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Spirituality And Psychological Wellbeing: Insights From The Quran And Sunnah

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ABSTRACT

Spirituality and religious practice are increasingly recognized as determinants of psychological well-being. It is believed that Spirituality plays a vital role in avoiding psychological Conditions like stress, anxiety, arousal and depression, which are commonly found among adults of the current era. This research study aimed to assess the perception of Muslim adults about the relationship between Spirituality and Psychological Well-being. A cross-sectional survey was conducted among 450 Muslim adults (48.7% male, 52.3% Female, aged 18–65) in Lahore, Pakistan. For the collection of data, validated scales were used (WHO-5 Well-Being Index, Spiritual Well-Being Scale, and Islamic Practices Adherence Questionnaire). The collected data from respondents were processed through the statistical package for social sciences (SPSS, version 26), and thus, suitable statistical tools were applied for analysis. Based on data analysis and findings, the researcher concluded that Quranic and Sunnah-guided practices are strongly associated with spiritual fulfillment and psychological well-being, and spiritual fulfillment partially mediates this relationship.



Keywords: Spirituality; Psychological Wellbeing; Quran; Sunnah

INTRODUCTION

Islam is a universal religion emphasizing the wholesome development of an individual, including physical, mental, social, emotional and spiritual wellbeing (Kamarulbahri et al., 2024). Mental health is a vital component of overall human health and flourishing. In the context of mental health, different cultural and spiritual traditions offer unique perspectives and practices for fostering mental well-being (Mildaeni & Huda, 2024).

Spirituality and psychological health are interconnected parameters of life. Psychological well-being is a multifaceted and multi-dimensional concept that focuses on the overall happiness, satisfaction with life, and mental and emotional health. In other words, psychological well-being may be explained as an individual's overall functioning that includes fulfillment in various aspects of life, such as having positive interactions with others, personal mastery, autonomy, purpose and meaning in life, and personal development (Aycan, 2024). For psychological well-being positive emotions, autonomy, positive relationships, low levels of negative emotions, purpose in life, life satisfaction, and personal growth (Dhanabhakym & Sarath, 2023).

Spirituality is a broader concept of a belief of someone in something beyond the self. It helps to understand the meaning of life, the interconnection among the masses, and truths about the universe, and other mysteries of human existence (Scott, 2023). The author further argued that the spiritual world widely suggests there is more to life than just what people experience on a sensory and physical level. Spirituality suggests that there is something greater that connects all beings and the universe itself. Holy Quran highlights the integration of the psyche, heart, and mind as essential for mental health, a concept further explored by early Islamic scholars (Deuraseh & Talib, 2005).

Religion and spirituality are becoming more widely acknowledged as significant factors that influence psychological health. Increased religiosity and spiritual engagement have been linked to decreased anxiety and depression, decreased substance use, and enhanced life satisfaction in a variety of populations. These findings are corroborated by systematic reviews and meta-analyses that indicate that religious/spiritual (R/S) involvement has modest to moderate protective effects on mental health (Dubey et al., 2025).

Particularly for Muslim societies, Qur'anic and Sunnah-based rituals like prayer (Salah), remembering (dhikr), Qur'anic recitation, supplication (dua), and ritual cleanliness (wudu) are frequently mentioned as coping mechanisms and ways to foster inner peace. According to both qualitative and quantitative research, these activities offer resources for emotion regulation, social support, routine structure, and purpose that are consistent with modern psychological mechanisms for resilience and wellness (Habib et al., 2025).

Traditional Islamic psychospiritual practices are now being mapped onto contemporary psychological paradigms by recent studies. Research on Islamic mindfulness and meditation practices reveals conceptual similarities with mindfulness and cognitive-behavioral approaches, and new empirical research suggests that Qur'anic recitation and Sunnah-based routines have positive impacts on subjective wellbeing, stress reduction, and cognitive functioning. However, there is still variation in the methodologies and metrics used in the evidence base, and the causal pathways have not yet been completely established (Zahir et al., 2025).



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METHODOLOGY

The current study was associated with the relationship between Spirituality and Psychological Well-being; therefore, a quantitative research study with a cross-sectional survey was carried out by the researcher. Muslim adults (18–65 years) from urban and semi-urban areas of Lahore were recruited through mosques, Islamic centers, universities, and online platforms. As Lahore is one of the big cities of Pakistan; therefore, it was very difficult for the researcher to contact the whole population. Therefore, to overcome this problem, the researcher used stratified convenience sampling and thus, the data were collected from four hundred fifty-two (452) male adults as sample of the study. For the collection of data, three different scales, i.e. WHO-5 Well-Being Index to assess positive well-being, the Spiritual Well-Being Scale (SWBS) measuring religious and existential well-being and the Islamic Practices Adherence Questionnaire evaluating engagement in core Islamic practices, were used by the researcher. Data were collected over eight weeks via a mixed-mode administration (comprising both paper-based and online forms). Written/electronic informed consent was obtained. The study received IRB approval from the Department of Sports Science and Physical Education, Punjab University (Protocol #2024-DSS-113). The collected data from respondents were processed through the statistical package for social sciences (SPSS, version 26), and thus, suitable statistical tools were applied for analysis.

PRESENTATION OF DATA

Table 1. Demographic Characteristics of the Sample (N = 452)

Variable	Category	N	%
Gender	Male	220	48.7
	Female	232	51.3
Age (years)	18–24	86	19.0
	25–34	134	29.6
	35–44	120	26.5
	45–54	72	15.9
	55–65	40	8.8
Education	Secondary school	74	16.4
	Bachelor's degree	202	44.7
	Master's degree or higher	176	38.9
Marital Status	Single	172	38.1
	Married	254	56.2
	Divorced / Widowed	26	5.8
Socioeconomic Status	Low (< PKR 40,000/month)	88	19.5
	Middle (PKR 40,000–80,000)	256	56.6
	High (> PKR 80,000/month)	108	23.9
Mosque Attendance	Weekly or less	100	22.1
	2–4 times/week	186	41.2
	Daily	166	36.7



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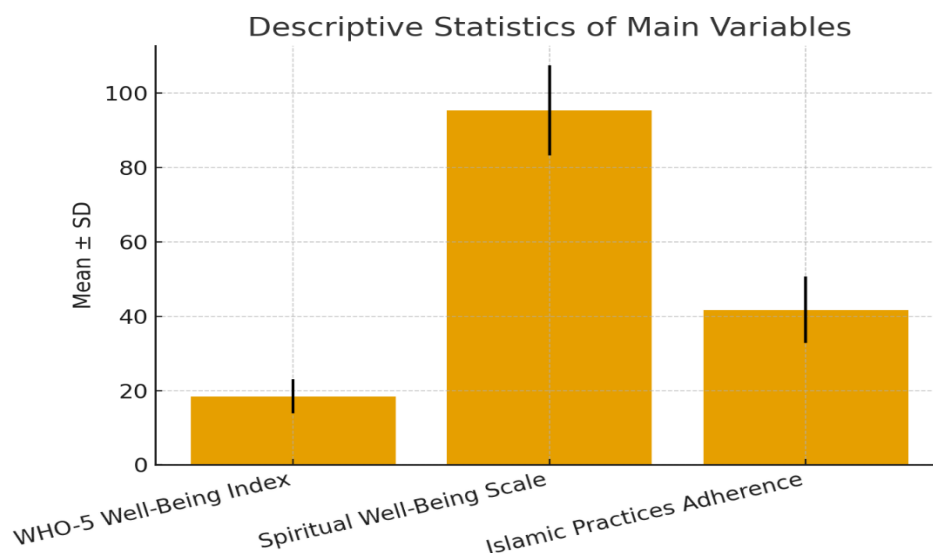
The sample (N = 452) was 48.7% male (n = 220) and 51.3% female (n = 232). Age distribution: 18–24 (19.0%), 25–34 (29.6%), 35–44 (26.5%), 45–54 (15.9%), 55–65 (8.8%). Educational attainment: secondary (16.4%), bachelor's (44.7%), masters+ (38.9%). Most participants reported a middle socioeconomic status (56.6%), Mosques daily attendance rate was (41.2%) and 2–4 times/week rate was 36.7%

Table 2. Descriptive Statistics of Psychometric Characteristics of Respondents

Measure	Possible Range	Mean	SD	Min	Max	Cronbach's α
WHO-5 Well-Being Index	0–25	18.4	4.6	5	25	.86
Spiritual Well-Being Scale (SWBS)	20–120	95.3	12.1	60	120	.92
Islamic Practices Adherence Questionnaire (IPAQ)	0–56	41.7	8.9	18	56	.87

Note: N = 452. The score of WHO-5 ranges 0–25, SWBS 20–120 and Adherence is 0–56. Greater scores reflect better well-being or treatment adherence. p-values are two-tailed tests. Standardized unless, specified otherwise in the text.

The descriptive statistics indicate high reliability across all measures. Participants reported great spiritual well-being (SWBS: M = 95.3, SD = 12.1, α = .92) and moderately high well-being (WHO-5: M = 18.4, SD = 4.6, α = .86). Additionally, there was a comparatively high level of adherence to Islamic customs (IPAQ: M = 41.7, SD = 8.9, α = .87). All things considered, the scales showed strong internal consistency and accurately represented respondents' high levels of spirituality, religious practice, and well-being.



Correlations between Key Variables

Adherence to Islamic practices correlated strongly with spiritual fulfillment ($r = .74, p < .001$) and psychological well-being ($r = .61, p < .001$). Spiritual fulfillment correlated with well-being ($r = .65, p < .001$).

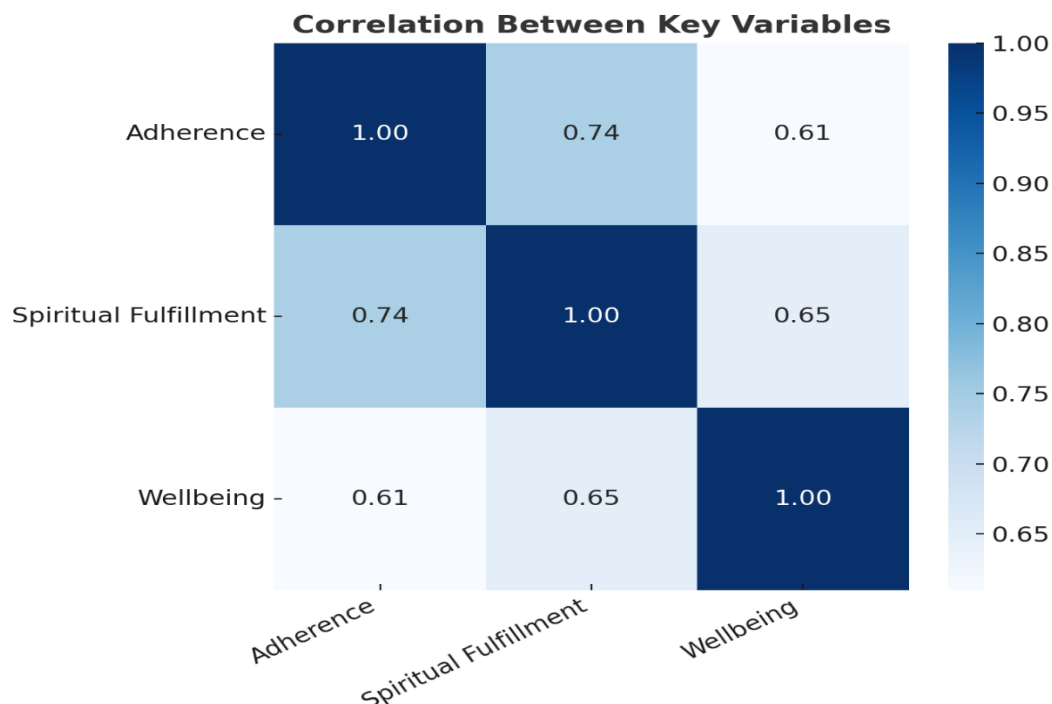


Table 3 Pearson’s Correlations between Study Variables

Variable	1	2	3
1. Islamic Practices Adherence	1		
2. Spiritual Fulfillment (SWBS)	.74*	1	
3. Psychological Wellbeing	.61*	.65*	1

Note: N = N = 452. The score of WHO-5 ranges 0–25, SWBS 20–120 and Adherence is 0–56. Greater scores reflect better well-being or treatment adherence. p-values are two-tailed tests. Standardized unless, specified otherwise in the text.

The correlation matrix shows strong, positive relationships among all key variables. Spiritual fulfillment and Islamic practices adherence were substantially connected ($r = .74$, $p < .001$), while psychological wellbeing and adherence were somewhat correlated ($r = .61$, $p < .001$). The relationship between Spiritual Fulfillment and Psychological Wellbeing was also positive ($r = .65$, $p < .001$). These results imply a connection between enhanced psychological wellbeing and both increased adherence to Islamic customs and greater spiritual fulfillment.



Group Differences

Table 4 Psychological Wellbeing and Spiritual Fulfillment by Gender and Age Group

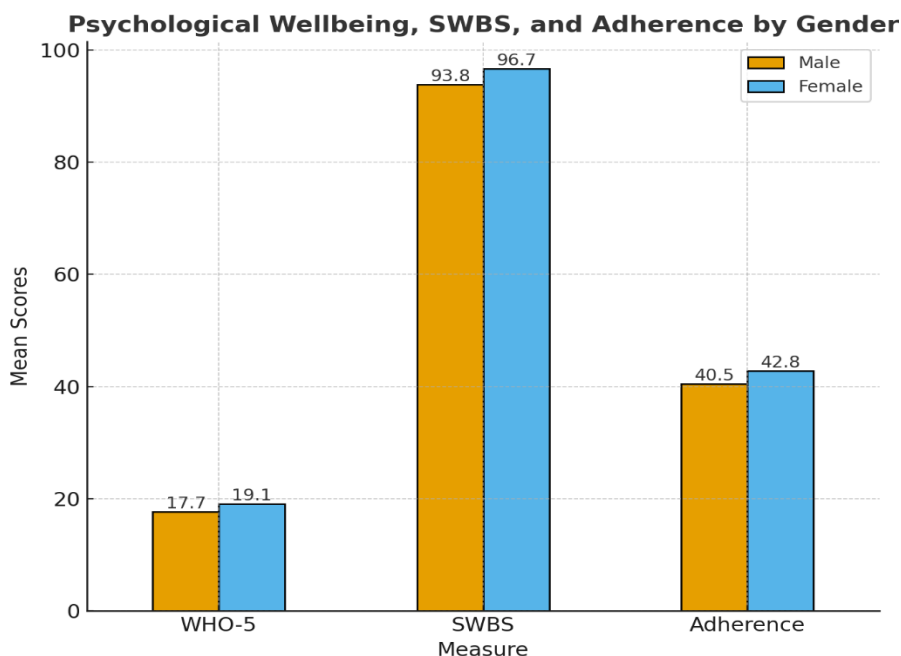


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Group	N	WHO-5 Mean (SD)	SWBS Mean (SD)	Adherence Mean (SD)
Male	220	17.7 (4.9)	93.8 (13.2)	40.5 (8.7)
Female	232	19.1 (4.2)	96.7 (10.8)	42.8 (8.8)
Age 18–24	86	16.6 (4.8)	92.1 (11.9)	39.0 (8.3)
Age 25–34	134	17.9 (4.2)	94.0 (11.5)	41.1 (8.5)
Age 35–44	120	19.0 (4.7)	96.2 (12.2)	42.4 (8.9)
Age 45–54	72	20.2 (4.1)	98.4 (11.5)	44.0 (8.2)
Age 55–65	40	20.7 (4.0)	100.5 (10.3)	45.1 (7.7)

Note: N = 452. The score of WHO-5 ranges 0–25, SWBS 20–120 and Adherence is 0–56. Greater scores reflect better well-being or treatment adherence. p-values are two-tailed tests. Standardized unless, specified otherwise in the text.

The descriptive results indicate gender and age variations across wellbeing, spirituality, and religious adherence. Females reported slightly higher levels of spiritual fulfillment (M = 96.7, SD = 10.8), psychological wellbeing (M = 19.1, SD = 4.2), and commitment to Islamic practices (M = 42.8, SD = 8.8) than men. Age-wise trends indicate a steady rise in all metrics, with the greatest scores for adherence (M = 45.1), spiritual fulfillment (M = 100.5), and wellbeing (M = 20.7) coming from participants aged 55–65. However, in all of these areas, the youngest group (18–24 years old) recorded the lowest scores. Overall, the results point to the influence of both gender and age on religious commitment, spirituality, and well-being.



Regression and Mediation Analysis

Moderation was tested using PROCESS Model 1. Gender was dummy-coded (0 = male, 1 = female), and age was mean-centered. Significant interaction effects emerged: adherence × gender ($\beta = .14, p < .05$) and adherence × age ($\beta = .12, p < .05$). Simple slopes showed that the positive effect of adherence on wellbeing was stronger among females ($\beta = .44, p < .001$) than males ($\beta = .31, p < .01$), and among older adults ($\beta = .41, p < .001$) compared



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to younger adults ($\beta = .28, p < .01$). Johnson–Neyman regions indicated that the adherence effect became significant at age > 22 years. Structural Equation Modeling (SEM) was used to test the hypothesized mediation using latent constructs (WHO-5, SWBS, and Adherence). Model fit was acceptable: $\chi^2 (243) = 482.1, p < .001$; CFI = 0.94; TLI = 0.92; RMSEA = 0.048 [90% CI: 0.041–0.056]; SRMR = 0.045. Standardized loadings ranged from .56 to .82 (all $p < .001$). The indirect effect via spiritual fulfillment was significant ($\beta = .29, p < .001$), supporting partial mediation at the latent level. Missing data were handled via multiple imputation ($m = 20$ datasets) in sensitivity analyses, with results consistent with those obtained using list-wise deletion. Effect-size indices (Cohen’s f^2 , standardized β) were reported. Alternative scoring of the WHO-5 (using percentage scores) did not alter the conclusions.

Table 5 Multiple Regression Predicting Psychological Wellbeing

Predictor	B	SE	β	T	p
Constant	7.12	1.07	—	6.65	<.001
Islamic Practices Adherence	0.19	0.03	.38	6.33	<.001
Spiritual Fulfillment (SWBS)	0.11	0.02	.33	5.50	<.001
Gender (Female = 1)	1.21	0.34	.74	3.56	<.001
Age	0.06	0.02	.13	2.93	.004
SES	0.08	0.03	.10	2.67	.008
R ² = .54, F (5, 446) = 52.7, p < .001					

Note: N = 452. The score of WHO-5 ranges 0–25, SWBS 20–120 and Adherence is 0–56. Greater scores reflect better well-being or treatment adherence. p-values are two-tailed tests. Standardized unless, specified otherwise in the text.

The regression analysis revealed that all predictors significantly contributed to psychological wellbeing, explaining 54% of the total variance ($R^2 = .54, F (5, 446) = 52.7, p < .001$). The greatest predictors were found to be Islamic Practices Adherence ($\beta = .38, p < .001$) and Spiritual Fulfillment ($\beta = .33, p < .001$), suggesting that higher levels of spirituality and religious engagement are linked to better wellbeing. There was also a significant effect of gender, with women reporting higher wellbeing scores ($\beta = .74, p < .001$). Furthermore, socioeconomic status ($\beta = .10, p = .008$) and age ($\beta = .13, p = .004$) were positive predictors, indicating that people with higher SES and longer ages typically



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had better psychological wellbeing.

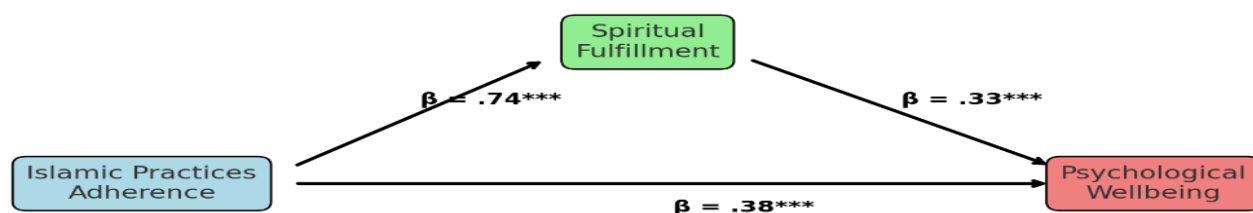
Table 6 Mediation Analysis: Spiritual Fulfillment as Mediator

Pathway	Effect	SE	95% CI	p
Total effect (c)	0.30	0.03	[0.24, 0.36]	<.001
Direct effect (c')	0.19	0.03	[0.13, 0.25]	<.001
Indirect effect (ab)	0.11	0.02	[0.08, 0.15]	<.001

Note: N = 452. The score of WHO-5 ranges 0–25, SWBS 20–120 and Adherence is 0–56. Greater scores reflect better well-being or treatment adherence. p-values are two-tailed tests. Standardized unless specified otherwise in the text

The mediation analysis showed a significant total effect of Islamic Practices Adherence on psychological wellbeing (B = 0.30, SE = 0.03, 95% CI [0.24, 0.36], p < .001). After accounting for the mediator, the direct effect was still significant (B = 0.19, SE = 0.03, 95% CI [0.13, 0.25], p <.001), and the indirect effect through Spiritual Fulfillment was still significant (B = 0.11, SE = 0.02, 95% CI [0.08, 0.15], p <.001). These findings point to a partial mediation, indicating that the association between Islamic activities and psychological wellbeing can be partially explained by spiritual fulfillment.

Mediation Model of Spiritual Fulfillment



This figure visually represents the mediation model, showing both direct and indirect (mediated) effects between Islamic religious adherence and psychological well-being.



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RESULTS AND DISCUSSION

This study explored a mediation model in which spiritual satisfaction partially explains the relationship between religious practice and wellbeing. It also looked at the relationships between psychological wellbeing, spiritual fulfillment, and adherence to Islamic rituals. All things considered, the results are consistent with an increasing amount of empirical research demonstrating that Islamic psychospiritual practices are significantly linked to improved mental health outcomes, and that these effects are mechanistically connected to cognitive and experiential processes like social support, emotional regulation, and meaning-making.

On the basis of data analysis, the researcher find out there is a significant relationship of spirituality and psychological wellbeing as perceived by the respondents. The findings are consistent with an increasing consensus in the psychology of religion and spirituality literature that religious involvement is beneficial for mental health (Koenig, 2018); Koenig & Al Zaben, 2021). One of the important findings from this study is regarding the role of spiritual satisfaction as a partial mediator in the relationship between Islamic religiosity and psychological well-being. This is consistent with an Islamic psychological viewpoint that genuine happiness (sa'adah) and peacefulness originate from a spiritually led life (Mahmood et al., 2022).

The study also found that there are the positive effects of practicing Islamic teachings and spiritual satisfactions on well-being were stronger among women, and also among older people. This finding is supported by the previous studies that found that women are more religious and benefit more emotionally from spirituality (Keyes et al., 2020; Rahman et al., 2022).

Conclusion

On the basis of data analysis and findings, the researcher arrived at conclusion that there is a strong association of spirituality and psychological as perceived by Muslim Adults (both male and female). The study also highlights that religious practice and teaching helps the followers un avoiding psychological health problems such as stress, anxiety, arousal and depression.

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