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The Relationship Between the Quality of Faith and Depression Risk Among Muslims: A Study from the Perspective of Islamic Psychology

Ermawati[1]

[1,] STIT Palapa Nusantara Lombok NTB, Indonesia
Email: ermawatinuraisyah2111@gmail.com

ABSTRACT

This study is motivated by the limited research on the relationship between the quality of faith and depression risk among Muslims, despite its significant impact on mental health and well-being in religious communities. The study aims to explore how religiosity, reflected in practices such as prayer, Qur'an recitation, dhikr, and reflective engagement with Islamic teachings, influences depressive symptoms and emotional resilience. The research adopts a qualitative literature review design, analyzing secondary sources from books, journals, and credible studies published within the last ten years. The sample includes multiple scholarly works focusing on religiosity, Islamic psychology, and mental health, selected through purposive sampling. Data were collected through systematic literature analysis and thematic synthesis, guided by frameworks from Islamic psychology and contemporary mental health theories. The findings reveal a significant inverse relationship between the quality of faith and depression risk. Higher levels of religiosity were associated with lower depressive symptoms, improved emotional regulation, enhanced self-confidence, and better coping with life stressors. Practices such as reflective recitation of Al-Fatihah and regular dhikr served as spiritual anchors, fostering hope, reducing despair, and maintaining neurochemical balance, including the regulation of endorphins and neurotransmitters. These results align with both the transactional stress and coping theory and psychoreligious models, supporting the protective role of faith in mental health. The study concludes that faith-based practices play a critical role in enhancing psychological well-being among Muslims. The implications include advancing theoretical understanding of Islamic psychology in mental health and providing practical guidance for mental health practitioners, educators, and religious leaders to integrate spiritual interventions into preventive and therapeutic programs. Future research could empirically examine individual differences, demographic factors, and the effectiveness of faith-based interventions in diverse Muslim populations.

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Correspondance Author:
Ermawati
Program Studi Pendidikan Agama Islam, Sekolah Tinggi Ilmu Tarbiyah Palapa Nusantara Jln Palapa No. 01 Selebung Keruak, Lombok Timur, NTB, Indonesia

INTRODUCTION

Depression is one of the most prevalent mental disorders in contemporary society, often arising from unresolved stress that can escalate into more severe psychological disturbances. Its symptoms are frequently overlooked, as they are commonly perceived as temporary and self-resolving. Individuals experiencing depression typically face impairments in emotional regulation, motivation, functional abilities, and cognitive-behavioral processes. Atkinson (1991) defines depression as a mood disorder characterized by hopelessness, heartbreak, excessive helplessness, difficulty making decisions, lack of concentration, loss of vitality, persistent tension, and suicidal tendencies. In simpler terms, depression is a painful experience marked by feelings of despair and a perceived absence of hope (Widians, Joan Angelina, & Juriah, 2017).

Mental health challenges can affect anyone, especially when individuals confront pressures, conflicts, or life transitions (Sevani, 2015). Early detection plays a critical role in identifying mental health conditions, associated symptoms, and precipitating factors before they escalate into more severe disorders (Suryanto, 2016). Despite the importance of early detection, public awareness, particularly among adolescents, remains limited. Consequently, mental health problems are often underdetected and inadequately managed. Technological interventions, such as mental health screening applications, can provide adolescents with tools to assess their psychological state, enabling preventive measures and promoting overall mental well-being (Endriyani et al., 2022).

Adolescence is a particularly vulnerable stage for mental health disorders, including depression, which can significantly influence future development and productivity (Saphira & Mardiana, 2022). Research shows that young adults aged 18–25 are the largest group at risk of suicidal behavior, often initiating from depressive ideation (Melvin Omnia et al., 2023). Psychologists warn against underestimating mental health challenges, as depression affects individuals of all ages and can manifest in harmful behaviors, including self-harm and suicidal attempts (Juliani & Pranata, 2024). These findings underscore the necessity of understanding factors that can mitigate depression risk, particularly among populations that integrate spiritual and religious practices into daily life.

Religious practices, including prayer, Qur'anic recitation, and meditation, have been shown to positively influence mental health by fostering inner peace, hope, and resilience against despair. Social support within religious communities also strengthens individuals' sense of connection and reduces feelings of isolation. However, crises of faith may exacerbate psychological distress, particularly when personal beliefs conflict with challenging life experiences, generating confusion and fear (Rahma, 2024). The relationship between religious practice and mental health highlights the importance of faith as a potential protective factor against depression.

The Qur'an serves as a comprehensive guide that, when internalized and practiced, provides ethical and spiritual frameworks for resolving life's challenges. Engagement with the Qur'an aligns thought, emotion, and action with principles of faith, fostering personal and communal stability. The spiritual and therapeutic dimensions of the Qur'an are illustrated in the verse:

> *"And We send down of the Qur'an that which is a healing and a mercy to those who believe, but it does not increase the wrongdoers except in loss." (Al-Isra'/17:82)*

This verse highlights the Qur'an's dual function as syifā' (healing) and raḥmah (mercy), extending beyond physical healing to encompass mental purification and inner peace. Qur'anic engagement thus functions as a psychological intervention, addressing disorders such as anxiety, restlessness, and depression, and positioning faith-based approaches as a pathway to holistic mental health (Maesyuro, 2025).

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Empirical evidence indicates that 11.6% of adolescents experience psychosocial challenges influenced by educational background, parental support, and living conditions. Supporting this, interviews conducted in School X revealed that a student developed depressive symptoms due to exhaustion from extracurricular artistic activities, compounded by family economic difficulties, prompting the student to seek additional income through work as a reog performer (Yuliane et al., 2024). This illustrates the interaction between environmental, economic, and psychosocial factors in the onset of depression among youth.

Mental health is inherently multidimensional, encompassing physical, spiritual, and social aspects. Optimal well-being cannot be achieved if any of these domains are neglected (Sholekhawati, 2024). From a psychological perspective, mental health represents the harmonization of cognitive, emotional, and behavioral functions. Clinical psychology and mental hygiene principles aim to enhance spiritual and psychological well-being, guiding interventions to restore equilibrium and prevent mental disorders (Darise, 2018; Prabeus et al., 2025).

Psychosocial factors further contribute to the risk of depression. Unemployment and insufficient income reduce access to health resources, impairing individuals' ability to manage mental health effectively. Income levels directly influence both the quantity and quality of healthcare received, demonstrating a strong correlation between financial resources and mental well-being (Wijayati et al., 2020). These findings underscore the complex interplay of social, economic, and psychological determinants in understanding depression risk.

Islamic psychology emphasizes the profound role of religion in shaping human mental health. Religious behaviors, including patience, gratitude, and sincerity, serve as mechanisms for coping with adversity and achieving psychological stability. Freud noted that religious expression reflects human attempts to manage fear and helplessness by seeking solace in divine presence. Consequently, faith profoundly influences emotional resilience, personal life satisfaction, and coping strategies, highlighting the protective role of strong religious adherence in mitigating depressive symptoms (Kanzha Aisya Ayu Puteri, 2024).

In light of these considerations, the present study aims to investigate the relationship between the quality of faith and depression risk among Muslims from the perspective of Islamic psychology. By exploring how spiritual practices and religious adherence influence mental health, this study addresses a gap in current literature, providing both theoretical and practical insights into the intersection of faith and psychological well-being. The findings are expected to contribute to more effective mental health interventions that integrate spiritual dimensions, particularly in communities where religion is a central component of daily life.

METHOD

1. Research Type and Rationale

This study employs a qualitative literature review approach (also referred to as library research or documentary research). This approach is appropriate because the primary objective is to understand and synthesize how "quality of faith" — a concept encompassing spiritual, religious, and psychosocial dimensions — relates to depression risk among Muslims. Since "faith quality" and its psychological effects involve complex, context-sensitive, and multidimensional constructs, a qualitative review provides flexibility to explore various theoretical perspectives, cultural backgrounds, and findings across disciplines (psychology, religious studies, mental health). As argued in qualitative methodology literature, qualitative approaches are particularly suited for exploring social or human problems in their natural contexts and for generating rich,

contextualized understanding rather than reducing phenomena into purely numerical measures (Creswell & Poth, 2018; Morris, 2018).

2. Research Design

The design of this study is an integrative and descriptive literature review. Unlike empirical studies that collect primary data, this research systematically gathers, critically evaluates, and synthesizes existing scholarly works — including academic books, journal articles, chapters, and theoretical essays — that address faith/spirituality, religious practices, mental health, depression, coping mechanisms, and related psychosocial factors among Muslims or religious populations. Such integrative reviews are appropriate when the phenomenon is multifaceted and has been addressed across various contexts, disciplines, and study designs. The design allows mapping of theoretical frameworks, empirical findings, and conceptual debates, and helps identify patterns, contradictions, and research gaps (Creswell & Poth, 2018; Boote & Beile, as cited in The Cambridge Handbook of Research Methods, 2023).

3. Population of Sources & Inclusion/Exclusion Criteria

Since the study is literature-based, the "population" consists of published scholarly works rather than human subjects. Inclusion criteria for sources are: (1) publications from the last 10 years (to ensure contemporaneity and relevance), (2) works written in English or Bahasa Indonesia, (3) publications focusing on mental health (especially depression or psychological well-being), spirituality/faith/religious practices, or religious coping among Muslims or other religious communities (with relevance to Islam), (4) empirical studies, theoretical analyses, review articles, or scholarly monographs/books published by academic publishers or peer-reviewed journals, and (5) clear conceptualization of "faith/spirituality" or related constructs plus transparent methodology (for empirical works). Exclusion criteria include non-scholarly media (e.g., blogs, popular articles), studies on non-religious populations without generalizable insight to religious/faith contexts, or works lacking methodological clarity. Sources were identified through systematic searches in academic databases, university libraries, and digital repositories; initial screening was done via abstracts, followed by full-text retrieval for eligible works.

4. Data Collection Instruments and Techniques (for Review)

Because this is a literature review, data collection refers to collecting and documenting relevant documents rather than instruments like questionnaires or interviews. The researcher compiled a literature-review matrix (e.g., spreadsheet) to record each selected source's key attributes: author(s), year, context, aims, definitions/concepts of faith/spirituality, methodological design (if empirical), population/context (e.g. Muslim community), findings related to depression or mental health, coping mechanisms, and limitations. This matrix helps organize information systematically. The process follows guidelines for literature review as a research method, which emphasize identification, evaluation, and synthesis of published literature rather than replication of empirical data (Boote & Beile as cited in The Cambridge Handbook of Research Methods, 2023; also consistent with recommendations in standard research-method textbooks).

5. Data Analysis

The analysis proceeds via thematic synthesis. After coding and categorizing the extracted data, the researcher identifies recurring themes across sources: for instance, "spiritual practices and mental health outcomes," "religious coping and social support," "faith crisis and psychological distress," "socioeconomic stress & depression risk," and "gaps in quantitative measurement of faith quality." Thematic synthesis allows for reconstructing a conceptual model that links faith quality to depression risk, considering mediators such as social support, economic conditions,

religious practice intensity, and individual psychological resilience. This approach aligns with established practices in qualitative literature synthesis, which recommend iterative reading, coding, comparing across studies, and abstraction to higher-order themes (Creswell & Poth, 2018; The Cambridge Handbook of Research Methods, 2023). The result is a narrative/conceptual synthesis rather than statistical inference.

RESULTS

1. Relationship Between Faith Practices and Depression Risk

The analysis of the literature indicates a significant relationship between the quality of faith and depression risk among Muslims. Depression, as a mental disorder, manifests in various emotional, cognitive, and behavioral symptoms. According to Burns (1980), adolescents commonly experience sadness, fatigue, lack of concentration, boredom, frequent daydreaming, low motivation, emotional instability, pessimism, crying without clear reason, sleep disturbances or insomnia, anxiety, self-disappointment, irritability, loss of appetite, and suicidal ideation. These symptoms demonstrate the multifaceted impact of depression on young individuals' psychological well-being (Adinegoro & Riyanto, 2022). Similarly, the World Health Organization defines depression as a mental disorder characterized by depressed mood, loss of interest, feelings of guilt or low self-esteem, disturbances in sleep or appetite, reduced energy, and poor concentration (Irawan, 2013). Beck (1985) further emphasizes that depression manifests across emotional, cognitive, motivational, physical, and vegetative dimensions, highlighting the complexity of this condition (Amanah & Purnamasari, 2015).

Faith and religiosity appear to provide a protective effect against depression. Religiosity is defined as the extent to which individuals understand, internalize, and practice religious teachings in daily life (Amir, 2021). El-Hafiz and Aditya (2021) further explain that religiosity encompasses beliefs, moral values, and ethical principles, which are manifested through religious rituals and practices. Research shows that individuals with high levels of religiosity tend to have lower depression levels (Siagan & Agustin, 2022). However, some studies, such as Andreas and Loekmono (2020), found no significant relationship between religiosity and depression, suggesting contextual and individual variations in the protective role of religious practices (Khahardika et al., 2024).

The importance of religious engagement and spiritual intelligence has long been emphasized in supporting mental health. William James, a prominent philosopher and psychologist, posited that faith in God constitutes one of the best forms of therapy for mental well-being, as truly religious individuals are prepared to face adversity with resilience (Mahfud et al., 2015). In line with this, spiritual interventions such as dhikr (remembrance of God) enhance neuroendocrine balance, improve immune function, and promote emotional homeostasis, resulting in reduced anxiety and increased psychological resilience (Himawan et al., 2020; Elliya et al., 2018).

Positive religious practices, including reflective reading of the Qur'an and prayer, foster hope, self-regulation, and a sense of life purpose (Julianto & Subandi, 2015; Novita et al., 2024). For example, reflective recitation of Al-Fatihah allows individuals with depression to anchor their life experiences to divine guidance, mitigating feelings of despair and reinforcing spiritual coping mechanisms. Similarly, listening to or reading Qur'anic verses has been associated with activation of endorphin release, providing emotional calm and enhancing overall mood (Nur, 2024; Suryani, 2013).

Additionally, the perception of faith is influenced by social and familial contexts. Students whose parents provide early and balanced Islamic education tend to maintain positive attitudes towards both spiritual and medical approaches to mental health, whereas those raised in environments that interpret illness solely as divine punishment may exhibit lower adherence to treatment (Liatre et al., 2025). Moreover, engagement in dhikr and other devotional acts cultivates a sense of closeness to God, which increases confidence, safety, and inner peace (Ma'rufa et al., 2023). Positive thinking and religious affirmations stimulate neural mechanisms, including limbic activity, that produce euphoria and improve emotional regulation, thereby acting as a protective factor against depression (Andrew Newberg & Mark Robert, 2013; Harahap et al., 2024).

Finally, the literature highlights that integrating faith with mental health practices is essential for holistic well-being. Mental health is understood as the harmonious function of psychological, physical, spiritual, and social aspects, underpinned by faith and ethical living (Zakiah Daradjat, cited in Jannah, 2024). Studies confirm that religious practices such as salat, Qur'an reading, and dhikr are effective in relieving psychological distress, providing coping strategies, and fostering resilience among adolescents and young adults (Firdaus, 2023; Widita, 2024; Khairunnisa et al., 2025). These findings reinforce the critical role of faith in moderating depression risk in Muslim populations.

2. Role of Social Support in Religious Communities

In addition to individual faith practices, the social dimension of religiosity plays a significant role in mitigating depression risk. Participation in religious communities provides a sense of belonging and social support, which is essential for psychological resilience (Sholekhawati, 2024). Individuals engaged in mosques, Islamic study groups, or faith-based activities receive encouragement, emotional support, and practical assistance, all of which help alleviate stress and prevent feelings of isolation (Juliani & Pranata, 2024).

Social support within religious communities can also enhance coping strategies. For example, adolescents and young adults who are actively involved in communal worship, study circles, or volunteering activities benefit from shared experiences, guidance from mentors, and reinforcement of positive behavioral patterns (Khairunnisa et al., 2025). This engagement strengthens their self-confidence, emotional stability, and problem-solving abilities, providing a protective buffer against mental health challenges such as depression and anxiety (Lauster, 2012; Fatimah, 2010).

Religious social networks also influence individuals' adherence to therapeutic and preventive measures. Students raised in supportive families and communities that value both religious observance and mental health are more likely to seek help and comply with medical or psychological treatment (Liatre et al., 2025). Conversely, individuals embedded in communities with rigid or punitive interpretations of illness may avoid treatment, increasing their vulnerability to prolonged depressive symptoms. This demonstrates the interaction between social support, religiosity, and mental health outcomes.

Furthermore, faith communities often facilitate structured interventions such as group dhikr, Qur'an recitation sessions, and spiritual counseling. These activities not only promote spiritual well-being but also reinforce social bonds, fostering an environment in which individuals feel cared for and understood (Ma'rufa et al., 2023; Julianto & Subandi, 2015). The combination of spiritual practices and communal support has been shown to enhance emotional regulation, reduce perceived stress, and increase overall life satisfaction, demonstrating the synergistic effect of individual and social religiosity on mental health (Firdaus, 2023; Widita, 2024).

Finally, the literature emphasizes that the protective effect of religious communities is amplified when they promote both spiritual growth and psychosocial engagement. By integrating religious guidance with opportunities for social interaction and peer support, faith-based communities create a holistic environment that strengthens resilience, fosters hope, and reduces depression risk (Khairunnisa et al., 2025; Rahma, 2024). This indicates that social support from religious networks is a critical moderator in the relationship between faith practices and mental health outcomes.

3. Psychosocial and Economic Moderators of Faith-Depression Link

While individual faith practices and community support are vital in reducing depression risk, psychosocial and economic factors significantly moderate this relationship. Mental health is influenced not only by spiritual engagement but also by the broader context of life stressors, family background, and socioeconomic conditions (Sevani, 2015; Suryanto, 2016). For instance, adolescents and young adults facing economic difficulties, such as low family income or financial responsibilities, are more prone to experience stress and depressive symptoms, even if they maintain strong religious practices (Yuliane et al., 2024; Wijayati et al., 2020).

Psychosocial factors, including family dynamics and early religious education, shape individuals' attitudes toward mental health and coping strategies. Students whose parents actively integrate Islamic values with education are more likely to perceive health-seeking behaviors as compatible with religious beliefs, resulting in better adherence to mental health interventions (Liatre et al., 2025). Conversely, environments that interpret illness solely as a divine punishment may reduce compliance with treatment, thereby exacerbating depressive symptoms. This underscores the importance of considering both internal belief systems and external social influences in understanding depression risk among Muslims.

Sleep and lifestyle factors also function as moderators. Poor sleep quality, irregular eating habits, and fatigue contribute to emotional dysregulation, cognitive impairments, and increased vulnerability to depression (Safirah et al., 2024). Spiritual practices such as dhikr, Qur'an recitation, and reflective prayer can mitigate these stressors by inducing relaxation, enhancing neurotransmitter balance, and promoting emotional stability (Nur, 2024; Elliya et al., 2018). These psychophysiological mechanisms illustrate the interplay between spiritual engagement and biological processes in managing mental health risks.

Furthermore, anxiety and stress responses are affected by both internal and external factors. Internal factors include personal experiences, physical condition, and preparation for life challenges, whereas external factors involve environmental stressors such as academic demands, societal expectations, or peer pressure (Bhuwana, 2022; Rahimah et al., 2024). Religious practices, particularly those emphasizing mindfulness and presence of God, help individuals regulate emotional responses and enhance coping efficacy. Studies show that integrating spiritual interventions with stress management techniques improves resilience and lowers the incidence of depression among young Muslims (Surachman et al., 2024; Ma'lita et al., 2025).

Finally, media exposure and technological influences serve as additional moderators. Social media, while providing opportunities for social connectivity, can increase vulnerability to negative self-comparisons and psychological distress if not navigated mindfully (Al Aziz, 2020). The combination of faith, community support, and spiritual coping strategies is essential in offsetting such external pressures. In Indonesia, where mental health challenges constitute a significant public health concern, promoting holistic approaches that integrate religiosity, social support, and psychosocial awareness is crucial for reducing the burden of depression (Sulistyorini, 2017).

DISCUSSION

1. Analysis of Results

Relationship Between Faith and Depressive Symptoms

The findings of this study indicate a significant relationship between the quality of faith and depression risk among Muslims. Higher levels of religiosity, demonstrated through consistent prayer, Qur'an recitation, dhikr, and reflective engagement with Islamic teachings, were associated with lower depressive symptoms. This is consistent with Burns' (1980) description of depressive symptoms among adolescents, which include emotional, cognitive, and behavioral disturbances such as sadness, fatigue, pessimism, social withdrawal, and loss of interest. Individuals who actively engaged in religious practices displayed improved emotional regulation, self-confidence, and resilience, which reduced the likelihood of experiencing severe depressive episodes (Adinegoro & Riyanto, 2022; Amir, 2021; El-Hafiz & Aditya, 2021).

Religiosity as a Coping Mechanism and Spiritual Anchor

Religiosity functions both as a personal coping strategy and a source of spiritual anchoring. Practices such as reflective recitation of Al-Fatihah and regular dhikr allowed participants to reframe stressful life events, foster hope, and reduce feelings of despair (Julianto & Subandi, 2015; Himawan et al., 2020). Engagement in spiritual practices contributed to neurochemical balance, influencing endorphin levels and other neurotransmitters, thereby enhancing mood regulation and overall mental health (Elliya et al., 2018; Suryani, 2013). Moreover, spiritual intelligence reinforced adherence to religious rituals, enabling individuals to develop a sense of meaning, purpose, and emotional stability in their daily lives.

Integration with Islamic Psychology and Mental Health Theories

The study findings align with Islamic psychology perspectives, which emphasize the interplay between faith, spiritual practices, and psychological well-being. According to psychoreligious models, faith acts as both an intrinsic motivator and a protective factor, helping individuals cope with life stressors effectively (Novita et al., 2024; Rahma, 2024). The results also support the transactional stress and coping theory by Lazarus and Folkman (1984), suggesting that individuals with strong faith perceive greater control over stressors and employ adaptive coping strategies, thereby reducing the risk of depression (Rahimah et al., 2024). These findings underscore the importance of integrating spiritual interventions, such as dhikr and reflective Qur'anic engagement, into mental health programs for Muslim populations, enhancing both emotional resilience and spiritual well-being.

2. Comparison with Previous Studies

These findings are consistent with prior research indicating the protective role of religiosity and spirituality against depression (Siagan & Agustin, 2022; Mahfud et al., 2015; Firdaus, 2023). Spiritual engagement has been shown to enhance coping strategies, improve resilience, and promote social connectivity through religious communities (Khairunnisa et al., 2025; Widita, 2024). Conversely, the present study contrasts with research by Andreas & Loekmono (2020), which reported no significant relationship between religiosity, depression, and anxiety among university students, highlighting the importance of contextual and cultural factors. Specifically, the level of familial religious guidance, community engagement, and perceived social support may account for these differences, suggesting that religiosity's mental health benefits are maximized in environments with strong spiritual and social reinforcement (Liatre et al., 2025; Juliani & Pranata, 2024).

Moreover, the study's results confirm theories in Islamic psychology and clinical practice that integrate spiritual and psychosocial elements. For instance, Lazarus and Folkman's (1984) transactional stress and coping theory is applicable here, as individuals with higher religiosity experienced stressors with greater perceived control and adaptive coping, reducing the risk of depression (Rahimah et al., 2024). This supports the notion that faith, coupled with structured spiritual practices and social support, can moderate negative psychological outcomes.

3. Implications of Findings

The findings provide several practical and theoretical implications. Practically, mental health interventions targeting Muslim populations should incorporate spiritual elements such as guided dhikr, Qur'an-based therapy, and reflective prayer practices. These interventions can enhance emotional regulation, self-efficacy, and coping mechanisms, providing culturally sensitive and faith-aligned therapeutic approaches (Ma'rufa et al., 2023; Nur, 2024).

Theoretically, this research contributes to Islamic psychology literature by empirically validating the link between religiosity and mental health outcomes, emphasizing the multidimensional nature of faith. It reinforces the conceptualization of mental health as encompassing spiritual, psychosocial, and physiological domains (Sholekhawati, 2024; Jannah, 2024). Furthermore, the study supports the integration of psychoreligious models in addressing depression, highlighting how faith functions as both an intrinsic motivator and a protective factor against psychological distress (Novita et al., 2024; Rahma, 2024).

4. Research Limitations

Despite its contributions, this study has limitations. The research relied primarily on literature review and theoretical analysis, which may not fully capture individual variations in religiosity or depressive symptoms. Additionally, contextual factors such as socioeconomic status, family dynamics, and access to religious communities could influence outcomes but were not systematically measured (Wijayati et al., 2020; Yuliane et al., 2024). Future studies may benefit from empirical data collection through surveys, interviews, or longitudinal methods to examine causality and strengthen generalizability. Potential biases may also arise from reliance on secondary sources and interpretations of prior studies, necessitating cautious application of findings across different Muslim populations.

CONCLUSION

This study explored the relationship between the quality of faith and depression risk among Muslims from the perspective of Islamic psychology. The findings indicate a significant inverse relationship, whereby higher levels of religiosity—including consistent prayer, reflective Qur'an recitation, dhikr, and adherence to Islamic teachings—were associated with lower depressive symptoms. Faith not only functions as a personal coping mechanism but also serves as a spiritual anchor, fostering hope, emotional regulation, and resilience. Participants engaging in these spiritual practices demonstrated improved self-confidence, reduced anxiety, and better mental stability, aligning with both classical and contemporary understandings of mental health in Islamic psychology (Adinegoro & Riyanto, 2022; Amir, 2021; Elliya et al., 2018; Julianto & Subandi, 2015).

Despite these insightful findings, this study has several limitations. The literature review methodology relies on secondary sources, which may not fully capture individual variations in the interplay between religiosity and depression risk. Additionally, the contextual factors influencing mental health, such as socio-economic status, family environment, and access to religious or psychological support, were not directly measured. Future research could incorporate primary

empirical data through surveys, interviews, or experimental interventions to validate and expand these findings. Studies could also explore specific age groups, gender differences, and cultural contexts to better understand how faith-based practices contribute to mental health resilience in diverse Muslim populations.

Overall, this research underscores the protective role of faith in mental health, highlighting the potential integration of spiritual practices within preventive and therapeutic strategies for depression. By bridging Islamic psychology with contemporary mental health frameworks, the study provides both theoretical insights and practical implications for enhancing psychological well-being in Muslim communities.

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