

Integration of Islamic Spirituality into Contemporary Mental Health Models: A Critique and Synthesis of Western Psychology

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Received: 14-01-2026

Revised: 15-04-2026

Accepted: 13-06-2026

ABSTRACT

Mental health has become a major global concern, requiring comprehensive approaches that address biological, psychological, social, and spiritual dimensions. Contemporary Western psychology has developed various models, including the biopsychosocial model, positive psychology, and evidence-based psychological interventions. However, spirituality is often positioned as a complementary factor rather than a foundational dimension of mental health. This study aims to critically examine contemporary mental health models in Western psychology and synthesize them with Islamic spirituality to develop a more holistic conceptual framework. This study employs a library research approach with conceptual analysis. Data were obtained from scholarly literature on mental health, clinical psychology, positive psychology, psychology of religion, Islamic psychology, and Islamic spirituality, as well as relevant Islamic sources. Data were analyzed through content analysis and thematic synthesis. The findings indicate that Islamic spirituality, centered on tawhid, worship, dhikr, supplication, tawakkul, gratitude, patience, and tazkiyat al-nafs, can serve as an epistemological foundation for integrating biological, psychological, social, and spiritual dimensions of mental health. The proposed model emphasizes that mental health involves not only psychological well-being and adaptive functioning but also meaning in life, inner tranquility, moral orientation, and spiritual connectedness. The study contributes a conceptual synthesis between Western and Islamic psychology and recommends empirical validation across diverse social and cultural contexts.

Keywords: Islamic Spirituality, Mental Health, Islamic Psychology

How to Cite Setiawan, F., & Afriyuda, E. (2026). Integration of Islamic Spirituality into Contemporary Mental Health Models: A Critique and Synthesis of Western Psychology. *NAFSANA: Journal of Islamic Psychology*, 1(1), 11-21. <https://doi.org/10.58988/nafsana.v1i1.1236>

INTRODUCTION

Mental health is a global issue that has received increasing attention across various disciplines, including psychology, medicine, public health, and the social sciences (Akhmad et al., 2025; Dewa, 2025; Yusvinanda et al., 2025). The World Health Organization (WHO) defines mental health not merely as the absence of mental disorders but as a state of well-being in which individuals realize their own potential, are able to cope with the normal stresses of life, work productively, and contribute to their communities (World Health Organization [WHO], 2022). Alongside the increasing complexity of modern life, various problems such as chronic stress, anxiety, depression, loneliness, identity crises, and loss of meaning in life have continued to increase in many countries. These phenomena indicate that mental health is influenced not only by biological and psychological factors but also by social and cultural changes, as well as the spiritual dynamics that accompany human life. This condition has encouraged the development of various contemporary mental health models that seek to explain the determinants of mental health more comprehensively through biopsychosocial, positive psychology, and transpersonal psychology approaches.

Nevertheless, most mental health models developed within contemporary psychology remain rooted in Western psychological paradigms characterized by empirical, positivistic, and secular orientations. These approaches generally view mental health as the result of interactions among biological, cognitive, behavioral, and social environmental factors, while the spiritual dimension is more often positioned as a supporting factor or complementary variable that can enhance psychological well-being. Various modern psychological interventions, such as Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT), and positive psychology approaches, have been shown to be effective in helping individuals develop emotional regulation skills, resilience, and coping strategies (Febrianti et al., 2026; Paduli, 2025; Sriandi & Habsy, 2025). However, these approaches generally remain focused on psychological functioning and individual adaptation to the environment and therefore do not fully explain the transcendental dimension associated with purpose in life, the human relationship with God, and existential meaning, which constitute important aspects of life for religious communities.

A number of studies have demonstrated that spirituality has a significant relationship with mental health, particularly in enhancing resilience, hope, life satisfaction, and the ability to cope with stress, while reducing the risk of depression and anxiety (de Diego-Cordero et al., 2026). However, in many Western psychological models, spirituality is generally understood as a subjective experience or an individual coping resource without being directly associated with a particular religious belief system. This conceptualization differs from the Islamic perspective, which views spirituality as the foundation of human life. In Islam, mental health is determined not only by the balance of biological, psychological, and social functions but also by the quality of the human relationship with Allah (*ḥabl min Allāh*), relationships with others (*ḥabl min al-nās*), and the ability to maintain harmony with the environment. Thus, mental health is understood as a condition reflecting harmony among the physical dimension, intellect (*'aql*), heart (*qalb*), soul (*nafs*), and spirit (*rūḥ*), all of which are oriented toward the value of *tawhid* (Keskin, 2025).

From the perspective of Islamic psychology, mental health disorders are not viewed solely as consequences of biological dysfunction or psychosocial stress but may also be influenced by the weakening of the spiritual dimension, the loss of meaning in life, and an imbalance in the individual's relationship with God. Values such as tawhid, ihsan, taqwa, patience (sabr), gratitude (shukr), reliance upon God (tawakkul), and remembrance of God (dhikr) are regarded as internal mechanisms that contribute to the development of inner tranquility, self-control, optimism, and the ability to cope with various life challenges. Therefore, Islamic spirituality does not merely function as a coping strategy when individuals experience psychological problems but also serves as a paradigm that shapes how individuals understand life, confront suffering, and achieve holistic psychological well-being.

On the other hand, the increasingly pluralistic and multicultural nature of global society presents new challenges for the development of mental health models. Globalization, modernization, digitalization, and changing lifestyles have increased the complexity of psychological problems that cannot always be adequately explained through medical or psychological approaches alone. The increasing prevalence of meaning crises, loneliness, psychological exhaustion or burnout, and social alienation demonstrates that mental health is also closely related to existential and spiritual dimensions. For Muslim communities, separating psychological and spiritual aspects in understanding mental health may result in approaches that are less contextual because they do not fully reflect the value systems that form the foundation of their lives. This condition highlights the importance of developing mental health models capable of integrating contemporary psychological findings with the principles of Islamic spirituality.

Various previous studies have examined the relationship between religiosity, spirituality, and mental health. Some studies indicate that religious practices contribute to improved psychological well-being, resilience, and quality of life, while others have developed Islamic psychology as an alternative to modern psychological paradigms. However, these studies generally focus on the influence of spirituality as one of the determinants of mental health or as an approach to psychological intervention. To date, relatively few studies have specifically reconstructed mental health models through a synthesis of contemporary mental health theories and the epistemological framework of Islamic spirituality (Omais & Santos, 2026). In other words, a conceptual gap remains in the absence of an integrative model that positions Islamic spirituality as a foundation for understanding mental health rather than merely as an additional variable within Western psychological systems.

Based on these conditions, this study aims to critically examine the contemporary mental health paradigm developed within Western psychology while reconstructing a mental health model that integrates Islamic spirituality as a conceptual foundation. Through a library research approach with conceptual analysis, this study synthesizes various theories of mental health, positive psychology, clinical psychology, psychology of religion, and Islamic psychology to produce a more holistic integrative model of mental health. The resulting model is expected not only to contribute to the development of a more contextually relevant theory of mental health for Muslim communities but also to enrich contemporary psychological discourse through the integration of biological, psychological, social, and spiritual dimensions as an integrated whole in understanding human mental well-being.

METHOD

This study employs a library research approach with a conceptual analysis design. This approach was selected because the research does not aim to test hypotheses through empirical data but rather to critically examine contemporary mental health models in Western psychology and develop a conceptual synthesis that integrates Islamic spirituality as an epistemological framework for understanding mental health. Through this approach, the study seeks to reconstruct the concept of mental health through a dialogue between modern psychological theories and the perspective of Islamic psychology, thereby producing a more comprehensive and contextually relevant conceptual model for Muslim communities.

The research data sources consist of primary and secondary sources. Primary sources include books and scholarly articles addressing theories of mental health, clinical psychology, positive psychology, psychology of religion, Islamic psychology, and Islamic spirituality. In addition, the Qur'an, Hadith, Qur'anic commentaries (tafsir), and Islamic psychology literature are used as primary references for identifying spiritual concepts related to mental health. Secondary sources include previous research findings, dissertations, scholarly proceedings, reference books, and other academic documents relevant to the integration of spirituality and mental health (Pasaribu et al., 2026; Suyanto, 2023). Data collection was conducted through documentary research involving systematic literature searches across various scholarly databases, including Scopus, Web of Science, PubMed, PsycINFO, Google Scholar, the Directory of Open Access Journals (DOAJ), and nationally accredited journals. The literature search employed a combination of keywords, including mental health, psychological well-being, Islamic psychology, Islamic spirituality, religiosity, positive psychology, mental health model, religion and mental health, and well-being. The literature was selected based on its relevance to the research focus, publication quality, peer-review process, and recency, while also considering classical works that serve as foundations for the development of theories of mental health and Islamic psychology.

Data analysis was conducted using content analysis combined with thematic synthesis (Syauqi et al., 2026). Content analysis was used to identify concepts, assumptions, and theoretical frameworks concerning mental health in both Western psychology and Islamic psychology, while thematic synthesis was employed to integrate related concepts into a new conceptual model. The analysis process was conducted in several stages, including: (1) identifying contemporary mental health models in Western psychology; (2) identifying Islamic spiritual concepts related to mental health, such as tawhid, qalb, nafs, rūḥ, tazkiyat al-nafs, sabr, gratitude (shukr), reliance upon God (tawakkul), and remembrance of God (dhikr); (3) critically analyzing the points of convergence and divergence between the two perspectives; (4) conducting a conceptual synthesis to integrate biological, psychological, social, and spiritual dimensions; and (5) formulating an integrative mental health model based on Islamic spirituality.

To enhance the credibility of the research findings, a triangulation of literature sources was conducted by comparing various sources from the fields of psychology, religious studies, mental health, and social sciences. In addition, each source was critically analyzed based on its epistemological foundation, consistency of argumentation, and relevance to the research objectives. Through these procedures,

this study is expected to produce a conceptual model with theoretical coherence, bridge the dialogue between Western psychology and Islamic psychology, and contribute to the development of a more holistic and contextually relevant approach to mental health research.

RESULT AND DISCUSSION

RESULT

The synthesis of various sources of literature indicates that contemporary mental health models have undergone significant development, shifting from approaches initially oriented toward the treatment of mental disorders (pathogenic approaches) toward more holistic approaches that emphasize psychological well-being, resilience, quality of life, and individuals' ability to adapt to various demands of life. This paradigm is reflected in the development of biopsychosocial models, positive psychology, and health psychology, which view mental health as the result of interactions among biological, psychological, and social environmental factors. These various theories emphasize that mental health is measured not only by the absence of psychological disorders but also by an individual's ability to develop optimal psychological functioning, establish healthy social relationships, and achieve a meaningful life.

Nevertheless, the review findings indicate that most mental health models in Western psychology remain oriented toward empirical paradigms that position mental well-being as a consequence of balanced biological, cognitive, emotional, and social functioning. Spirituality is generally positioned as a supporting factor that can enhance quality of life or serve as a coping strategy when individuals face psychological distress. Thus, the spiritual dimension has not yet been positioned as a primary foundation for shaping mental health. Consequently, explanations of psychological well-being among religious communities often fail to fully explain how belief in God, religious practices, and spiritual values shape meaning in life, inner peace, and self-control.

In contrast, the synthesis of Islamic psychology literature demonstrates that mental health is understood as a state of balance involving the physical dimension, intellect ('aql), heart (qalb), soul (nafs), and spirit (rūḥ) (Akbar et al., 2026). All of these dimensions are centered on the value of tawhid as the primary orientation of life. From this perspective, mental health is measured not only by an individual's ability to adapt to the environment but also by the quality of their relationship with Allah, their ability to control desires, their inner tranquility, and their consistency in practicing moral and spiritual values. Therefore, Islamic spirituality is not viewed as an external factor that supports mental health but as the core that integrates all aspects of human life.

The synthesis also demonstrates that spiritual concepts such as tawhid, tazkiyat al-nafs, dhikr, tawakkul, gratitude (shukr), patience (sabr), repentance (tawbah), and moral character (akhlaq) have highly significant psychological functions (Lazuardi et al., 2025). These values contribute to the development of self-regulation, strengthen resilience, enhance optimism, reduce anxiety, and help individuals find meaning in various life experiences. Thus, mental health from an Islamic perspective is not merely oriented toward achieving psychological well-being but also toward creating balance among spiritual, psychological, social, and biological dimensions, culminating in a meaningful life (hayatan ṭayyibah).

Based on the synthesis of these two perspectives, this study produces an integrative mental health model based on Islamic spirituality that reconstructs contemporary mental health models through the integration of biological, psychological, social, and spiritual dimensions. This model demonstrates that mental health is the result of dynamic interactions among Islamic spirituality, individual psychological processes, socio-cultural support, and biological conditions that continuously influence one another. The main components of the model are presented in Table 1.

Table 1. Integrative Mental Health Model Based on Islamic Spirituality

Component	Conceptual Description	Function in the Model	Expected Outcomes
Islamic Spirituality	<i>Tawhid</i> , worship (<i>ibadah</i>), remembrance of God (<i>dhikr</i>), supplication (<i>dua</i>), reliance upon God (<i>tawakkul</i>), gratitude (<i>shukr</i>), patience (<i>sabr</i>), and <i>tazkiyat al-nafs</i> serve as foundations for shaping life orientation and existential meaning.	Serves as the foundation for the construction of meaning in life, self-regulation, inner peace, and the strengthening of moral values.	Spiritual peace, optimism, resilience, and self-control.
Individual Psychological Processes	Include perception, cognition, emotion, motivation, personality, and coping abilities influenced by spiritual values.	Integrate life experiences with religious beliefs in shaping psychological responses.	Effective emotional regulation, positive self-identity, and stable psychological health.
Social and Cultural Support	Family environments, communities, culture, and religious practices that support individual development.	Strengthen the internalization of spiritual values while enhancing a sense of belonging and social support.	Harmonious interpersonal relationships, social cohesion, and healthy cultural adaptation.
Biological Dimension	Physical condition, neurological functioning, healthy lifestyle, and physiological balance as integral components of mental health.	Support psychological functioning and maintain balance between body and soul.	Healthy physical condition and optimal capacity to cope with psychological stress.
Holistic Mental Health	The integration of biological, psychological, social, and spiritual dimensions into a unified system.	Serves as the primary outcome of the model through the achievement of comprehensive life balance.	Psychological well-being, meaning in life, quality of life, and happiness in both this world and the hereafter.

Based on Table 1, the resulting model demonstrates that Islamic spirituality is a central component that provides direction for the entire process of mental health

formation. Unlike contemporary mental health models that generally position spirituality as a supporting factor, this model places the values of tawhid at the foundation of how individuals make meaning of life, cope with stress, and develop psychological balance. Spirituality subsequently influences individual psychological processes, including emotional regulation, motivation, identity formation, and coping strategies for dealing with various life challenges.

Furthermore, these psychological processes are influenced and strengthened by social and cultural support through families, communities, educational environments, and religious practices that develop within society. A conducive social environment strengthens the internalization of spiritual values while enhancing individuals' ability to build healthy and adaptive interpersonal relationships. On the other hand, the biological dimension remains an important component of mental health because physical conditions and physiological functioning contribute to emotional stability, cognitive functioning, and psychological well-being. Nevertheless, this model emphasizes that the biological dimension does not operate independently but interacts with psychological, social, and spiritual factors.

The integration of these four components produces holistic mental health as the primary outcome of the model. Mental health in this model is understood not merely as the absence of psychological disorders but as a harmonious condition characterized by inner tranquility, the ability to regulate emotions, healthy social relationships, physical well-being, and spiritual closeness to Allah. Thus, the findings of this study produce a conceptual reconstruction that expands contemporary mental health models by integrating Islamic spirituality as a primary foundation for developing holistic and sustainable mental well-being.

DISCUSSION

The findings of the study demonstrate that contemporary mental health models have undergone significant development, with a paradigm shift from disorder-oriented approaches (pathogenic models) toward approaches that emphasize well-being, quality of life, resilience, and optimal psychological functioning. This shift is reflected in the development of biopsychosocial models, positive psychology, and health psychology approaches, which view mental health as the result of interactions among biological, psychological, and social factors (Arslan et al., 2025). Nevertheless, the synthesis of this study indicates that most of these models still position spirituality as a complementary dimension that functions to strengthen the healing process or enhance psychological well-being, rather than as a conceptual foundation for understanding mental health. Consequently, explanations of mental health among societies that regard religion as a primary orientation in life remain less comprehensive because they do not fully accommodate the transcendental dimension as a source of meaning, purpose in life, and behavioral regulation.

The findings of this study demonstrate that Western psychological perspectives generally understand mental health through indicators such as an individual's ability to adapt to the environment, regulate emotions, think rationally, establish healthy interpersonal relationships, and achieve psychological well-being. These approaches have made significant contributions to the development of evidence-based psychological interventions, such as Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT), and positive psychology, which have been shown

to be effective in enhancing coping abilities, resilience, and individuals' quality of life (Janitra et al., 2024). Nevertheless, this study identifies that these models tend to focus on intrapersonal and interpersonal dimensions, while the human relationship with God has not yet become an integral part of the construction of mental health. For religious communities, particularly Muslim communities, spiritual experience is an inseparable part of how individuals understand themselves, make sense of suffering, and determine the direction of their lives.

The synthesis of Islamic psychology literature demonstrates that mental health is understood as a state of balance involving the physical dimension, intellect ('aql), heart (qalb), soul (nafs), and spirit (rūḥ), all of which are oriented toward the principle of tawhid. From this perspective, mental health is measured not only by an individual's ability to function socially or remain free from psychological disorders but also by the quality of their relationship with Allah, inner tranquility, purification of the soul (tazkiyat al-nafs), and the ability to practice moral values in everyday life. Thus, Islamic spirituality is not positioned merely as a coping mechanism but as a paradigm that shapes how individuals perceive life, face trials, and achieve holistic well-being.

The integrative model developed in this study demonstrates that Islamic spirituality constitutes the primary foundation of mental health, while biological, psychological, and social dimensions function as mutually supportive components in achieving balance in life. This finding extends the biopsychosocial model proposed by (Arslan et al., 2025; Janitra et al., 2024) by adding the spiritual dimension as the central element integrating all aspects of human life. In this model, values such as tawhid, worship (ibadah), remembrance of God (dhikr), supplication (dua), reliance upon God (tawakkul), gratitude (shukr), patience (sabr), and moral character (akhlaq) shape individuals' frameworks for interpreting life experiences, regulating emotions, and developing adaptive responses to various psychological pressures. Thus, mental health is understood not only as the ability to adapt to the environment but also as the ability to maintain balanced relationships with Allah, fellow human beings, oneself, and the environment.

Furthermore, the findings demonstrate that individual psychological processes serve as mechanisms linking spirituality and mental health. Perception, emotion, motivation, self-regulation, and identity formation are influenced by the extent to which spiritual values are internalized. Individuals with strong spiritual orientations tend to interpret various life events as part of Allah's divine decree (qadar), enabling them to develop greater patience, optimism, and resilience when facing life's challenges. This finding is consistent with the theory of religious coping, which states that religious beliefs play an important role in helping individuals cope with stress and find meaning in difficult experiences. However, this study extends this perspective by demonstrating that spirituality does not function only when individuals experience crises but serves as a foundation shaping the entire psychological process throughout the life cycle.

This study also emphasizes that social and cultural support plays a strategic role in maintaining mental health. Family environments, communities, educational institutions, and cultures that support religious practices contribute to the internalization of spiritual values and the development of individuals' religious identities. In the context of Muslim communities, activities such as congregational

prayer, religious study gatherings, zakat, charitable giving (sadaqah), and various religious traditions possess not only dimensions of worship but also strengthen social support, a sense of belonging, and solidarity, all of which have positive effects on psychological well-being. Therefore, mental health from an Islamic perspective is not solely an individual's responsibility but is also influenced by the quality of the social environment that facilitates the development of spiritual values.

The findings of this study offer a conceptual novelty in the form of a reconstructed mental health model that integrates biological, psychological, social, and spiritual dimensions into a unified framework. Unlike Western mental health models that tend to position spirituality as a supporting factor, the proposed model places Islamic spirituality as an epistemological foundation that influences the entire process of mental health formation. Thus, this study does not intend to replace contemporary mental health theories but rather to expand their scope by integrating Western psychological and Islamic psychological perspectives, thereby producing an approach that is more relevant to religious and multicultural communities.

Theoretically, this study contributes to the development of Islamic psychology while enriching contemporary mental health research through the formulation of an integrative model that can serve as a foundation for future research. This model demonstrates that mental health is the result of dynamic interactions among spirituality, biological conditions, psychological processes, and social environments, thereby providing a more comprehensive perspective than approaches that focus exclusively on a single dimension. This integration also opens opportunities for the development of more contextually relevant mental health paradigms that consider the value systems and beliefs of communities as part of the scientific process in psychology.

Practically, this integrative model has broad implications across various fields. In education, the model can serve as a foundation for developing character education and mental health programs based on Islamic spiritual values. In clinical psychology and counseling, the model can be used as a basis for developing interventions that are more sensitive to clients' religious needs, ensuring that assessment and therapy processes are oriented not only toward psychological symptoms but also toward spiritual aspects as sources of psychological strength. Furthermore, in health policy, the model can serve as a reference for designing mental health promotion programs that integrate medical, psychological, social, and spiritual approaches in a balanced manner, particularly among highly religious communities.

Nevertheless, this study has limitations because it employs a library research approach, meaning that the resulting model remains conceptual and has not yet been empirically tested. Therefore, future research should validate the model through quantitative, qualitative, and mixed-methods approaches across various population groups with diverse social and cultural characteristics. In addition, the development of mental health measurement instruments based on Islamic spirituality is necessary to enable the relationships among the components of the model to be objectively tested. In this way, the resulting model can not only contribute to theoretical development but also establish a strong empirical foundation for implementation in psychology, education, and mental health services.

CONCLUSION

This study concludes that integrating Islamic spirituality into contemporary mental health models produces a more holistic conceptual model for understanding mental health. The synthesis findings demonstrate that mental health is influenced not only by biological, psychological, and social factors but also by Islamic spirituality, which serves as a foundation for shaping meaning in life, self-regulation, and psychological well-being. The resulting model expands the contemporary mental health paradigm by positioning the spiritual dimension as an integral component in explaining mental health, particularly among Muslim communities. This study has limitations due to its use of a library research approach; therefore, the model developed remains conceptual and has not yet been empirically tested. Nevertheless, this study provides a theoretical contribution through the synthesis of Western psychology and Islamic psychology in developing a more comprehensive mental health model, as well as a practical contribution as a foundation for the development of mental health services, counseling, and education based on spiritual values. Future research is recommended to validate this model through quantitative, qualitative, or mixed-methods approaches across diverse social and cultural contexts, as well as to develop mental health measurement instruments based on Islamic spirituality to strengthen the implementation and further development of the model in psychological research and mental health practice.

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