



THE PARADIGM OF ISLAMIC VALUE-BASED SOCIAL COMMUNITY COUNSELING IN ADDRESSING PSYCHOSOCIAL PROBLEMS

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Abstract

Contemporary psychosocial problems have become increasingly complex due to social change, economic pressure, disruptions in social relationships, and the weakening of spiritual sources of meaning in collective life. Global data indicate that nearly one in seven people lived with a mental disorder in 2021, while national data show that the prevalence of depression among people aged 15 years and older reached 1.4%, with the 15-24 age group having the highest prevalence. This article aims to formulate a paradigm for Islamic value-based social community counseling to address psychosocial problems. This study employs qualitative library research, using thematic analysis and a conceptual synthesis of the literature on community counseling, Islamic guidance and counseling, community psychology, mental health, and recent empirical data. The findings indicate that the Islamic community counseling paradigm is constructed through the integration of tawhid, ukhuwah, social justice, masalah, amanah, shura, and ta'awun with the principles of participation, empowerment, advocacy, prevention, and community evaluation. The contribution of this study lies in the formulation of a conceptual-operational model that positions counselors as facilitators, educators, mediators, advocates, social network mobilizers, and value guardians. The article recommends developing community counseling programs within mosques, religious social institutions, families, schools, and through cross-sector collaboration, and testing them using psychological, social, spiritual, and structural indicators.

Keywords: Community Counseling; Islamic Values; Psychosocial Problems;

Abstrak

Masalah psikososial masyarakat kontemporer semakin kompleks karena perubahan sosial, tekanan ekonomi, disrupsi relasi sosial, serta melemahnya sumber makna spiritual dalam kehidupan kolektif. Data global menunjukkan bahwa hampir satu dari tujuh penduduk dunia hidup dengan gangguan mental pada 2021, sedangkan data nasional menunjukkan prevalensi depresi pada penduduk usia 15 tahun ke atas sebesar 1,4%, dengan kelompok usia 15-24 tahun sebagai kelompok dengan prevalensi tertinggi. Artikel ini bertujuan merumuskan paradigma konseling komunitas sosial berbasis nilai-nilai Islam untuk menangani masalah psikososial. Penelitian ini menggunakan pendekatan kualitatif kepustakaan dengan analisis tematik dan sintesis konseptual terhadap literatur konseling komunitas, bimbingan dan konseling Islam, psikologi komunitas, kesehatan mental, serta data empiris mutakhir. Hasil kajian menunjukkan bahwa paradigma konseling komunitas islami dibangun melalui integrasi nilai tauhid, ukhuwah, keadilan sosial, masalah, amanah, musyawarah, dan ta'awun dengan prinsip partisipasi, pemberdayaan, advokasi, pencegahan, serta evaluasi komunitas. Kontribusi kajian ini adalah rumusan model konseptual-operasional yang memosisikan konselor sebagai fasilitator, edukator, mediator, advokat, penggerak jejaring sosial, serta penjaga nilai. Artikel ini merekomendasikan pengembangan program konseling komunitas berbasis masjid, lembaga sosial keagamaan, keluarga, sekolah, serta kolaborasi lintas sektor yang dapat diuji melalui indikator psikologis, sosial, spiritual, dan struktural.

Kata Kunci: Konseling Komunitas; Masalah Psikososial; Nilai Islam.

Introduction

Rapid social change in the era of globalization, urbanization, digitalization, and economic uncertainty has direct implications for individuals' and communities' psychosocial conditions. Psychosocial problems can no longer be adequately understood merely as individual disorders, since their emergence is often intertwined with poverty, weakened social relations, community conflict, stigma, and the loss of sources of meaning in life. The World Health Organization (2025) reported that, in 2021, nearly one in seven people worldwide lived with a mental disorder. This fact indicates that addressing psychosocial problems requires an approach that is not only clinical, but also social, cultural, and spiritual.

In the Indonesian context, the urgency of a community-based approach is increasingly evident. The 2023 Indonesian Health Survey recorded a depression prevalence of 1.4% among people aged 15 years and older, with the 15-24 age group showing the highest prevalence, at approximately 2% (Badan Kebijakan Pembangunan Kesehatan, 2024). These data show that mental health issues cannot be separated from literacy, stigma, family support, neighborhood networks, referral access, and the sources of meaning embedded within communities. Therefore, psychosocial services need to move from a purely individual model to one that involves families, religious leaders, social institutions, schools, primary health centers, and local communities.

Community counseling emerges as a response to the limitations of overly individual-centered counseling approaches. Individual approaches remain important, but they are insufficient when psychosocial problems are rooted in social relations, economic structures, culture, and community values. Community counseling positions the community as both the context and the subject of change through participation, empowerment, advocacy, strengthening of social support, and prevention. Accordingly, the focus of counseling shifts from merely reducing intrapsychic symptoms to strengthening social functioning, social capital, and collective coping mechanisms (Nelson & Prilleltensky, 2005).

In Muslim communities, community counseling should also consider Islamic values as sources of meaning, social norms, and moral energy in responding to crises. The value of tawhid provides an orientation of meaning and hope; ukhuwah fosters solidarity; social justice directs counseling toward the defense of vulnerable groups; masalah places collective welfare as the goal; amanah builds the ethics of service; shura strengthens participation; and ta'awun activates cooperation. The integration of Islamic values into community counseling is therefore not merely the addition of religious rituals to counseling techniques, but rather a paradigmatic reconstruction that influences assumptions about human beings, problems, goals, the counselor's role, intervention strategies, and indicators of success.

Although studies on Islamic counseling, religious psychotherapy, and religious coping have developed, several research gaps still need to be addressed. First, many studies continue to focus on individual or small-group interventions, leaving the community dimension insufficiently explained. Second, community counseling studies often draw on Western community psychology paradigms that emphasize empowerment and social justice but do not yet position Islamic spirituality as an epistemological foundation. Third, several works in Islamic Guidance and Counseling remain normative and have not formulated implementation mechanisms or evaluative indicators that can be tested. Fourth, the relationship among Islamic values, psychosocial

determinants, empowerment strategies, and bio-psycho-social-spiritual outcomes has not been mapped systematically.

Previous studies on religion, spirituality, coping, and mental health have demonstrated the importance of religious factors as psychological protective resources (Koenig, 2012). Community psychology has also provided a strong foundation for empowerment, social justice, and well-being (Nelson & Prilleltensky, 2005). Meanwhile, the literature on Islamic Guidance and Counseling has discussed social da'wah, Islamic psychotherapy, and community capacity development (Kusnawan, 2017). However, relatively few studies have developed an Islamic community counseling paradigm in a conceptual-operational manner by linking Islamic values, community counseling principles, counselor roles, empowerment strategies, and indicators of success.

Based on these gaps, this article aims to examine and formulate a paradigm for Islamic value-based social community counseling to address psychosocial problems. The study focuses on four areas: Islamic values relevant to community counseling, community counseling principles, the construction of community psychosocial problems, and intervention outcomes encompassing counselor roles, empowerment strategies, and indicators of success. Theoretically, this study contributes to expanding Islamic Guidance and Counseling into the community domain. In practice, it offers a conceptual model that can serve as a reference for counselors, religious institutions, educators, and policymakers in designing community-based psychosocial services that are participatory, measurable, and contextually relevant to Muslim communities.

Method

This study employs a qualitative approach, drawing on library research oriented toward conceptual inquiry. This approach was selected because the study does not aim to test field hypotheses, but rather to formulate a theoretical synthesis concerning the paradigm of Islamic value-based social community counseling. The research paradigm used is interpretive-constructivist, as psychosocial reality is understood as a construction of meaning shaped by values, culture, social relations, and the spiritual experiences of communities (Creswell & Poth, 2018).

The unit of analysis in this study comprises ideas, concepts, and findings from the literature across four areas of focus. The first concerns Islamic values relevant to community counseling, including tawhid, ukhuwah, social justice, masalah, amanah, shura, ta'awun, patience, and tawakkul. The second concerns the principles of community counseling, including participation, empowerment, advocacy, prevention, strengthening of social support, cross-sector collaboration, and community-based evaluation. The third concerns community psychosocial problems, such as

collective stress, social conflict, social isolation, anxiety, depression, stigma, poverty, and the disintegration of social networks. The fourth concerns intervention outcomes, comprising psychological, social, spiritual, and structural indicators.

The data sources include secondary literature from academic books, national and international journal articles, official institutional reports, and scholarly works relevant to Islamic Guidance and Counseling, community psychology, religious coping, mental health, and community development. Literature published between 2011 and 2025 was prioritized to ensure the review's currency, while classical literature with significant theoretical significance was still used. The inclusion criteria consisted of direct relevance to the topic, clarity of the theoretical framework, credibility of the source, and contribution to paradigm development. The exclusion criteria included popular writings without an academic basis, sources with unclear authorship or publication identity, and literature unrelated to counseling, psychosocial issues, or Islamic values.

The literature search was conducted on Google Scholar, Islamic higher education journal portals, scientific journal databases, and official health agency websites. The keywords used included "community counseling", "Islamic counseling", "Islamic Guidance and Counseling", "psychosocial problems", "religious coping", "Islamic psychotherapy", "community mental health", "Islamic values", "social empowerment", and "community mental health". Empirical data were used to strengthen the study's urgency, while conceptual literature was used to develop the paradigm model.

Data analysis was conducted through thematic analysis and conceptual synthesis. Thematic analysis followed six steps: repeated reading of the literature, assigning initial codes to key concepts, grouping codes into themes, reviewing relationships among themes, naming the themes, and constructing a thematic narrative (Braun & Clarke, 2019). To maintain consistency between the unit of analysis and the reporting of results, the themes were organized in the sequence of the four foci: Islamic values as the paradigmatic foundation, community counseling principles, the construction of community psychosocial problems, and intervention outcomes encompassing counselor roles, empowerment strategies, and psychological, social, spiritual, and structural indicators. Conceptual synthesis was then conducted by comparing concepts from community psychology, Islamic Guidance and Counseling, religious coping, and empirical data in order to produce a coherent paradigmatic framework.

The trustworthiness of the study was maintained through source triangulation, theoretical triangulation, and conceptual audit. Source triangulation was conducted by comparing books,

journal articles, institutional reports, and previous research findings. Theoretical triangulation was conducted by integrating perspectives from community psychology, sociology, Islamic Guidance and Counseling, and mental health studies. The conceptual audit was conducted by examining the consistency among the research problem, research focus, synthesized findings, discussion, conclusion, and recommendations. Through these strategies, the study is expected to produce a conceptual framework that is academically valid, contextually relevant, and suitable for further empirical development.

Results

The thematic analysis generated four main findings, presented in the same sequence as the four analytical foci. First, Islamic values function as the foundation of the paradigm. Second, community counseling principles provide the operational direction for intervention. Third, psychosocial problems are understood as relational, structural, and spiritual concerns. Fourth, intervention outcomes encompass counselor roles, empowerment strategies, and indicators of success across psychological, social, spiritual, and structural dimensions. Together, these findings form a bio-psycho-social-spiritual framework that positions the community as the primary subject of change.

Islamic Values as the Foundation of the Community Counseling Paradigm

The first finding indicates that Islamic values can serve as the foundation of the Islamic community counseling paradigm. These values are not understood as the addition of religious symbols, but as ethical grounds, an orientation of meaning, and a source of energy for social change. Tawhid directs counseling toward strengthening meaning in life and hope; ukhuwah fosters solidarity and social support; social justice encourages sensitivity to inequality; masalah affirms collective welfare as the goal; amanah shapes service ethics; shura guarantees participation; and ta'awun activates cooperation among community actors.

This value foundation produces a paradigm that differs from individual counseling and secular community approaches. Islamic community counseling views psychosocial problems as the result of interactions among psychological conditions, social relations, community structures, and crises of spiritual meaning. Therefore, interventions are directed not only toward individual recovery, but also toward strengthening social relations and revitalizing Islamic values in collective life. Tawhid functions as a framework for meaning reconstruction; ukhuwah and ta'awun activate support networks; social justice and masalah guide advocacy, while amanah and shura safeguard ethics and citizen participation.

Community Counseling Principles in the Islamic Paradigm

The second finding shows that participation, empowerment, advocacy, prevention, strengthening of social support, cross-sector collaboration, and community-based evaluation constitute the operational framework of Islamic community counseling. These principles shift services from an expert-centered approach toward a process of change in which community members identify problems, make decisions, implement programs, and assess success.

At the implementation level, participation is carried out through shura; empowerment is supported by ta'awun and ukhuwah; advocacy is directed by social justice and maslahah; while prevention, social support, collaboration, and evaluation are carried out with amanah. This integration prevents Islamic values from remaining symbolic and makes them working principles in decision-making, role distribution, referral-network management, and service evaluation.

Accordingly, Islamic community counseling does not merely mobilize social resources; it also develops shared ownership of the program. Counselors facilitate this process while ensuring that community participation does not overlook vulnerable groups, the need for professional referral, confidentiality, and service ethics.

The Construction of Community Psychosocial Problems

The third finding indicates that community psychosocial problems include collective stress, social conflict, social isolation, anxiety, depression, stigma, poverty, and the disintegration of social networks. These problems are not understood solely as individual disorders, but as the result of interactions among psychological experiences, the quality of relationships, socio-economic conditions, access to services, and crises of spiritual meaning.

This construction explains why psychosocial problems need to be read within their community context. Stigma and exclusion can weaken people's willingness to seek help; poverty and limited access can prolong psychological distress, while family conflict or horizontal conflict can damage the social support that individuals need. Therefore, the assessment should map vulnerable groups, risk factors, local resources, social networks, and the community's value-based and religious practices.

This understanding guides interventions that combine personal recovery with strengthening social relations, stigma prevention, expanded referral access, and the revitalization of spiritual sources of meaning. In this way, psychosocial problems are not reduced to individual weakness, but are addressed as shared concerns that require participatory and sustainable action.

Intervention Outcomes: Counselor Roles, Empowerment Strategies, and Indicators of Success

The fourth finding shows that intervention outcomes involve change across psychological, social, spiritual, and structural dimensions. To achieve these outcomes, counselors are positioned not only as individual helpers but also as facilitators of participation, psychosocial educators, social mediators, community advocates, network mobilizers, and value guardians. This role requires integrated competencies in psychological, social, cultural, spiritual, and advocacy domains.

Applicable strategies include participatory problem mapping, establishing support groups, training a peer-counseling cadre, family psychoeducation, strengthening the role of mosques and religious institutions as centers of psychosocial support, collaborating with primary health centers, schools, and local government, and advocating against structural factors that trigger problems. Empowerment begins with collective problem recognition, priority setting, and the use of local resources, followed by joint evaluation so that programs are culturally appropriate and sustainable.

Intervention success is assessed multidimensionally. In the psychological dimension, the indicators include reduced stress, anxiety, emotional conflict, and helplessness, as well as increased resilience. In the social dimension, the indicators include social cohesion, citizen participation, social support, concern for vulnerable groups, and reduced horizontal conflict. In the spiritual dimension, success is reflected in increased meaning in life, hope, patience, active *tawakkul*, moral responsibility, and religious practices that support mental health. In the structural dimension, the indicators include referral access, the establishment of sustainable programs, the availability of cadres or volunteers, and support from local policies. These indicators can be operationalized through stress and resilience scales, sense-of-community surveys, interviews, observations, program documentation, referral data, and policy evaluation.

Discussion

The findings show that the Islamic value-based social community counseling paradigm can be understood as a holistic approach that connects psychological, social, structural, and spiritual dimensions. This paradigm does not simply move individual counseling into community spaces; rather, it changes the way problems are understood and interventions are designed. Psychosocial problems are understood as imbalances in the relationships among individuals, communities, social structures, and transcendental values. Therefore, their resolution must include restoring meaning, improving social relations, strengthening community support, and advocating against structural factors that weaken well-being (Nelson & Prilleltensky, 2005).

Compared with individual counseling approaches, this paradigm has a broader orientation, positioning the community as both a source of problems and a source of recovery. When psychosocial problems arise from stigma, poverty, social exclusion, family conflict, or the disintegration of neighborhood support, individual intervention alone is insufficient. Islamic community counseling responds by linking personal recovery to strengthening social networks and revitalizing the spiritual values embedded in Muslim communities (Nelson & Prilleltensky, 2005).

Operational Mechanisms of the Paradigm

To avoid remaining merely a normative discourse, this paradigm must be explained through observable mechanisms of change. The first mechanism is meaning reconstruction, namely the strengthening of meaning in life through tawhid, patience, and active tawakkul. This mechanism helps individuals and communities interpret crises more adaptively without neglecting rational effort. The second mechanism is social support activation through ukhuwah and ta'awun, namely the activation of family, neighborhood, religious-group, and social-institution networks as sources of psychosocial protection (Pargament, 2011).

The third mechanism is empowerment and advocacy through social justice and *maslahah*. This mechanism promotes change in the conditions that underpin problems, such as stigma, exclusion, and limited access to services. The fourth mechanism is participatory ownership through *shura*, namely, community involvement in planning and evaluation, so that programs do not depend entirely on counselors. These four mechanisms show that Islamic values operate functionally: tawhid works in the domain of meaning and hope; ukhuwah works in the domain of social support; social justice works in the domain of advocacy; *maslahah* works in the domain of program goals; *amanah* works in the domain of ethics; *shura* works in the domain of participation; and ta'awun works in the domain of collaboration (Kusnawan, 2017).

Implementation Model of Islamic Community Counseling

The proposed implementation model consists of five stages. The first stage is community assessment, which maps problems, vulnerable groups, local actors, and available resources. The second stage is partnership strengthening with religious leaders, families, schools, primary health centers, community organizations, and local government. The third stage is participatory intervention planning, which determines goals, targets, methods, schedules, and indicators of success. The fourth stage is program implementation, which may include psychoeducation, support groups, community counseling, social mediation, cadre training, and advocacy. The fifth

stage is monitoring and evaluation based on psychological, social, spiritual, and structural indicators (Nelson & Prilleltensky, 2005).

In cases of adolescent social isolation, Islamic community counseling may begin by mapping risk factors such as academic pressure, bullying, family conflict, and weak peer support. Interventions may be conducted through adolescent support groups in schools or mosques, psychoeducation on mental health, parental involvement, and referral to professional services when severe symptoms are identified. The values of *ukhuwah* and *ta'awun* foster a sense of acceptance, while *tawhid* and active *tawakkul* strengthen meaning and hope (Mujahidah et al., 2024).

In cases of horizontal community conflict, counselors can facilitate *shura*, mediation, and the restoration of social communication. Social justice ensures that each party receives space to speak, while *maslahah* directs the process toward the common good. In cases of stigma against families with members who have mental disorders, programs may include community education, supportive visits, and referral networks with primary health centers. These examples show that the proposed paradigm can be translated into practical actions that are sensitive to Islamic values and community needs (Kusnawan, 2017).

Testing the Paradigm and Implications for Islamic Guidance and Counseling

This paradigm can be tested through empirical research. At the quantitative level, researchers may use pre-test and post-test designs to measure changes in stress, resilience, social cohesion, participation, and spiritual well-being before and after the program. At the qualitative level, researchers may conduct in-depth interviews, focus group discussions, and observations to understand community experiences, community acceptance, and the dynamics of collaboration. At the mixed-methods level, numerical and narrative data can be combined to assess effectiveness while also understanding the process of change (Creswell & Poth, 2018).

The theoretical implication of this study is the expansion of the object of Islamic Guidance and Counseling from individual counseling relations to community relations and social structures. Islamic Guidance and Counseling should not be understood merely as a discipline that addresses personal problems, but also as an applied science that can contribute to social development and public mental health. Its practical implication is the need for counselor education that emphasizes not only individual and group counseling skills, but also community psychology, community development, social advocacy, Islamic public ethics, and indicator-based program evaluation (Nelson & Prilleltensky, 2005).

Thus, Islamic community counseling has both local relevance and a broader conceptual contribution. In Muslim communities, this approach can increase service acceptance because it aligns with the community's sources of meaning and social norms. At the academic level, this paradigm enriches the discourse of community counseling by positioning Islamic spirituality as an epistemological foundation rather than an additional variable. At the policy level, it encourages the development of community-based, cross-sectoral, equitable, and sustainable psychosocial services (VanderWeele, 2017).

Conclusion

This study concludes that the paradigm of Islamic value-based social community counseling is a relevant approach for addressing psychosocial problems in Muslim communities because it integrates psychological, social, structural, and spiritual dimensions. This paradigm views psychosocial problems not merely as disorders of individual adaptation, but as crises of relationships, social support, justice, and meaning in life that must be restored collectively.

The main contribution of this study is the formulation of an integrative model that connects the values of tawhid, ukhuwah, social justice, masalah, amanah, shura, and ta'awun with the principles of participation, empowerment, advocacy, prevention, and community evaluation. This model clarifies the counselor's role as facilitator, educator, mediator, advocate, network mobilizer, and value guardian. It also formulates success indicators that can be measured across psychological, social, spiritual, and structural dimensions and tested in future empirical research.

The practical implication is the need to develop community counseling services based on mosques, schools, religious social institutions, families, and public health networks. Such programs should be designed participatively, include professional referral pathways, and be evaluated through measurable indicators. The limitation of this study is its conceptual nature, as it has not yet tested the model's effectiveness in the field. Further research should be conducted through empirical studies, community experiments, action research, or mixed methods to assess the impact of this paradigm on resilience, social cohesion, citizen participation, and spiritual well-being.

Recommendations

In practice, Islamic Guidance and Counseling counselors need to develop services that are not only individual but also community-based, through psychoeducation, support groups, social mediation, and volunteer cadre development. Mosques, study circles, schools, primary health centers, and religious social institutions can serve as centers of psychosocial support that integrate

spiritual development, mental-health literacy, social support, and professional referral. Policymakers need to develop community mental health programs that are sensitive to religious values and local culture, making them more accepted, accessible, and sustainable.

Academically, future research should test this model empirically across diverse communities, including school adolescents, vulnerable families, disaster-affected communities, urban communities, and the urban poor. The curriculum of Islamic Guidance and Counseling should include community psychology, community development, social advocacy, and indicator-based program evaluation. In addition, interdisciplinary dialogue among Islamic Guidance and Counseling, community psychology, sociology, public health, religious studies, and social policy needs to be strengthened so that Islamic community counseling can contribute more broadly to the development of social welfare.

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