 2022; Millon et al., 2004). Cruelty is associated with diminished empathy, where individuals inflict harm or pain upon others while remaining emotionally desensitized to others' suffering. This reduced empathic concern and lack of remorse are central features of Antisocial Personality Disorder (American Psychiatric Association, 2022). Psychopathy research further highlights impairments in moral emotion processing and affective empathy (Hare, 2003; Koenigs et al., 2010). Cruelty may also involve dehumanization, where individuals disregard others' dignity and use them as a tool for self-enhancement or entitlement. This is characteristic of Narcissistic Personality Disorder involving interpersonal exploitation and lack of empathy as key features (American Psychiatric Association, 2022). The self-regulatory model of narcissism explains how self-enhancement processes contribute to exploitative interpersonal behavior (Morf & Rhodewalt, 2001), while dehumanization research demonstrates how perceiving others as less human facilitates moral disengagement and harm (Haslam, 2006; Bastian & Haslam, 2011).

Lus*t (Shahwah)*

Abu Hamid al-Ghazali relates lust to the faculty of appetite *(quwwat al-shahwiyyah)*. It refers to the dominance of sensory and bodily desires *(shahwa)* over reason *(aql)* and ethical boundaries within the *nafs.* According to *Ihya Ulum al-Din,* Ghazali does not consider lust as inherently bad or negative, rather it is a natural force necessary for survival. The problem arises

when it exceeds moderation, overrides the guidance of *qalb* and disrupts the equilibrium (Al-Ghazali, 2015). The person in this state gets driven by immediate gratification, ignoring higher reasoning and moral limitations or restraints, that are identified as deviation from the right path. He becomes a blind follower of his desires and wishes and adheres to his own judgement only. Lust, therefore, is not only about sexual desire but broadly includes excessive attachment to immediate pleasure, which subjugates discipline, ethical judgement, and rational decision making.

The Qur'an states, "But as for he who feared standing before his Lord and restrained the soul from desires, then indeed Paradise will be his refuge" (Surah An-Nazi'at 79:40–41). Al-Farabi links excessive desire to an imbalance in the rational soul, leading to poor ethical judgment (Al-Farabi, 2005). In modern Islamic psychology, Rassool explains shahwah as part of the appetitive system of the nafs that requires regulation for mental well-being (Rassool, 2016), while Badri emphasizes self-control of desires as essential for psychological stability and inner harmony (Badri, 2013). Together, these perspectives highlight that lust is not inherently negative but becomes psychologically and morally harmful when it is left unregulated.

Lust may be conceptually associated with Borderline Personality Disorder and Histrionic Personality Disorder. The individual becomes a blind follower of his wishes and desires and gets driven by immediate gratification. Impaired self-regulation and dominance of immediate desire can lead to impulsive behavior and emotional instability, which are characteristic of Borderline Personality Disorder (American Psychiatric Association, 2022). Emotion regulation models emphasize heightened sensitivity to affective states and difficulty regulating emotional impulses (Linehan, 1993; Crowell et al., 2009). When desire extends beyond sexuality into a broader need for approval, admiration, and excitement, individuals may adopt attention-seeking and emotionally expressive interpersonal styles. This pattern is consistent with Histrionic Personality Disorder, characterized by excessive emotionality and attention-seeking behavior (American Psychiatric Association, 2022). Theoretical accounts of histrionic traits emphasize reinforcement through external validation and heightened responsiveness to social reward, leading to persistent attention-seeking interpersonal behavior (Sperry, 2003; Millon et al., 2004).

Malevolence (*Ḥiqd / Khubth*)

Ghazali conceptualizes malevolence *(ḥiqd/khubth)* as a condition in which anger becomes permanently embedded within the heart, transforming from a temporary emotional reaction into a stable disposition. Unlike ordinary anger, which subsides after the provoking event has passed, malevolence persists through rumination, resentment, and a continued desire for retaliation. In *Ihya Ulum al-Din*, Ghazali explains that when anger is repeatedly nurtured rather than regulated, it develops into hatred and ill-will toward others. Consequently, the individual begins to rejoice at another's misfortune, feel distressed by their success, and seek opportunities for revenge or humiliation. Malevolence therefore represents a corruption of the irascible faculty, where emotional energy that should protect justice becomes directed toward personal hostility and interpersonal destruction (Al-Ghazali, 2015).

The Qur'an repeatedly discourages believers from harboring resentment and hostility. Allah states, "And remove whatever is in their breasts of resentment" (Surah Al-A'raf 7:43), while another verse says, "Our Lord, forgive us and our brothers who preceded us in faith and put not in our hearts any resentment toward those who have believed" (Surah Al-Hashr 59:10). Ibn Miskawayh regarded excessive hatred and vindictiveness as manifestations of imbalance within the soul that disrupt social harmony and moral development (Ibn Miskawayh, 1968).

Malevolence may be conceptually linked to Antisocial Personality Disorder, Narcissistic Personality Disorder, and Paranoid Personality Disorder due to their shared characteristics of antagonism and interpersonal hostility (American Psychiatric Association, 2022). In Antisocial Personality Disorder, hostility frequently manifests through aggression, intimidation, and a disregard for the welfare of others. In Narcissistic Personality Disorder, perceived criticism or threats to self-esteem may provoke resentment, vindictiveness, and desires for retaliation, particularly when grandiose self-perceptions are challenged (Kernberg, 1975; Pincus & Lukowitsky, 2010). Malevolence may also resemble features of Paranoid Personality Disorder, where individuals maintain enduring grudges, interpret others' actions as intentionally harmful, and remain preoccupied with perceived offenses (American Psychiatric Association, 2022). Although these disorders differ in etiology and clinical presentation, they share the common theme of persistent interpersonal antagonism, which parallels Ghazali's description of malevolence as a deeply rooted disposition of hostility and ill-will.

Melancholia *(Ḥuzn / Saudāwiyyah)*

Ghazali viewed sorrow *(ḥuzn)* as a natural human emotion that becomes problematic when it exceeds moderation and begins to overpower an individual's emotional life. While temporary sadness may promote reflection and spiritual growth, excessive sorrow weakens conflict resolution skills, diminishes hope, and reduces engagement with life's responsibilities. In *Ihya Ulum al-Din*, Ghazali explains that prolonged attachment to losses, disappointments, and unmet expectations may cause the individual to become absorbed in grief, making emotional suffering a central feature of daily functioning (Al-Ghazali, 2015). Such sorrow gradually narrows perception, causing the individual to focus predominantly on hardship while losing sight of opportunities, strengths, and sources of meaning. Thus, melancholia reflects not merely sadness but a persistent state of emotional burden that interferes with psychological balance.

Allah states in Quran, "Do not despair of the mercy of Allah" (Surah Zumar 39:53). Likewise, the Prophet Muhammad (PBUH) frequently sought refuge from anxiety and sorrow, emphasizing the importance of preventing grief from overwhelming the individual (Muslim, 2007). Ibn Sina also recognized that persistent melancholy aversively influences cognition, emotional functioning, and behavior, thereby affecting overall well-being (Ibn Sina, 2005).

Melancholia may share overlapping features with Avoidant Personality Disorder and Dependent Personality Disorder, particularly withdrawal and emotional vulnerability. Prolonged sadness often contributes to social withdrawal, hypersensitivity to rejection, and expectations of disappointment. Individuals may increasingly avoid social interactions due to fears of criticism, failure, or further emotional pain, resembling the social inhibition characteristic of Avoidant Personality Disorder (American Psychiatric Association, 2022). Cognitive models suggest that persistent negative expectations about interpersonal situations reinforce avoidance and isolation (Rapee & Heimberg, 1997). Melancholia may also foster dependency when individuals begin to perceive themselves as incapable of coping independently with life's challenges. Feelings of helplessness and diminished confidence may increase reliance on others for reassurance, emotional support, and decision-making. Such patterns parallel features of Dependent Personality Disorder, characterized by excessive needs for care and fears of functioning autonomously (Bornstein, 1992; American Psychiatric Association, 2022). Melancholia contributes to personality pathology not through hostility or impulsivity, but through hopelessness, withdrawal, and diminished psychological agency. It may also be conceptually linked with Boerderline Personality Disorder. It reflects chronic emotional dysregulation and affective instability, which aligns with Borderline Personality Disorder’s core pattern of intense, rapidly shifting moods and persistent feelings of emptiness (Linehan, 1993).

Envy *(Ḥasad)*

Ghazali defines envy *(ḥasad)* as discomfort toward another person's blessings accompanied by a desire for those blessings to be diminished or removed. Unlike admiration, which may motivate self-improvement, envy emerges when self-worth becomes contingent upon comparisons with others. In *Ihya Ulum al-Din*, Ghazali explains that envy develops when individuals evaluate their value relative to the success, status, or advantages of others, transforming another person's achievement into a source of personal distress (Al-Ghazali, 2015). Consequently, the envier becomes preoccupied with monitoring others' fortunes, making psychological well-being increasingly dependent upon external comparisons rather than personal growth.

The Qur'an condemns envy as a destructive emotional state, asking, "Do they envy people for what Allah has given them of His bounty?" (Surah An-Nisa 4:54). Similarly, the Prophet Muhammad (PBUH) warned that envy consumes good deeds just as fire consumes wood (Abu Dawud, 2008).

In contemporary psychology, envy is strongly linked to instability in self-esteem and social comparison processes (Festinger, 1954; Smith & Kim, 2007). Envy may be conceptually associated with Narcissistic Personality Disorder because individuals with fragile self-esteem often perceive others' success as a threat to their own self-worth. As a result, admiration may transform into resentment, devaluation, or hostility toward individuals who possess desired qualities or achievements (Pincus & Lukowitsky, 2010). Envy may also relate to Borderline Personality Disorder, where unstable self-image and chronic feelings of inadequacy contribute to intense comparisons with others. Individuals may fluctuate between idealizing and resenting others, particularly when they perceive themselves as abandoned, inferior, or overlooked (American Psychiatric Association, 2022). Unlike malice, which focuses on harming others, envy centers on distress arising from perceived inequality and the inability to tolerate another person's advantages. Envy can also be linked to Histrionic Personality Disorder, related to heightened social comparison and sensitivity to attention, which contributes to attention-seeking and approval-oriented behaviors seen in Histrionic Personality Disorder (Sperry, 2003).

Deceit (*Ghurūr / Khidāʿ*)

Ghazali conceptualizes deceit *(ghurūr)* as being misled by false perceptions regarding oneself, one's actions, or reality itself. The most dangerous form of deceit is self-deception, where individuals become convinced of their own righteousness despite significant shortcomings. In *Ihya Ulum al-Din*, Ghazali explains that the nafs often disguises faults as virtues, causing individuals to overestimate their moral condition and underestimate their need for self-correction (Al-Ghazali, 2015). Consequently, deceit becomes a barrier to personal growth because it prevents accurate self-assessment and sincere accountability.

The Qur'an repeatedly warns against being deceived by worldly appearances and false perceptions, stating, "Let not the worldly life deceive you" (Surah Fatir 35:5). Likewise, the Prophet Muhammad (PBUH) emphasized honesty and sincerity while condemning deception in interpersonal dealings (Muslim, 2007).

Deceit may be conceptually associated with Antisocial Personality Disorder, Narcissistic Personality Disorder, and Obsessive-Compulsive Personality Disorder. In Antisocial Personality Disorder, deception frequently serves instrumental purposes, allowing individuals to manipulate situations and achieve desired outcomes while disregarding the rights of others (American Psychiatric Association, 2022). In Narcissistic Personality Disorder, deception may

function to preserve an idealized self-image, conceal vulnerabilities, and maintain perceptions of superiority (Kernberg, 1975; Pincus & Lukowitsky, 2010). A related form of self-deceptive cognition is observed in Obsessive-Compulsive Personality Disorder, where individuals may engage in self-deceptive perfectionism by maintaining unrealistic beliefs about control, competence, and flawlessness. It is the illusion or deception of correctness. Such individuals often struggle to recognize limitations and mistakes because doing so threatens deeply held standards regarding perfection and self-worth (American Psychiatric Association, 2022; Beck et al., 2015). Thus, deceit may emerge through manipulation, self-enhancement, or perfectionistic self-presentation, depending upon the underlying personality structure.

Al-Amal *(Ṭūl al-Amal / False Hope)*

Ghazali describes *Al-amal* as excessive reliance on future expectations accompanied by neglect of present realities. Rather than encouraging constructive planning, false hope promotes the assumption that there will always be sufficient time for change, achievement, repentance, or self-improvement. In *Ihya Ulum al-Din*, Ghazali argues that individuals become distracted by imagined future possibilities while postponing necessary action in the present (Al-Ghazali, 2015). Consequently, aspirations become detached from realistic effort, creating a pattern of delay, complacency, and unrealistic expectation. The Qur'an criticizes those who become distracted by prolonged worldly hopes, stating, "Leave them to eat and enjoy themselves and be diverted by false hope" (Surah Al-Hijr 15:3).

Al-Amal may be conceptually associated with Narcissistic Personality Disorder, Obsessive Compulsive Personality Disorder and Dependent Personality Disorder. In narcissistic functioning, unrealistic expectations regarding future success, achievement, or recognition may be sustained despite limited effort or objective evidence. Grandiose fantasies allow individuals to preserve positive self-views while avoiding confrontation with present limitations (American Psychiatric Association, 2022; Kernberg, 1975). Linking it with OCPD, al-amal reflects an excessive future-oriented expectation that outcomes must reach an ideal or perfect standard, which aligns with OCPD's rigid perfectionism, over conscientiousness, and inflexible demand for flawlessness (Beck et al., 2015). False hope may also contribute to dependent personality patterns when individuals rely excessively on external sources for future rescue, support, or problem resolution. Rather than developing autonomous coping strategies, they may assume that others will eventually provide solutions to personal difficulties. Such reliance reinforces passivity and postponement of independent action, which parallels central features of Dependent Personality Disorder (Bornstein, 1992; American Psychiatric Association, 2022). Unlike melancholia, which is characterized by hopelessness and withdrawal, al-amal reflects unrealistic optimism and excessive future orientation that discourages realistic self-evaluation and timely action.

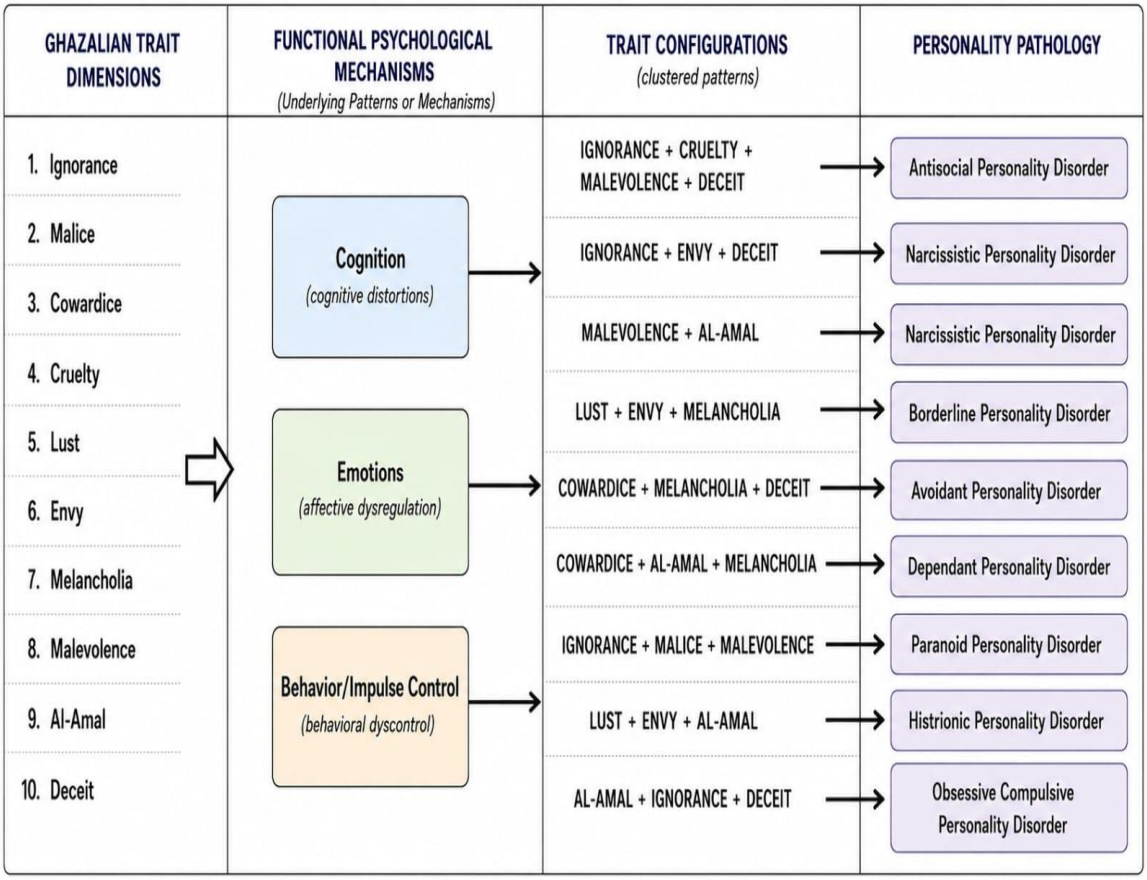
Proposed Ghazalian Personality Pathology Correspondence Model:

This model proposes that Ghazalian functional disorders do not operate in isolation, but they interact and cluster to form stable patterns of personality dysfunction. These functional disorders (as represented in column 1) represent 3 broadly categorized underlying mechanisms. These include Cognitions (distorted beliefs, impaired insight, faulty judgment, and biased interpretations of self and others), Emotions (hostility, envy, sadness, fear, and reduced empathy) and Behavior/ Impulse control (impulsivity, avoidance, dependence, aggression, manipulation, and poor self-control). When multiple functional traits form specific configurations, they may resemble stable and enduring personality patterns of pathology. Overall, the Ghazalian moral functional traits operate through functional psychological mechanisms, then form interacting trait configurations which correspond to DSM-5 personality disorder patterns. The model does not propose diagnostic equivalence or causation but rather

highlights structured parallels between two distinct systems of understanding personality dysfunction.

Figure 1

Ghazalian Personality Pathology Correspondence Model



Note. Own work. Should be reproduced by proper citation of the work

Conclusion

This comparative analysis revealed that modern western personality pathology and Ghazali's framework describe many of the same enduring maladaptive patterns; they differ in how these patterns are understood and addressed. Across all 10 constructs or functional diseases, as named by Ghazali, a consistent distinction emerges in how enduring personality dysfunction is understood. Contemporary personality psychology primarily explains maladaptive personality patterns in terms of cognitive, emotional, behavioral, and biological processes. Ghazali, however, extends this understanding by emphasizing the individual's responsibility in recognizing, regulating, and transforming these enduring tendencies. He views the individual not merely as a recipient of these influences but as an active participant in shaping his or her inner state and personality.

From Gazali's perspective, personality is not a fixed entity but a dynamic moral and psychological system capable of refinement and development through self-awareness, ethical boundaries and regulation of nafs. This introduces a dimension of self-accountability in

understanding personality pathology and personality development, that is largely absent in clinical models of personality in the West. This suggests that enduring maladaptive traits are not merely descriptive characteristics but patterns that can be consciously recognized and gradually reformed through inner moral development. This leads to further inquiry about whether psychological well-being should be understood as adjustment, or also as ethical and existential alignment of human self.

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