

The dimension of islamic spirituality in handling suicidal ideation: a systematic literature review

Anisa Siti Nurjanah^{1*)}, Sindi Ayudia Pama², Boy Haryono³

¹ Universitas Sriwijaya, Palembang, Indonesia

² Universitas Islam Negeri Sultan Syarif Kasim, Pekanbaru, Indonesia

³ Universitas Muhammadiyah Tasikmalaya, Tasikmalaya, Indonesia

Article Info

Article history:

Received Mar 17th, 2024

Revised Nov 22th, 2024

Accepted Dec 30th, 2024

Keyword:

Islamic counseling

Islamic spirituality

Religious coping

Suicidal ideation

Systematic review

ABSTRACT

Suicide represents one of the most pressing public health crises of our time, accounting for over 700,000 deaths annually. Suicidal ideation, defined as persistent thoughts, intentions, or plans to end one's life, functions as a primary precursor to completed suicide across populations. Within Muslim-majority and diaspora contexts, Islamic spirituality has been proposed as a meaningful protective resource, yet its dimensions have not been systematically synthesized. This study aims to systematically map and synthesize the empirical and theoretical literature on the dimensions of Islamic spirituality and their relevance to the prevention and management of suicidal ideation. A systematic literature review following PRISMA 2020 guidelines was conducted. Searches were performed on the Scopus database using the Boolean string: ("suicidal ideation" OR "suicidality" OR "suicide") AND ("Islamic spirituality" OR "Islamic religiosity" OR "religiosity") AND ("Islamic counseling" OR "spiritual intervention" OR "counseling"). Articles published between 2014 and 2024, written in English or Indonesian, and focusing on Islamic spiritual dimensions in relation to suicidal ideation were included, while opinion pieces, non-peer-reviewed sources, and studies without explicit Islamic context were excluded. Of 52 records identified, 22 passed title and abstract screening, and 14 met full eligibility criteria for thematic synthesis. Five thematic clusters emerged: (1) theological and normative foundations prohibiting suicide; (2) religious coping and meaning-making as psychological buffers; (3) Islamic spiritual resilience through tawakkul, sabr, and tazkiyatun nafs; (4) integrated Islamic counseling as clinical intervention; and (5) community-based gatekeeper training and crisis response. Islamic spirituality functions as a multi-layered protective construct against suicidal ideation, operating through theological prohibition, psychological meaning-making, communal solidarity, and spiritually integrated clinical practice. Future research requires longitudinal designs, standardized instruments, and randomized controlled trials to establish causal pathways.

© 2024 The Authors. Published by Redwhitepress.

This is an open access article under the CC BY-NC-SA license

(<https://creativecommons.org/licenses/by-nc-sa/4.0/>)



Corresponding Author:

*) Anisa Siti Nurjanah,

Email: anisa.sitnurjanah@fkip.unsri.ac.id

Introduction

Suicide remains among the most consequential public health challenges worldwide. According to the World Health Organization (2021), more than 700,000 individuals die by suicide each year, and for every completed death, a far greater number attempt suicide or experience persistent suicidal ideation. Defined by Joiner (2005) as thoughts, desires, or plans to terminate one's own life, suicidal ideation is not merely a symptom but a clinically meaningful construct in its own right one that precedes and predicts lethal suicidal behavior across cultural contexts. The burden is unequally distributed: low- and middle-income countries bear a

disproportionate share, and populations experiencing social marginalization, economic strain, or traumatic histories face elevated risk.

The etiology of suicidal ideation is multifactorial. Turecki and Brent (2016) identify a constellation of biological vulnerabilities, psychiatric comorbidities, chronic psychosocial stressors, and relational disruptions as key contributors. Joiner's (2005) Interpersonal Theory of Suicide further specifies that suicidal crises are most acute when thwarted belonging and perceived burdensomeness converge with an acquired capacity for self-harm. Early detection instruments such as the assessment scale developed by Nurjanah (2022) for Indonesian secondary school students represent practical efforts to interrupt this trajectory before ideation escalates. Yet detection alone is insufficient; effective intervention must address the psychological structures that maintain or dissolve the will to live.

Religiosity and spirituality have increasingly attracted scholarly attention as protective constructs in suicidology. A growing body of evidence across multiple traditions suggests that individuals with higher levels of spiritual commitment characterized by transcendent meaning-making, moral accountability, and communal belonging tend to report lower rates of suicidal ideation and attempt (Koenig, 2018; Pargament, 2011). Spirituality appears to buffer the effects of psychological distress not by eliminating suffering, but by providing an interpretive framework that renders suffering meaningful, survivable, and relationally embedded. Pargament's (2011) theory of religious coping remains foundational in explaining how spiritually derived resources including divine surrender, petitionary prayer, and sacred reframing function as active psychological mechanisms rather than passive consolations.

Within the Islamic tradition, the relationship between faith and mental health carries particular doctrinal and cultural weight. The Quran explicitly prohibits self-destruction, with Surah An-Nisa: 29 constituting a theological foundation that Islamic scholars across the Sunni tradition have consistently interpreted as rendering suicide categorically impermissible (Hammad, 2024; Shihab, 2019). More broadly, Islamic spirituality encompasses a set of psychological dispositions including *tawakkul* (complete reliance on God), *sabr* (patient endurance), and *husnudzon* (positive disposition toward God) that directly counteract the cognitive and emotional states implicated in suicidality. These are not abstract doctrines; they are practiced through daily ritual, communal worship, and spiritual counseling. Suleiman et al. (2023) demonstrate that when Islamic principles are incorporated into clinical practice, therapeutic engagement among Muslim clients improves markedly.

Despite this conceptual richness, the existing literature remains fragmented in important ways. Studies on religion and suicide prevention have generally treated religiosity as a unidimensional variable, ignoring the specific theological and psychological architecture of Islamic spirituality. Reviews of suicide prevention in Muslim contexts have begun to address this gap (Awaad et al., 2023), but no systematic synthesis has yet mapped the multiple dimensions of Islamic spirituality normative, psychological, and communal in relation to suicidal ideation management. The integration of Islamic counseling frameworks with contemporary suicidological theory remains underdeveloped, and intervention models that bridge theological conviction with evidence-based clinical practice are still nascent.

This article addresses these gaps through a systematic literature review that maps and synthesizes the available evidence on Islamic spiritual dimensions and their relevance to suicidal ideation. Its novelty lies in treating Islamic spirituality not as a single protective variable but as a multi-dimensional construct encompassing theological ethics, psychological coping mechanisms, community support systems, and culturally grounded counseling practices. In doing so, this review offers a more complete picture of how faith functions as a resource in suicide prevention one that can inform both clinical intervention and public health policy in Muslim-majority and diaspora contexts.

The study's specific objectives are threefold: (1) to systematically identify and evaluate the existing literature on Islamic spirituality and suicidal ideation; (2) to synthesize the evidence into coherent thematic domains; and (3) to identify the mechanisms through which Islamic spiritual resources function as protective factors and to map the current research gaps that future empirical work must address.

Conceptual and Theoretical Framework

Understanding how Islamic spirituality may reduce suicidal ideation requires anchoring the analysis in theoretical frameworks that explain the psychology of religion and its intersection with crisis states. Four interconnected theories provide this foundation.

Religious Coping Theory

Pargament's (2011) theory of religious coping holds that people draw on spiritually grounded resources to orient themselves in conditions of stress and threat. Within Islam, this manifests as *tawakkul* a disposition of active trust and surrender to divine will and as communal petition through *du'a* (supplication) and *dhikr* (remembrance of God). From the perspective of this theory, suicidal crises represent a breakdown in one's sense of benevolent divine control; Islamic coping resources function precisely to restore this sense, reframing suffering not as evidence of divine abandonment but as a test borne with transcendent purpose.

Meaning-Making Theory

Crystal Park's meaning-making model identifies the perception of meaninglessness as a central psychological precursor to suicidal ideation. When individuals cannot locate purpose in their suffering, the will to persist erodes. Islamic theology addresses this directly: life is framed as an *amanah* (a sacred trust), not a possession to be relinquished. The conviction that one's trials carry cosmic significance and that God does not burden a soul beyond its capacity (Quran 2:286) transforms the psychological landscape in which suicidal ideation operates. Khadijah et al. (2021) found that web-based spiritual problem-solving interventions, which explicitly engage this meaning-making dimension, significantly reduced suicidal risk in Indonesian university students.

Interpersonal Theory of Suicide and Community Belonging

Joiner's (2005) Interpersonal Theory of Suicide identifies thwarted belongingness as one of two necessary conditions for suicidal desire. The Islamic community structured around *ukhuwwah* (brotherhood/sisterhood), congregational worship, and mutual obligation constitutes an institutional counterforce to this thwarted belonging. Awaad et al. (2024) demonstrate that when Muslim communities are trained to function as suicide crisis gatekeepers, the community's capacity to provide emergency connection and referral increases substantially, directly addressing the relational rupture that Joiner identifies as lethal.

Spiritual Resilience Framework

Spiritual resilience refers to the capacity of a person's faith resources to maintain psychological coherence under extreme adversity. Within Islam, practices of *tazkiyatun nafs* (purification of the self) and *sabr* are constitutive of this resilience. Reza et al. (2024) provide empirical evidence that Islamic religiosity significantly predicts reduced suicidal intent among final-year students, with spiritual experience functioning as a mediating variable. This supports the view that spiritual resilience is not simply correlational but mechanistically active in suppressing the cognitive and affective precursors of suicidal behavior.

Method

Research Design

This study employed a systematic literature review (SLR) design following the PRISMA 2020 (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines (Moher et al., 2010). An SLR was chosen because it allows for a transparent, reproducible, and comprehensive synthesis of the existing evidence base, while minimizing the risk of selection bias that characterizes narrative reviews.

Database and Search Strategy

A systematic search was conducted on the Scopus database, selected for its broad coverage of peer-reviewed social sciences, health sciences, and Islamic studies literature. The following Boolean search string was applied to title, abstract, and keyword fields:

("suicidal ideation" OR "suicidality" OR "suicide") AND ("Islamic spirituality" OR "Islamic religiosity" OR "spirituality" OR "religiosity") AND ("Islamic counseling" OR "spiritual intervention" OR "counseling")

Inclusion and Exclusion Criteria

Articles were included if they: (1) were published between 2014 and 2024; (2) were written in English or Indonesian; (3) were peer-reviewed empirical studies, systematic/scoping reviews, theoretical reviews, or clinical case studies; (4) explicitly examined the relationship between Islamic spiritual dimensions and suicidal ideation or suicidal behavior; and (5) were available in full-text form. Articles were excluded if they: (1) were opinion editorials or conference abstracts without full data; (2) discussed religiosity in non-Islamic contexts without comparability to Islam; (3) focused exclusively on biological or pharmacological interventions without spiritual dimensions; or (4) addressed other self-harm behaviors not connected to ideation.

Screening Process

The screening process followed four stages: identification, title and abstract screening, full-text eligibility assessment, and final inclusion. In the identification stage, 52 records were retrieved from Scopus. After removing duplicates ($n = 0$) and screening titles and abstracts for relevance ($n = 52$), 30 records were excluded for falling outside the inclusion criteria. The remaining 22 records underwent full-text assessment, of which 8 were excluded due to poor methodological transparency or absence of substantive Islamic spiritual analysis. Fourteen articles were ultimately included in the thematic synthesis.

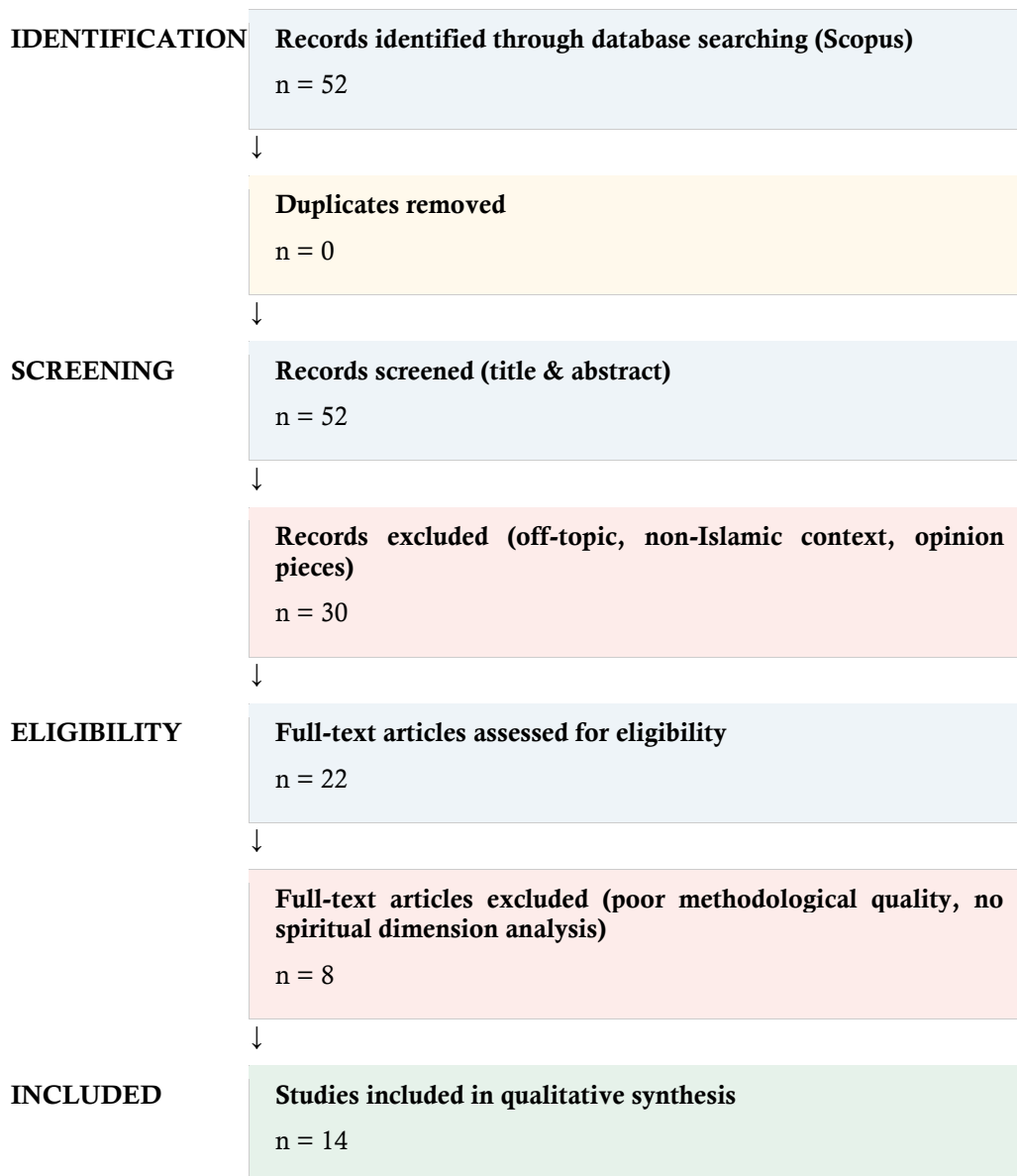


Figure 1. PRISMA Flow Diagram of the Systematic Review Process

Data Extraction

Data were extracted systematically from each included study using a standardized extraction framework capturing: study authors and year, country or context, research design, sample characteristics, Islamic spiritual dimensions examined, and main findings related to suicidal ideation. Extraction was conducted independently and cross-checked to ensure accuracy.

Thematic Synthesis

Following Thomas and Harden's (2008) framework for thematic synthesis in systematic reviews, extracted findings were coded inductively to identify descriptive themes, which were then interpreted analytically to generate higher-order thematic constructs. The five themes that emerged represent both the breadth of the literature and the distinct mechanisms through which Islamic spirituality functions in relation to suicidal ideation.

Quality Assessment

Each included study was assessed against four quality dimensions: (1) relevance to the research question; (2) clarity of methodological reporting; (3) quality and adequacy of data; and (4) consistency of findings with the broader literature. A four-point scale was applied to each dimension (1 = low, 4 = high), yielding a total quality score out of 16. This assessment informed the weight given to individual studies in the thematic synthesis.

Table 1. Quality Assessment of Included Studies

Study	Relevance	Method Clarity	Data Quality	Consistency	Total /16
Güngörmüş et al. (2015)	4	3	3	3	13
Canetto (2015)	3	3	3	3	12
Nasrullah et al. (2019)	4	3	3	3	13
Lew et al. (2022)	4	4	3	3	14
Suleiman et al. (2023)	4	3	3	4	14
Awaad et al. (2023)	4	4	4	4	16
Younis & John (2023)	3	3	2	3	11
Hammad (2024)	4	3	3	3	13
Awaad et al. (training) (2024)	4	4	3	4	15
Zia et al. (2024)	4	4	3	4	15
Awaad et al. (crisis team) (2024)	4	4	4	4	16
Ali & Saleem (2024)	4	4	4	4	16
Reza et al. (2024)	4	4	4	4	16
Syafii (2024)	4	3	3	3	13

Scale: 1 = Low, 2 = Moderate-Low, 3 = Moderate, 4 = High

Result and Discussions

Table 2. Extracted Data from Included Studies

Study	Year / Method	Key Findings
Güngörmüş et al.	2015 / Survey	Religious beliefs are associated with better mental health and a lower probability of suicide among women exposed to violence.
Canetto	2015 / Literature Review	Suicidal behavior in women is shaped by social and spiritual factors; culturally informed interventions are necessary.
Nasrullah et al.	2019 / Psychological Autopsy	Religiosity functions as a meaningful differentiating variable between suicide cases and controls.

Study	Year / Method	Key Findings
Lew et al.	2022 / Comparative Analysis	Spiritual and community factors serve as protective elements in Malaysian suicide trends, though moderated by demographic variables.
Suleiman et al.	2023 / Case Study	Integration of Islamic principles into counseling increases cultural relevance and patient engagement among American Muslims.
Awaad et al.	2023 / Scoping Review	Consistent evidence supports Islam's protective role in suicide prevention; methodological rigor remains limited across studies.
Younis & John	2023 / Forensic Report	Medicolegal cases highlight the intersection of social isolation and religiosity in suicidal crises in Iraq.
Hammad	2024 / Analytical Review	Islam provides theological and normative foundations for prohibiting suicide, with tawakkul and sabr as central protective constructs.
Awaad et al. (training)	2024 / Implementation Study	Tailored suicide response training increased the capacity of Muslim community leaders to respond effectively to crises.
Zia et al.	2024 / Ethical Review	Sunni perspectives offer clinical guidance for handling suicidal ideation in Muslim patients with theological sensitivity.
Awaad et al. (crisis team)	2024 / Case Study	An Islamic-informed crisis response team model is feasible and effective in Muslim diaspora communities in North America.
Ali & Saleem	2024 / Psychological Autopsy	Religious and spiritual factors appear significantly stronger in control groups than in suicide cases; religiosity inversely correlated with suicidality.
Reza et al.	2024 / Survey Design	Islamic religiosity significantly predicts reduced suicidal intent among final-year students, with spiritual experience as a mediating variable.
Syafii	2024 / Quasi-experimental	Islamic psychotherapy combined with self-disclosure techniques reduced suicidal ideation among adolescents in a madrasah setting.

Thematic synthesis of the 14 included studies yielded five coherent thematic domains. These themes represent not a simple summary of individual articles but an interpretive synthesis of patterns, convergences, and tensions across the evidence base.

Theme 1: Theological and Normative Foundations

The most consistently documented dimension of Islamic spirituality in relation to suicidal ideation is the theological prohibition against self-killing. Hammad (2024) provides the most analytically rigorous examination of this foundation, demonstrating that Islam's prohibition against suicide is grounded in multiple scriptural sources and sustained by a coherent ethical reasoning system. The Quranic injunction in An-Nisa: 29, reinforced by Hadith narrations attributing severe consequences to self-harm, establishes a normative architecture that functions as a categorical deterrent for observant Muslims. Zia et al. (2024) extend this analysis by showing how the Sunni jurisprudential tradition translates these theological prohibitions into clinical guidance moving beyond condemnation to compassionate engagement with Muslim individuals experiencing suicidal crises.

Crucially, both Hammad (2024) and Zia et al. (2024) stress that theological deterrence is most protective when embedded in pastoral and clinical relationships that treat suicidal individuals with empathy rather than shame. Theological grounds for opposing suicide must be communicated within a framework of care, not condemnation; otherwise, they risk deepening the stigma that prevents help-seeking. Awaad et al. (2023) note this tension explicitly in their scoping review, which found that the relationship between Islamic religiosity and suicidal outcomes is consistently protective across studies but is moderated by the quality of religious community support.

Theme 2: Religious Coping and Meaning-Making

A second cluster of evidence addresses the psychological mechanisms through which Islamic practice operates as a coping resource. Güngörmüş et al. (2015) found that among women exposed to domestic violence a population with substantially elevated suicide risk higher levels of religious belief were associated with better mental health outcomes and a reduced probability of suicidal ideation. The mechanism proposed was not simply ritual practice but the subjective experience of being embedded in a morally ordered universe with a benevolent God who witnesses suffering.

Reza et al. (2024) provide the most methodologically developed analysis of this theme in the current review, employing a survey design with final-year university students to demonstrate that Islamic religiosity predicts reduced suicidal intent, with spiritual experience functioning as a significant mediating variable. This finding is theoretically important: it suggests that the protective effect of religiosity is not automatic or merely attitudinal but depends on the depth of subjective spiritual engagement. Ali and Saleem (2024), drawing on psychological autopsy data, confirm this directionality spiritual and religious involvement was markedly stronger in control participants than in suicide cases supporting the inference that erosion of spiritual engagement may be a proximal risk factor.

Khadijah et al. (2021) offer evidence at the intervention level: a web-based spiritual problem-solving program grounded in Islamic values significantly reduced suicidal risk among university students in Indonesia. This study is notable for its digital delivery format, which extends the accessibility of spiritually grounded interventions to populations who may not engage with conventional counseling services.

Theme 3: Islamic Spiritual Resilience

Several studies converge on the concept of spiritually grounded resilience as a distinct protective dimension. Nasrullah et al. (2019), analyzing psychological autopsy data, identified religiosity as a variable that meaningfully differentiated individuals who died by suicide from demographically comparable controls. The implication is not simply that religious people are less likely to die by suicide, but that specific spiritual practices and dispositions actively counteract the psychological dissolution that precedes suicidal behavior.

Syafii (2024) provides perhaps the most direct evidence for the role of Islamic spiritual practices in resilience-building at the individual clinical level. In a quasi-experimental study conducted within a madrasah context, the integration of Islamic psychotherapy incorporating *tazkiyatun nafs*, self-disclosure techniques, and structured spiritual reflection produced measurable reductions in adolescent suicidal ideation. The mechanism proposed combines cognitive restructuring through Quranic reflection with interpersonal accountability through the counselor relationship. Lew et al. (2022), analyzing national-level data from Malaysia, find that spiritual and community factors moderate suicide trends, though they document important variation by gender and socioeconomic status a reminder that spiritual resilience does not operate uniformly across social positions.

Theme 4: Integrated Islamic Counseling as Clinical Intervention

The integration of Islamic spiritual values into professional counseling practice emerges as a distinct and promising intervention domain. Suleiman et al. (2023) provide a detailed clinical case study of Islamic counseling in an American Muslim community context, demonstrating that the incorporation of *tawakkul*, *sabr*, and Quranic interpretation into therapeutic dialogue strengthened therapeutic alliance and reduced client ambivalence about seeking further help. The counseling model they describe is not a replacement for evidence-based psychotherapy but an augmentation that makes therapeutic engagement more culturally and spiritually coherent for Muslim clients.

Canetto (2015) offers a complementary perspective by analyzing suicidal behavior among Muslim women through the lens of cultural and spiritual context, arguing that any effective prevention strategy must be attentive to the specific meanings that suicidal behavior carries within Islamic communities and to the spiritual resources uniquely available within those communities. Younis and John (2023), drawing on forensic case data from Iraq, document how social isolation and deteriorated religious community engagement appear together in suicide cases reinforcing the importance of spiritually connected social environments.

Theme 5: Community-Based Suicide Prevention and Gatekeeper Training

A final thematic domain concerns the mobilization of Islamic community structures mosques, religious schools, and faith-based networks as suicide prevention infrastructure. Awaad et al. (2024a) describe the development and implementation of a custom-tailored suicide response training program for Muslim community leaders in North America. This program draws on Islamic religious literacy as a foundation for gatekeeper training, enabling imams, community health workers, and madrasah educators to recognize warning signs and facilitate appropriate referral.

In a companion study, Awaad et al. (2024b) describe the construction of a full suicide crisis response team within an American Muslim institutional context, integrating licensed mental health professionals with Islamic scholars to provide theologically grounded emergency support. This model is particularly relevant for Muslim diaspora communities where the stigma around mental health may direct distressed individuals toward religious rather than clinical environments first. The empirical findings across both studies indicate that community capacity, clinician-religious leader collaboration, and culturally congruent crisis protocols are the critical success factors in this intervention approach.

The thematic synthesis presented above produces a picture of Islamic spirituality as a genuinely multi-dimensional protective resource against suicidal ideation one that operates through interlocking theological, psychological, interpersonal, and institutional mechanisms. Several analytical observations deserve elaboration.

The convergence of findings across methodologically diverse studies strengthens confidence in the protective effect of Islamic spirituality. Whether the evidence comes from population-level suicide trend data (Lew et al., 2022), psychological autopsy studies (Ali & Saleem, 2024; Nasrullah et al., 2019), clinical intervention cases (Suleiman et al., 2023; Syafii, 2024), or community training evaluations (Awaad et al., 2024a, 2024b), the consistent direction of the association is the same: Islamic spiritual engagement is associated with reduced suicidal ideation. The convergence across study types each with different methodological affordances and limitations constitutes a form of triangulation that increases the plausibility of the causal inference.

Yet the evidence also complicates a simple protective story. Several studies note that the magnitude of the protective effect is moderated by context. Lew et al. (2022) document gender and socioeconomic variations in Malaysia; Awaad et al. (2023), in their scoping review, note that methodological limitations across studies make it difficult to isolate which specific Islamic spiritual dimensions carry the most protective weight. The risk of using theological prohibitions against suicide as a clinical tool without empathetic framing potentially adding to stigma around suicidal experience and inhibiting help-seeking, is noted by Zia et al. (2024) and Suleiman et al. (2023). These moderating considerations suggest that Islamic spirituality functions as a protective factor most robustly when it is embedded in warm, non-judgmental social and clinical relationships.

The Interpersonal Theory of Suicide provides a theoretically useful frame for explaining why community-embedded Islamic practice might be particularly potent. Thwarted belonging one of Joiner's (2005) two proximal causes of suicidal desire is directly addressed by the *ummah* structure of Islamic community life. The regularized social contact produced by congregational prayer, the web of mutual obligation entailed by *zakat* (charitable giving) and *ukhuwwah*, and the crisis-response infrastructure documented by Awaad et al. (2024a, 2024b) together constitute an architecture of belonging that may reduce suicidal desire at its interpersonal root.

Turning to the limitations of the existing evidence base, several gaps are clear. First, longitudinal studies are almost entirely absent; the cross-sectional and case-study designs that dominate the literature cannot establish causal temporality. Second, randomized controlled trials of Islamic counseling interventions for suicidal ideation do not yet exist, meaning that effect sizes remain unquantified and comparison conditions unspecified. Third, the reviewed studies are geographically concentrated predominantly Indonesia, the United States, Malaysia, and a handful of Arab-majority countries leaving large populations of Muslims in South Asia, sub-Saharan Africa, and Central Asia unrepresented. Fourth, standardized instruments for measuring Islamic spiritual dimensions specifically in the context of suicidal ideation are not yet available; the Nurjanah (2022) assessment scale for suicidal ideation, developed for Indonesian students, represents a regionally specific instrument but does not directly measure spiritual dimensions.

These gaps are not trivial. They limit the degree to which current evidence can inform clinical guidelines or public health policy. However, they also define a tractable research agenda: longitudinal cohort studies following Muslim individuals through mental health crises; RCTs comparing Islamic-integrated counseling with standard care for suicidal ideation; cross-national studies that include underrepresented Muslim populations; and the development and validation of spiritually specific assessment instruments.

Conclusions

This systematic literature review was designed to map and synthesize the evidence on the dimensions of Islamic spirituality in the prevention and management of suicidal ideation. Fourteen studies meeting rigorous inclusion criteria were subjected to thematic synthesis, yielding five domains: theological and normative foundations, religious coping and meaning-making, Islamic spiritual resilience, integrated Islamic counseling, and community-based prevention and gatekeeper training. The core finding is that Islamic spirituality is not a single variable but a multi-dimensional protective construct. Its protective effects operate through distinct but interconnected mechanisms: theological conviction provides a normative deterrent to suicide; meaning-making

through Islamic practice addresses the psychological emptiness that precedes suicidal crises; spiritual resilience built through *sabr* and *tawakkul* sustains the will to survive; integration of Islamic values into counseling deepens therapeutic engagement; and community belonging addresses the interpersonal roots of suicidal desire. The practical implications are clear. Mental health professionals working with Muslim populations should be equipped with cultural and theological literacy sufficient to incorporate Islamic spiritual resources into assessment and intervention not as an alternative to evidence-based care, but as a culturally congruent augmentation. Imam and community leader training programs modeled on those described by Awaad et al. (2024a, 2024b) should be expanded and adapted across different Muslim demographic contexts. And Islamic counseling as a field requires greater investment in empirical self-evaluation, including randomized controlled trials that can establish effect sizes and identify active therapeutic components. Future research should prioritize longitudinal designs, cross-national samples including underrepresented Muslim populations, and the development of validated instruments that specifically measure Islamic spiritual dimensions in the context of suicidal ideation. These investments will be necessary to transform a promising evidence base into robust clinical guidelines and policy recommendations.

References

- Ali, S. A. e. Z., & Saleem, T. (2024). Psychological autopsies: religious and spiritual factors for suicide in cases and controls. *Frontiers in Psychiatry*, 15. <https://doi.org/10.3389/fpsy.2024.1419669>
- Awaad, R., Durrani, Z., Quadri, Y., Sifat, M. S., Hussein, A., Kouser, T., El-Gabalawy, O., Rajeh, N., & Shareef, S. (2024). Developing a suicide crisis response team in America: An Islamic perspective. *Journal of Religion and Health*, 63(2), 985–1001. <https://doi.org/10.1007/s10943-023-01993-3>
- Awaad, R., Midani, M., Ali, T., Sifat, M. S., & Albatnuni, M. (2024). The development and implementation of a custom-tailored suicide response training for Muslim communities. *Journal of Religion and Health*, 63(2), 950–967. <https://doi.org/10.1007/s10943-023-01983-5>
- Awaad, R., Quadri, Y., Suleiman, K., Husain, A., Hosseini, Z., Rehman, O., Elzamzamy, K., Abdelrehim, A., Rushdi, R., Hill, T., & Koenig, H. (2023). Islam and suicide: An interdisciplinary scoping review. *Spirituality in Clinical Practice*, 10(1), 32–51. <https://doi.org/10.1037/scp0000311>
- Canetto, S. S. (2015). Suicidal behaviors among Muslim women: Patterns, pathways, meanings, and prevention. *Crisis*, 36(6), 447–458. <https://doi.org/10.1027/0227-5910/a000347>
- Güngörmüş, Z., Tanrıverdi, D., & Gündoğan, T. (2015). The effect of religious belief on the mental health status and suicide probability of women exposed to violence. *Journal of Religion and Health*, 54(5), 1573–1583. <https://doi.org/10.1007/s10943-014-9877-4>
- Hammad, H. (2024). The role of Islam in the prevention of suicide: An analytical study of the reasons behind suicide prevention in Islam. *An Najah University Journal for Research B Humanities*, 38(11), 2255–2276.
- Joiner, T. (2005). *Why people die by suicide*. Harvard University Press.
- Khadijah, S., Yusuf, A., Nihayati, H. E., & Yunitasari, E. (2021). The influence of web-based spiritual problem solving on the prevention of suicidal risk among university students. *Nurses Journal*, 16(2), 142–147. <https://doi.org/10.20473/jn.v16i2.23921>
- Koenig, H. G. (2018). *Religion and mental health: Research and clinical applications*. Academic Press.
- Lew, B., Kólves, K., Lester, D., Chen, W. S., Ibrahim, N., Khamal, N. R., Mustapha, F., Chan, C. M. H., Ibrahim, N., Siau, C. S., & Chan, L. F. (2022). Looking into recent suicide rates and trends in Malaysia: A comparative analysis. *Frontiers in Psychiatry*, 12. <https://doi.org/10.3389/fpsy.2021.770252>
- Moher, D., Liberati, A., Tetzlaff, J., & Altman, D. G. (2010). Preferred reporting items for systematic reviews and meta-analyses: The PRISMA statement. *International Journal of Surgery*, 8(5), 336–341. <https://doi.org/10.1016/j.ijsu.2010.02.007>
- Nasrullah, M., Muazzam, S., & Bhutta, Z. A. (2019). Psychological autopsy studies and religious variables. *Journal of Forensic Sciences*, 64(2), 568–576.
- Nurjanah, A. S. (2022). Pengembangan instrumen asesmen deteksi ide bunuh diri siswa SMA/ sederajat di Kabupaten Kuantan Singingi Provinsi Riau [Master's thesis, Universitas Negeri Yogyakarta].

-
- Pargament, K. I. (2011). *Spiritually integrated psychotherapy: Understanding and addressing the sacred*. Guilford Press.
- Reza, I. F., Setiawan, K. C., Eko Oktapiya Hadinata, & Shams, F. M. (2024). Islamic religiosity as a control of suicide intent among final-year students through spiritual experience. *Journal An-Nafs: Psychological Research Studies*, 9(1), 68–82. <https://doi.org/10.33367/psi.v9i1.4353>
- Shihab, Q. (2019). *Tafsir al-Mishbah: Pesan, kesan, dan keserasian al-Qur'an*. Lentera Hati.
- Suleiman, K., El-Gabalawy, O., Zia, B., & Awaad, R. (2023). Suicide response in American Muslim communities: A community case study. *Journal of Muslim Mental Health*, 17(1), 1–13. <https://doi.org/10.3998/jmmh.1457>
- Syafii, H. (2024). Integration of Islamic psychotherapy and self-disclosure methods for mitigating adolescent suicidal ideation: A madrasah study. *Educational Insights*, 2(2), 148–159. <https://doi.org/10.58557/eduinsights.v2i2.88>
- Turecki, G., & Brent, D. A. (2016). Suicide and suicidal behaviour. *The Lancet*, 387(10024), 1227–1239. [https://doi.org/10.1016/S0140-6736\(15\)00234-2](https://doi.org/10.1016/S0140-6736(15)00234-2)
- World Health Organization. (2021). *Suicide worldwide in 2019: Global health estimates*. WHO.
- Younis, M. S., & John, A. (2023). Insight of suicide in Iraq: A coroner's report. *Middle East Current Psychiatry*, 30(1). <https://doi.org/10.1186/s43045-023-00320-6>
- Zia, B., Kouser, T., Helal, H., & Awaad, R. (2024). A brief overview of the Islamic ethics of suicide and suicide-related contemporary issues from a Sunni perspective: A primer for clinicians and researchers. *Journal of Religion and Health*, 63(2), 968–984. <https://doi.org/10.1007/s10943-024-02007-6>