

Integrative Islamic Counseling for the Elderly: A Ghazalian-Informed Psychospiritual Framework in Indonesia

 Ragwan Albaar^{1*},  Amriana Amriana¹,  M. Yusuf², Abrohul Isnaini³

¹ Faculty of Da'wah and Communication, UIN Sunan Ampel Surabaya, Indonesia

² Faculty of Education, Institut Agama Islam YPBWI Surabaya, Indonesia

³ Directorate General of Islamic Education, Ministry of Religious Affairs, Indonesia

 ragwanalbaar@uinsa.ac.id*

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Abstract

In Indonesia, culturally grounded gerontological counseling frameworks rooted in Islamic intellectual traditions remain relatively underexamined despite growing scholarly attention to spirituality and aging. This study examines counseling practices for elderly individuals within Islamic institutional settings and interprets these practices through Al-Ghazali's moral psychology to develop a Ghazalian-informed psychospiritual framework for elderly well-being. A qualitative multi-site interpretive case study was conducted across two Islamic elderly care institutions in East Java, Indonesia, involving 23 participants, including elderly residents, caregivers, and institutional staff. Data were collected through observations, interviews, field notes, and institutional documents, and analyzed using thematic analysis with iterative coding and cross-site comparison. The findings indicate that counseling practices within both institutions support emotional adaptation, spiritual reflection, moral guidance, and communal connectedness among elderly participants. These practices are not structured as formal clinical psychotherapy but are embedded within devotional routines and collective religious environments. Based on these empirical patterns, the study interprets the findings through a Ghazalian perspective and proposes a psychospiritual framework comprising interrelated domains of spiritual meaning-making, affective regulation, moral cultivation, and communal engagement. By situating these findings within Islamic moral anthropology, this study contributes a culturally grounded perspective to discussions on spirituality, aging, and Islamic counseling while recognizing the complementary role of spiritual care alongside professional mental health services.

INTRODUCTION

Population aging has emerged as one of the most significant global social transformations of the twenty-first century, affecting not only healthcare systems but also social relations, emotional well-being, and spiritual life. Gerontological research increasingly recognizes that aging is not merely a biological process marked by physical decline, but a multidimensional experience involving psychological, social, existential, and spiritual transitions (Adams & Berzonsky, 2003; Lerner et al., 2003; Burman, 2008). Older adults frequently encounter loneliness, reduced social participation, grief, dependency, and feelings of existential uncertainty, particularly when social support systems weaken or family structures change (Dsouza, Chakraborty, & Kamath, 2023; Su, Zhang, & Xuan, 2024). While medical interventions may address physical deterioration, they often remain insufficient for responding to emotional suffering, moral anxiety, and spiritual disorientation experienced in later life. Consequently, scholars increasingly argue that elderly well-being requires integrative

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approaches capable of addressing the interconnected physical, psychological, social, and spiritual dimensions of human existence.

The growing complexity of elderly problems has generated increasing scholarly attention toward spirituality as a significant resource for emotional resilience and existential meaning in later life. Studies have shown that spiritual engagement may contribute to emotional regulation, coping mechanisms, inner peace, and psychological stability among older adults (Koenig, McCullough, & Larson, 2001; Mahdavi et al., 2017). Nevertheless, much of the existing literature remains predominantly situated within biomedical, clinical, or general psychological paradigms that tend to conceptualize spirituality in broad and decontextualized terms (Al Murar et al., 2024; Berger, 1993; Li, 2022). Such approaches often overlook the cultural and theological foundations through which elderly individuals actually interpret suffering, aging, mortality, and well-being. In Muslim societies, where religious belief and devotional practice constitute central elements of everyday life, this limitation becomes particularly important. Elderly experiences are frequently interpreted through religious narratives, communal worship, and spiritual discipline, indicating the need for culturally grounded counseling frameworks capable of integrating psychological care with Islamic spiritual traditions.

In Indonesia, integrative forms of religious-based elderly care have increasingly developed within *pesantren*, community institutions, and faith-based social services, reflecting the important role of religion and communal life in supporting older adults. These care environments commonly incorporate religious instruction, congregational worship, Qur'anic recitation, *dhikr*, moral guidance, and spiritually oriented social interaction as part of everyday elderly support practices (Affandi et al., 2025; Muslikah et al., 2026; Na'imah et al., 2025). Within many Muslim communities, such practices function not only as devotional activities but also as forms of psychosocial and emotional support that help older adults cope with loneliness, grief, dependency, and existential concerns associated with aging (Faizal et al., 2025). Despite their growing presence, these institutional and community-based practices remain insufficiently examined within discussions on integrative counseling and elderly psychospiritual well-being in Muslim contexts.

Recent developments in Islamic psychology and counseling have attempted to bridge Islamic intellectual traditions with contemporary psychological discourse. Abdallah Rothman (2021), for instance, proposes an Islamic psychological model grounded in theological understandings of the human self, while Rassool (2015) conceptualizes Islamic counseling as a spiritually integrated therapeutic approach that incorporates Islamic worldview, morality, and religious practice into counseling processes. Similarly, Zakaria and Mat Akhir (2019) emphasize the importance of *aqidah* as a foundational dimension in Islamic counseling, while Rassool and Keskin (2025) further elaborate the psychospiritual role of the *nafs* within Islamic moral and psychological development. Collectively, these studies indicate an increasing scholarly effort to formulate culturally and theologically grounded counseling models within Muslim contexts. They also demonstrate the growing recognition that Western secular therapeutic frameworks may not adequately capture the spiritual and moral dimensions of Muslim lived experiences.

Although these studies contribute significantly to the theoretical development of Islamic psychology and counseling, most remain largely conceptual and normative in orientation. Existing scholarship tends to focus on philosophical reconstruction, theoretical integration, or conceptual Islamization of psychological constructs, while relatively little empirical attention has been directed toward how Islamic psychospiritual principles are enacted within institutional counseling practices, particularly in elderly care settings. Furthermore, many studies discuss Islamic spirituality in generalized terms without sufficiently engaging classical Islamic moral psychology as an interpretive framework for contemporary counseling practice. This limitation creates an important research gap, as the relationship between institutional religious care,

psychospiritual experience, and classical Islamic ethical thought remains underexplored within empirical field-based research. Consequently, there remains limited understanding regarding how everyday counseling practices within Muslim elderly institutions may reflect deeper psychospiritual orientations that can be analytically interpreted through Islamic intellectual traditions.

Among classical Muslim scholars, Al-Ghazali offers one of the most systematic formulations of Islamic moral psychology and psychospiritual development. His concepts of *tazkiyat al-nafs* (self-purification), *muhasabah* (self-reflection), and *riyadah al-nafs* (moral discipline) emphasize the cultivation of inner balance, ethical refinement, and spiritual awareness as central dimensions of human well-being (Watt, 2020). In contemporary Islamic counseling discourse, Ghazalian thought provides important conceptual resources for understanding emotional regulation, moral transformation, spiritual healing, and existential meaning-making. However, despite its conceptual richness, Ghazalian psychospirituality has rarely been examined empirically within contemporary institutional contexts, especially in relation to elderly counseling practices. Existing studies generally discuss Al-Ghazali normatively or philosophically without investigating how contemporary religious care practices may embody, reinterpret, or resonate with Ghazalian psychospiritual principles in lived social settings.

This study examines integrative Islamic counseling practices within Islamic elderly care settings through a Ghazalian-informed psychospiritual perspective. The study explores how religious care practices shape spiritual reflection, emotional regulation, moral orientation, and communal belonging among older adults in later life. In doing so, the study responds to the limited empirical attention given to the relationship between Islamic psychospirituality, institutional religious care, and elderly well-being within Muslim contexts. Accordingly, this study aims to articulate a Ghazalian-informed psychospiritual framework for understanding elderly well-being within Islamic institutional care settings in Indonesia. Through the interpretation of institutional counseling practices using concepts such as *tazkiyat al-nafs*, *muhasabah*, and *riyadah al-nafs*, this research contributes to the growing scholarship on Islamic counseling, spirituality, and aging while offering a culturally grounded perspective on the role of spiritual and moral formation in contemporary elderly care.

METHODS

Design

This study adopted a qualitative multi-site interpretive case study design to examine how integrative Islamic counseling practices are enacted within institutional elderly care settings in Indonesia. The design was selected to enable in-depth, context-sensitive analysis of counseling practices as socially embedded processes rather than isolated interventions. Epistemologically, the study was situated within a constructivist-interpretivist paradigm, which assumes that meanings surrounding aging, spirituality, and counseling are co-constructed through interaction, institutional routines, and lived experience (Denzin & Lincoln, 2018). This orientation aligns with gerontological and spiritual care research that prioritizes subjective interpretation and contextual depth over variable measurement.

Rather than testing predefined theoretical propositions, the study sought to generate an empirically grounded understanding of how contemporary Islamic counseling practices in elderly care institutions may be interpreted through Ghazalian psychospiritual concepts. A multi-site design was employed to facilitate analytic comparison across institutional contexts, allowing identification of both shared patterns and site-specific variations in counseling practices. Field engagement was conducted over a six-month period, enabling prolonged immersion in daily religious routines, counseling sessions, and communal interactions across both research sites.

Research Sites

The study was conducted at two Islamic-based elderly care institutions in East Java, Indonesia: Griya Lansia Husnul Khatimah (GLHK) Malang and Pondok Pesantren Sumber Pendidikan Mental Agama Allah (SPMAA) Lamongan. Formal written permission to conduct research was obtained from both institutions prior to data collection. These sites were purposively selected to represent two structurally distinct yet spiritually intensive models of Islamic elderly care. GLHK Malang functions as a residential elderly care facility accommodating approximately 200 residents. Daily routines begin with congregational prayer (*shalat berjama'ah*), followed by structured morning *dhikr*, collective Qur'anic recitation, and general religious lectures. Spiritual activities are embedded within a managed caregiving framework overseen by religious caregivers (*kyai* and *ustadz*), rather than formally trained clinical counselors.

In contrast, SPMAA Lamongan hosts approximately 40 elderly participants within a *pesantren*-based communal setting. While daily congregational prayers and devotional routines are similarly practiced, SPMAA places stronger emphasis on classical Islamic textual study (*kitab kuning*) and additional activities such as communal gardening. Religious instruction is more text-centered and dialogical, and moral cultivation is reinforced through collective discipline and embodied daily practices.

The analytic distinction between these sites lies not merely in activity type but in institutional logic: GLHK represents a structured residential-care environment integrating psychosocial and devotional routines, whereas SPMAA reflects a *pesantren*-oriented spiritual immersion model emphasizing moral discipline and communal religiosity. This comparative configuration enabled examination of how Ghazalian psychospiritual principles are interpreted and enacted across differing organizational cultures without reliance on formal clinical counseling structures.

Participants and Sampling Strategy

Participants were recruited through purposive sampling to identify information-rich individuals directly involved in Islamic counseling practices (Patton, 2015). Sampling was guided by the need to capture experiential, institutional, and caregiving perspectives across both research sites. Inclusion criteria for elderly participants were: (1) aged 60 years or older; (2) actively participating in institutional religious or counseling activities; (3) residing at the institution for at least three months; and (4) demonstrating sufficient cognitive clarity to engage in sustained conversation.

Given the vulnerability of elderly populations, particular attention was given to participants' physical and cognitive readiness. Although most elderly residents expressed willingness to participate, not all were included in interviews due to health limitations or significant memory disorientation. Preliminary informal conversations were conducted to ensure conversational coherence and voluntary engagement. A total of 23 informants participated in the study, comprising 15 elderly residents (aged approximately 60–70 years), 4 religious caregivers (*kyai/ustadz*), and 4 institutional staff members. Interviews with elderly participants were conducted in multiple sessions where necessary, allowing clarification, follow-up exploration, and confirmation of emerging themes.

Sampling proceeded iteratively. Participants were selected across both institutions to elaborate developing themes and to ensure cross-site representation. Recruitment concluded when additional interviews no longer yielded substantively new conceptual insights across data sources. The inclusion of caregivers and staff enabled triangulation between elderly lived experiences and observed institutional practices, strengthening analytic credibility.

Table 1. Participant Characteristics (n = 23)

Participant Group	Site	n	Age	Gender
Elderly participants (E1–E9)	GLHK Malang	9	62–70	5 female, 4 male
Elderly participants (E10–E15)	SPMAA Lamongan	6	61–70	3 female, 3 male
Religious caregivers (C1–C4)	Both sites	4	48–55	All male
Institutional staff (S1–S4)	Both sites	4	39–45	2 female, 2 male

Note. GLHK = Griya Lansia Husnul Khatimah; SPMAA = Pondok Pesantren Sumber Pendidikan Mental Agama Allah.

Data Collection Methods

Data were generated over a six-month period through sustained engagement across both research sites. Multiple qualitative techniques were employed to capture experiential, interactional, and institutional dimensions of Islamic counseling practices.

Participant Observation

The researcher adopted a participant-as-observer role, attending daily congregational prayers, morning *dhikr* sessions, Qur’anic recitation circles, religious lectures, and informal communal interactions. At SPMAA, additional observation included *kitab kuning* study sessions and communal gardening activities. Approximately 80 hours of observation were conducted across both institutions over the six-month period. Field notes documented ritual structures, interactional patterns, emotional expressions, and variations in participation across sites. Particular attention was given to how religious practices were framed by caregivers (*kyai/ustadz*) and how elderly participants responded within these structured spiritual routines.

Semi-Structured Interviews

Semi-structured interviews were conducted with all 23 participants. Interviews lasted approximately 30–45 minutes, were audio-recorded with informed consent, and transcribed verbatim. Follow-up interviews were conducted where clarification or thematic elaboration was required. Interview questions explored experiences of aging, participation in religious activities, counseling interactions, perceived spiritual development, and emotional changes. Interviews with elderly participants were conducted flexibly, allowing adjustments to accommodate physical condition and conversational flow.

Field Notes and Institutional Documents

Reflexive field notes were maintained throughout the research process to document contextual insights, emerging interpretations, and researcher positionality. Institutional documents, including counseling schedules and religious program outlines, were reviewed to contextualize observed practices and corroborate routine structures. Data collection proceeded iteratively, with emerging insights informing subsequent observation focus and interview probes. Recruitment concluded when additional data did not meaningfully extend conceptual variation across participants and sites.

Data Analysis

Data were analyzed using reflexive thematic analysis following the six-phase procedure outlined by Braun and Clarke (2006). Analysis began with repeated reading of interview transcripts, field notes, and institutional documents to ensure familiarity with the data corpus. Initial coding was conducted inductively, allowing patterns to emerge from participants’ narratives and observed practices without imposing predefined theoretical categories. Codes were generated to capture recurring references to spiritual routines, emotional experiences, communal participation, moral guidance, and perceived life changes.

Table 2. Illustrative Thematic Development Across Research Sites

Informant Code	Site	Excerpt	Initial Code	Thematic Domain	Ghazalian Interpretive Lens
E3	GLHK Malang	“Since joining the morning dhikr, I feel calmer and less anxious.”	Emotional calmness through dhikr	Affective regulation	<i>Tazkiyat al-nafs</i> (self-purification)
E12	SPMAA Lamongan	“Studying the kitab helps me reflect on my past mistakes.”	Moral self-reflection	Spiritual reorientation	<i>Muhasabah</i> (self-reflection)
C2	GLHK Malang	“We remind them to accept aging as part of God’s plan.”	Religious reframing of aging	Moral cultivation	<i>Riyadah al-nafs</i> (moral discipline)
S1	GLHK Malang	“They interact more actively after communal prayers.”	Increased social participation	Communal belonging	<i>Riyadah al-nafs</i> (collective spiritual habituation)
E8	GLHK Malang	“Listening to religious lectures makes me feel more prepared for the afterlife.”	Existential preparedness	Spiritual awareness	<i>Tazkiyat al-nafs</i> (self-purification)
E14	SPMAA Lamongan	“Working together in the garden helps us feel useful and connected.”	Shared meaningful activity	Communal solidarity	<i>Riyadah al-nafs</i> (discipline through collective practice)
C3	SPMAA Lamongan	“Daily routines teach patience and sincerity little by little.”	Gradual moral habituation	Moral cultivation	<i>Riyadah al-nafs</i> (moral discipline)
S3	SPMAA Lamongan	“Many elderly participants become emotionally calmer after regular religious activities.”	Emotional stabilization	Affective regulation	<i>Tazkiyat al-nafs</i> (self-purification)

Note. The table illustrates one segment of the analytic process. Initial coding was conducted inductively from interviews, observations, field notes, and institutional documents. Ghazalian constructs were applied during interpretive refinement rather than as predefined coding categories.

In the second phase, codes were clustered into broader thematic domains through iterative comparison across participants and across research sites. Cross-site comparison enabled identification of shared patterns as well as variations between the residential-care structure of GLHK and the *pesantren*-based communal model of SPMAA. In later analytic stages, Ghazalian moral psychology functioned as a theoretical lens rather than a coding template. Emerging themes were examined in relation to key Ghazalian constructs—*tazkiyat al-nafs* (self-purification), *muhasabah* (self-reflection), and *riyadah al-nafs* (moral discipline)—to assess conceptual alignment and interpretive coherence. This theoretically sensitized reading allowed empirical themes to be situated within classical Islamic moral anthropology without constraining initial inductive coding.

Themes were refined to articulate interrelated domains of spiritual reorientation, affective regulation, moral cultivation, and communal belonging. Rather than proposing a formal causal model, the analysis aimed to develop a Ghazalian-informed psychospiritual framework grounded in observed institutional practices and participant experiences. Throughout the analytic process, reflexive memo-writing was employed to document interpretive decisions and to minimize premature theoretical imposition. Table 1 provides an illustrative example of how

selected data excerpts were developed into thematic domains through iterative coding and cross-site comparison. The Ghazalian constructs were applied during interpretive refinement rather than as initial coding categories.

Ethical Considerations and Trustworthiness

This study was conducted under the research governance procedures of Universitas Islam Negeri Sunan Ampel Surabaya (UINSA). Although the institution does not maintain a separate formal ethics committee for non-clinical qualitative research, the study adhered to established ethical standards for research involving human participants. Written informed consent was obtained from all participants prior to data collection. Participation was voluntary, and participants were informed of their right to withdraw at any time without consequence. Given the involvement of elderly individuals as a potentially vulnerable population, particular care was taken to ensure comprehension, comfort, and cognitive readiness prior to interviews.

Confidentiality was maintained through anonymized coding (E = elderly participants; C = caregivers; S = staff), and no identifying information is disclosed. Trustworthiness was strengthened through prolonged field engagement over six months, triangulation across interviews, observations, and documents, and ongoing reflexive memo-writing to document analytic decisions. These strategies enhanced credibility, dependability, and confirmability in accordance with qualitative research standards (Denzin & Lincoln, 2018).

RESULTS

This study identified four interrelated themes derived from interviews, participant observation, reflexive field notes, and institutional documents across both research sites. These themes illuminate how integrative Islamic counseling practices shape elderly experiences of spiritual reinterpretation, emotional regulation, moral cultivation, and communal belonging within Islamic-based elderly care settings in Indonesia. While later interpreted through a Ghazalian psychospiritual perspective, the findings presented below remain grounded in participants' lived experiences, institutional interactions, and everyday religious practices observed during field engagement.

Aging as a Spiritual Turning Point

Across both research sites, many elderly participants described aging not merely as a period of physical deterioration but as a significant spiritual turning point that encouraged deeper self-reflection, religious awareness, and existential preparation. Although bodily weakness, chronic illness, and reduced mobility were frequently acknowledged, these conditions were often reinterpreted within religious narratives emphasizing temporality, accountability before God, and preparation for death. Rather than expressing aging solely through loss and dependency, participants frequently framed later life as an opportunity to return to religious practice and re-evaluate the meaning of their past lives.

Spiritual reinterpretation frequently emerged through structured devotional routines and guided religious reflection embedded within everyday institutional life. Observational field notes recorded that morning activities commonly began before sunrise with congregational prayer followed by collective dhikr sessions attended by elderly residents sitting closely together in the prayer hall. Several participants were observed quietly holding prayer beads while repeating short devotional phrases with lowered voices. During these sessions, moments of silence were often followed by informal conversations concerning illness, family separation, gratitude, and preparation for death. Caregivers occasionally approached elderly participants who appeared emotionally distressed and gently encouraged continued participation in recitation and prayer.

Within this setting, physical decline was frequently reframed as a reminder of spiritual responsibility rather than simply as deterioration. One elderly participant explained:

“When my body became weak, I realized that this is the time to return to Allah. Before, I was busy with work and worldly matters, and I rarely had time to think deeply about worship. Now, after joining the prayers and dhikr here every day, I feel calmer. Even though my body is weaker, my heart feels closer to Allah. I think aging reminds us that life in this world is temporary and that we must prepare ourselves little by little.” (E3, GLHK)

The statement illustrates how physical vulnerability was interpreted not only as loss but also as an existential reminder encouraging spiritual reorientation. Similar reflections emerged among other residents who associated aging with increased awareness of mortality and moral accountability. Rather than resisting the reality of aging, participants often described learning to reinterpret weakness through devotional engagement and collective religious support.

In some cases, spiritual reinterpretation was reinforced through structured religious learning and guided moral reflection during *kitab* study sessions. Observations during evening study circles showed elderly participants sitting together while listening to religious explanations delivered by caregivers and religious teachers. Discussions frequently addressed repentance, sincerity, patience, and the meaning of suffering in old age. Spiritual reflection also developed through dialogical interpretation of religious texts and facilitated moral discussion. One participant reflected:

“Here, when we study the kitab, I often remember my past mistakes. Sometimes I feel regret when listening to explanations about patience, sincerity, and responsibility before Allah. Aging makes me think more seriously about what I have done in my life and what I will answer before Allah later. Before coming here, I rarely reflected on these things, but now I feel more aware that old age is not only about becoming weak physically, but also about preparing spiritually.” (E12, SPMAA)

This narrative demonstrates how religious learning functioned as a medium for moral introspection and existential reflection. Aging was interpreted not simply as biological decline but as a spiritually meaningful stage requiring self-evaluation and ethical awareness. Across both institutions, caregivers and religious guides consistently reframed aging-related difficulties within broader theological narratives emphasizing gratitude, repentance, acceptance, and spiritual preparation.

Field observations further indicate that counseling interactions gradually shifted from practical concerns toward existential themes over time. Discussions initially centered on physical health, family absence, or daily routines often evolved into conversations about forgiveness, worship, death, and the desire for inner peace. Institutional documents describing spiritual programs similarly emphasized strengthening faith, emotional calmness, and religious readiness in later life. These findings suggest that aging within both institutions was socially and spiritually reconstructed through continuous interaction between religious practice, counseling guidance, and communal devotional life.

Across both institutions, spiritual reinterpretation appeared to help elderly participants reframe physical decline within a broader religious meaning system. Through collective worship, moral reflection, and counseling interactions, aging was increasingly understood not solely as loss, but as a spiritually meaningful phase of preparation, acceptance, and inner reconciliation. Rather than viewing bodily vulnerability as a purely negative condition, participants frequently interpreted it as an opportunity to strengthen religious awareness, deepen self-reflection, and cultivate emotional peace in later life. These findings suggest that

integrative Islamic counseling practices contributed not only to spiritual engagement but also to the reconstruction of meaning and emotional adaptation during the aging process.

Spiritual Practices as Emotional Regulation

Across both research sites, elderly participants consistently described daily spiritual practices as important sources of emotional stability and inner calmness. Prayer, dhikr, Qur'anic recitation, and religious study were not experienced merely as routine ritual obligations, but as meaningful practices that helped participants cope with anxiety, loneliness, restlessness, illness, and emotional uncertainty in later life. Many participants explained that spiritual activities became increasingly important after entering old age, particularly when physical limitations, family separation, and thoughts about death intensified emotional vulnerability.

Emotional regulation was frequently associated with repetitive devotional routines embedded within daily religious practice. Observational field notes documented that several elderly residents regularly continued reciting dhikr quietly even after formal prayer sessions had ended. During evening observations, some participants remained seated alone in the prayer hall while slowly moving prayer beads through their fingers and repeating short phrases of remembrance in low voices. Caregivers explained that these practices often became more frequent during periods of illness, insomnia, or emotional distress.

One participant described how dhikr became a personal coping strategy during moments of anxiety:

"When I feel anxious or cannot sleep at night, I recite dhikr slowly until my heart becomes calmer. Sometimes my body still feels sick, but after repeating the remembrance of Allah, my thoughts become lighter. Before joining the routines here, I often felt lonely and restless at night. Now, even when I wake up suddenly, I continue reciting quietly by myself, and it helps me feel peaceful." (E7, GLHK)

This account illustrates how repetitive devotional practice functioned not only as worship but also as an emotionally regulating activity embedded within participants' everyday coping processes. Rather than expecting physical discomfort to disappear, participants frequently described spiritual recitation as helping them manage emotional reactions to illness, fear, and uncertainty. In other situations, emotional regulation emerged through religious learning and guided moral reflection. Observations during kitab kuning study sessions showed that discussions about patience (*sabr*), sincerity (*ikhlas*), and trust in God (*tawakkal*) frequently became connected to participants' personal emotional struggles. Religious teachers often encouraged elderly participants to reinterpret sadness, disappointment, and loneliness as spiritual tests requiring acceptance and inner discipline. One participant reflected:

"Sometimes I still feel sad when thinking about my children or my past life. But during the religious lessons here, we are reminded that every hardship has meaning before Allah. When listening to the explanations about patience and sincerity, I feel more able to control my emotions and accept my situation calmly." (E13, SPMAA)

Emotional regulation also developed through a combination of ritual practice, textual learning, and moral interpretation. Religious discussion functioned not only as instruction but also as a framework through which emotional experiences could be understood and reorganized within a spiritual perspective. Field observations across both institutions further indicate that collective spiritual activities contributed to a calmer interpersonal atmosphere. Episodes of visible agitation and emotional withdrawal appeared less frequent during or immediately after communal religious gatherings. Informal conversations following prayer sessions often shifted

toward expressions of gratitude, mutual encouragement, and shared reflection about aging. Caregivers similarly reported that elderly participants who consistently engaged in structured spiritual routines tended to demonstrate greater emotional acceptance of physical decline and social limitations over time.

Across both institutions, emotional calmness did not emerge through isolated therapeutic intervention, but through repeated participation in collective worship, spiritual reflection, and everyday religious interaction. Through these practices, elderly participants gradually developed ways of managing fear, loneliness, and emotional uncertainty within a shared Islamic framework emphasizing patience, surrender, and inner reassurance.

Counseling as Moral and Spiritual Guidance

Across both research sites, counseling was consistently understood not as a formal clinical intervention, but as a relational process of moral and spiritual guidance embedded within everyday religious life. Interviews with caregivers, religious teachers, and institutional staff indicate that counseling practices emphasized accompaniment, ethical reflection, emotional reassurance, and spiritual encouragement rather than psychological diagnosis or therapeutic treatment in a clinical sense. Counseling interactions were frequently integrated into communal worship, informal conversations, religious instruction, and daily caregiving activities, allowing guidance to emerge gradually through ongoing interpersonal relationships.

Moral and spiritual guidance often emerged informally during routine devotional activities and post-prayer interaction. Observational field notes documented that caregivers frequently remained seated with elderly participants after congregational prayer sessions, engaging in relaxed conversations concerning illness, family separation, gratitude, and emotional struggles associated with aging. Rather than conducting structured counseling sessions, caregivers typically offered short religious reminders, listened attentively to participants' concerns, and encouraged emotional acceptance through references to patience, trust in God, and the temporary nature of worldly hardship. One caregiver explained:

"We do not treat them as patients. Many of them only need someone who will listen and remind them gently about patience, gratitude, and trusting Allah. Sometimes they come to us feeling worried, lonely, or disappointed with their family situation. We usually accompany them slowly through conversation, prayer, and religious reminders so they do not feel alone in facing old age." (C2, GLHK)

This account illustrates how counseling at GLHK functioned as an interpersonal and spiritually supportive relationship rather than a problem-solving intervention. Emotional difficulties were commonly approached through moral reassurance and religious reframing, allowing participants to interpret suffering within a broader theological perspective. In other contexts, counseling interactions were more explicitly connected to structured religious learning activities.

Observations during *kitab kuning* study sessions showed that caregivers frequently linked scriptural explanations to participants' everyday emotional and social concerns. Discussions about sincerity (*ikhlas*), patience (*sabr*), repentance (*taubat*), and dependence on God (*tawakkal*) often evolved into reflective conversations concerning regret, loneliness, family conflict, and fear of death. Elderly participants were encouraged not only to understand religious teachings intellectually, but also to apply them in interpreting their personal experiences. One participant described this experience:

"When I talk with the caregivers here, I do not feel judged. They usually remind us gently through religious stories and lessons. Sometimes I come feeling burdened by memories of

the past or by thinking too much about my family, but after listening to the advice and discussing religion together, I feel calmer and more sincere in accepting my condition.” (E11, SPMAA)

Counseling also developed through pedagogically mediated reflection grounded in religious learning and collective moral discussion. Nevertheless, both institutions shared a similar orientation in which counseling was understood as moral-spiritual accompaniment rather than technical psychological intervention.

Field observations further suggest that counseling encounters often provided elderly participants with emotional reassurance and existential clarification rather than direct solutions to practical problems. Participants frequently valued opportunities to be heard, emotionally validated, and reminded of religious values within supportive communal environments. Informal interaction following religious activities often became spaces where participants shared fears, personal memories, and concerns about aging while receiving encouragement from caregivers and peers.

Across both institutions, counseling practices appeared to function as interpretive processes through which emotional suffering was reframed within religious narratives emphasizing patience, gratitude, repentance, and divine wisdom. Through ongoing interpersonal guidance, elderly participants gradually developed greater emotional acceptance and spiritual reassurance in responding to aging-related vulnerability and uncertainty.

Community and the Experience of Belonging

Across both research sites, communal religious life emerged as an important source of emotional security, social connectedness, and spiritual reassurance for elderly participants. Participants frequently described the institutions not merely as places of residence or religious activity, but as environments where they felt socially recognized, emotionally supported, and spiritually accompanied in later life. Shared routines, collective worship, and everyday interpersonal interaction appeared to reduce feelings of loneliness and strengthen participants' sense of belonging within a faith-based community.

Communal belonging was closely reinforced through repetitive collective rituals embedded within everyday institutional routines. Observational field notes documented that congregational prayer, morning dhikr, Qur'anic recitation, and shared mealtimes created repeated opportunities for interaction among residents. Before and after prayer sessions, elderly participants were frequently observed greeting one another, exchanging brief conversations, helping peers move toward the prayer hall, or sitting together quietly after recitation. Even participants with limited mobility often attempted to remain physically present within communal gatherings despite not always participating actively in every activity. One participant explained:

“Before staying here, I often spent most of my time alone at home because my children worked in another city. Here, even simple activities like praying together or eating together make me feel calmer. Sometimes we only talk briefly after prayer, but it still makes me feel that there are people around me who care and remember me.” (E5, GLHK)

This account illustrates how communal interaction itself became emotionally meaningful beyond formal counseling processes. The predictability of shared routines and repeated social encounters appeared to foster emotional comfort and reduce feelings of abandonment commonly associated with aging. In other situations, communal belonging also developed through shared learning activities and cooperative daily practices.

Observations during *kitab kuning* study sessions and communal gardening activities showed elderly participants engaging in informal discussion, joking with one another, and exchanging personal experiences related to health, family, and spiritual reflection. Belonging also emerged through a *pasantren*-like atmosphere emphasizing collective participation and relational immersion in everyday communal life. One participant reflected:

“Even when I am sick and cannot join all activities, just hearing the call to prayer and being here makes me feel that I am not alone. When I hear other people praying or studying together, I feel comforted because I know we are all facing old age together.”
(E11, SPMAA)

The statement suggests that belonging was not dependent solely upon active participation in communal rituals. The symbolic and auditory presence of collective religious life such as hearing the adhan, listening to Qur’anic recitation, or observing others gather for worship functioned as environmental reminders of shared identity and collective continuity. Even passive involvement within communal religious rhythms appeared to strengthen participants’ sense of inclusion and emotional reassurance.

Field observations across both institutions further indicate that communal activities facilitated reciprocal assistance and interpersonal care among residents. Elderly participants were frequently observed helping peers prepare for prayer, accompanying one another during activities, or offering emotional support during periods of illness and sadness. Informal interaction following religious gatherings often evolved into conversations about family absence, fear of death, gratitude, and acceptance of aging. These interactions appeared to reduce social withdrawal and reinforce participants’ perception that they remained valued members of a meaningful social and spiritual community.

Across both institutional settings, communal religious environments appeared to function not only as social support systems but also as spiritually significant spaces where emotional security and collective identity were continuously reproduced through everyday interaction. Through shared rituals, interpersonal care, and participation in collective religious rhythms, elderly participants experienced belonging as both social companionship and spiritual solidarity in facing the uncertainties of later life.

DISCUSSION

This study examined how integrative Islamic counseling practices shape elderly well-being through processes of spiritual reinterpretation, emotional regulation, moral guidance, and communal belonging within institutional care settings in Indonesia. The findings highlight that well-being in later life is experienced not only as a psychological condition but also as a meaning-oriented process embedded in spiritual and relational practices. These observations resonate with a growing body of gerontological research indicating that spirituality and religiosity can function as important resources for psychological resilience, emotional stability, and adaptive coping in older adulthood (Alinejad et al., 2025; Buja et al., 2024).

Beyond confirming the importance of spirituality in aging, this study contributes to the literature by situating the observed practices within an Islamic intellectual tradition. While previous studies have increasingly recognized the role of spirituality in supporting healthy aging, theoretical engagement with classical Islamic perspectives on the self and moral development remains relatively limited. Interpreting the findings through concepts associated with al-Ghazali’s moral psychology provides a culturally grounded lens for understanding how devotional practice, moral reflection, and communal religious life may contribute to emotional regulation and existential meaning-making among elderly individuals.

Rather than proposing a doctrinal application of Ghazalian thought, the discussion interprets the empirical patterns identified in the findings in light of this psychospiritual tradition. This approach allows the study to bridge contemporary gerontological research on spirituality with insights from Islamic moral anthropology, offering a context-sensitive interpretation of how religious practices may support well-being in later life. Importantly, this study does not propose a new universal counseling model, but rather offers a context-specific analytical framework that integrates Islamic moral psychology into existing discussions on spirituality and aging.

Spiritual Meaning-Making and Aging

The findings suggest that many elderly participants interpreted aging not primarily as biological decline but as a meaningful stage of life characterized by spiritual reflection and existential reorientation. This pattern is consistent with gerontological research indicating that meaning-making processes become increasingly central in later life, enabling older adults to reinterpret loss, illness, and social change in ways that support psychological resilience and life satisfaction (Buja et al., 2024; Christopoulos, 2023). Rather than focusing solely on the limitations associated with aging, participants frequently framed this life stage as an opportunity to reassess priorities, deepen religious commitment, and prepare for ultimate accountability.

These findings reinforce previous research showing that spiritual engagement may help older adults reinterpret illness, loss, and vulnerability within broader frameworks of existential meaning and adaptive coping (Christopoulos, 2023). In the present study, spiritual practices and counseling interactions appeared to facilitate a similar process by helping elderly participants reinterpret physical decline and social change as meaningful aspects of spiritual preparation and relationship with God. This interpretive shift appeared to support emotional acceptance and reduce anxiety regarding aging and life transition.

From an Islamic intellectual perspective, these empirical patterns resonate with concepts associated with al-Ghazali's moral psychology, particularly the idea of *tazkiyat al-nafs* (purification of the soul). In this tradition, life challenges including illness and aging are not understood solely as misfortune but also as occasions for moral awareness, self-reflection, and spiritual refinement. Classical Islamic teachings similarly emphasize the transformative potential of human vulnerability. The Qur'an reminds believers that human life unfolds through stages of strength and weakness, inviting reflection on dependence upon God (Qur'an 30:54). Interpreted in this light, the participants' narratives of aging reflect a broader moral and spiritual orientation in which decline is reframed as part of a meaningful spiritual journey. By situating aging within a moral and spiritual framework, counseling practices appear to facilitate cognitive and emotional reinterpretation of vulnerability, enabling older adults to approach later life with greater acceptance, spiritual awareness, and psychological stability.

Devotional Practice and Emotional Regulation

The findings further indicate that daily devotional practices function as important mechanisms of emotional regulation among elderly participants. Prayer, *dhikr*, and Qur'anic recitation were repeatedly described as practices that helped alleviate anxiety, loneliness, and emotional distress. Rather than being perceived solely as religious obligations, these practices were experienced as intentional strategies for calming the mind and restoring emotional balance. This observation is consistent with a growing body of research demonstrating that spiritual engagement and religiosity contribute to resilience, adaptive coping, and psychological well-being in later life (Buja et al., 2024; Abdullahi, 2025).

From a psychological perspective, repetitive devotional practices may operate through several regulatory mechanisms. First, rhythmic recitation and focused attention during prayer or *dhikr* can function as attentional anchors that redirect cognitive focus away from distressing

thoughts. Second, religious interpretation provides a meaning framework that allows emotional experiences such as illness, loneliness, or uncertainty to be reframed within a broader narrative of divine wisdom and patience. Studies in Islamic spiritual care similarly indicate that religious coping strategies can help individuals reinterpret adversity and sustain emotional stability (Wahid et al., 2025).

These patterns may also be interpreted in light of classical Islamic reflections on the discipline of the self. In al-Ghazali's writings, repetitive remembrance of God is described as a practice that gradually disciplines the heart and moderates emotional impulses. Such practices are understood to cultivate inner balance by redirecting attention toward spiritual awareness and ethical self-control. The experiences reported by participants in this study illustrate a comparable dynamic: regular engagement in devotional routines was associated with feelings of calmness, patience, and acceptance of age-related limitations. Rather, they suggest that everyday devotional routines embedded in Islamic life may operate in ways that are conceptually compatible with this broader psychospiritual tradition. By providing structured moments of reflection, attention, and spiritual reassurance, these practices appear to support emotional regulation and psychological adaptation in later life.

Moral Guidance and Value-Centered Counseling

Another important finding concerns the role of counseling as a form of moral and spiritual guidance rather than clinical intervention. Participants and caregivers described counseling interactions as relational encounters centered on ethical reflection, patience, gratitude, and acceptance. Instead of focusing on diagnosis or symptom reduction, counselors frequently framed emotional difficulties within broader moral and spiritual narratives that encouraged self-reflection and value-oriented responses to life challenges.

These findings align with counseling scholarship suggesting that culturally grounded approaches often integrate relational guidance, moral reflection, and spiritual values alongside psychological support (Abdullahi, 2025). Previous Islamic counseling studies also suggest that reflective religious approaches such as muhasabah-based counseling may support existential meaning and emotional adaptation among elderly individuals (Maulana & Nurjannah, 2024). In this study, counseling practices emphasized ethical accompaniment and spiritual reassurance rather than technical intervention, allowing elderly participants to interpret emotional difficulties within broader narratives of patience, gratitude, and trust in God.

Within Islamic intellectual traditions, moral cultivation occupies a central place in the development of the self. Emotional distress is often interpreted not merely as a psychological disturbance but as an opportunity for reflection and ethical growth. This perspective resonates with broader research indicating that spiritual frameworks can help individuals reinterpret personal challenges and strengthen emotional resilience in later life (Buja et al., 2024).

The counseling practices observed in this study reflect a similar orientation. Caregivers and religious guides positioned themselves less as clinical experts and more as companions who provided reassurance, moral reminders, and spiritual encouragement. Through attentive listening and gentle guidance, counselors helped elderly participants reinterpret personal difficulties within broader narratives of patience, gratitude, and trust in God.

These interactions appeared to foster emotional reassurance while reinforcing participants' sense of dignity and moral purpose. Rather than seeking technical solutions to specific problems, elderly participants valued counseling as a space for affirmation, reflection, and spiritual strengthening. In this way, counseling functioned as a value-centered relational process that integrates emotional support with moral orientation in later life.

Community, Belonging, and Social Connectedness

The findings further highlight the importance of communal religious environments in fostering a sense of belonging and reducing feelings of loneliness among elderly participants. Shared participation in congregational prayer, Qur'anic recitation, and informal religious gatherings created regular opportunities for social interaction and mutual recognition. For many participants, these communal routines provided a stable social rhythm that reinforced emotional security and reduced the sense of isolation often associated with later life.

These findings are consistent with gerontological research indicating that religious participation may strengthen social integration, emotional support, and psychological well-being among older adults (Buja et al., 2024; Christopoulos, 2023; Kane et al., 2024). In the present study, communal religious environments functioned not only as spaces of worship but also as relational settings that reinforced emotional security, social recognition, and spiritual connectedness in later life.

From an Islamic intellectual perspective, the role of community in sustaining spiritual motivation has long been emphasized in classical scholarship. In al-Ghazali's writings, companionship with righteous individuals (*suhbah al-salihin*) and participation in collective worship are described as important supports for maintaining spiritual awareness and moral commitment. These practices are believed to strengthen the heart by reinforcing shared ethical values and reminding individuals of their spiritual purpose.

The communal practices observed in this study reflect a comparable dynamic. Shared rituals and collective remembrance appeared to create emotionally supportive environments in which elderly participants experienced themselves as part of a meaningful social and spiritual community. This sense of belonging not only mitigated feelings of loneliness but also reinforced participants' perception that their later life remained socially valued and spiritually significant.

Theoretical and Practical Implications

The findings of this study contribute to the growing body of scholarship on spirituality and aging by demonstrating how integrative Islamic counseling practices support elderly well-being through interconnected processes of spiritual meaning-making, emotional regulation, moral guidance, and communal belonging. Previous gerontological research has consistently shown that spirituality and religious engagement play an important role in enhancing psychological resilience, social integration, and emotional stability among older adults (Buja et al., 2024; Christopoulos, 2023). The present study extends this literature by illustrating how these processes operate within Islamic counseling practices embedded in everyday institutional settings.

Interpreting these empirical patterns through concepts associated with Islamic moral psychology provides a culturally grounded perspective on elderly well-being. Classical Islamic scholarship, particularly the psychospiritual reflections of al-Ghazali, emphasizes the gradual cultivation of the self through ethical discipline, spiritual awareness, and the purification of the heart (*tazkiyat al-nafs*). When viewed through this perspective, the spiritual practices, counseling interactions, and communal religious environments observed in this study can be understood as interconnected processes that support emotional balance, moral reflection, and existential meaning-making in later life.

Taken together, the findings of this study suggest a Ghazalian-informed psychospiritual framework for integrative Islamic counseling for the elderly consisting of four interconnected dimensions: (1) spiritual meaning-making in response to aging and physical vulnerability, (2) emotional regulation through devotional and reflective religious practices, (3) value-centered moral guidance grounded in ethical and spiritual accompaniment, and (4) communal belonging reinforced through collective religious life and interpersonal care. Rather than functioning as

isolated therapeutic techniques, these dimensions operate relationally and continuously within everyday institutional interaction, shaping how elderly individuals interpret aging, regulate emotional distress, cultivate moral awareness, and sustain spiritual and social connectedness in later life. Interpreted through a Ghazalian psychospiritual perspective, these processes reflect broader themes of self-reflection, moral discipline, spiritual purification, and relational support embedded within Islamic moral anthropology.

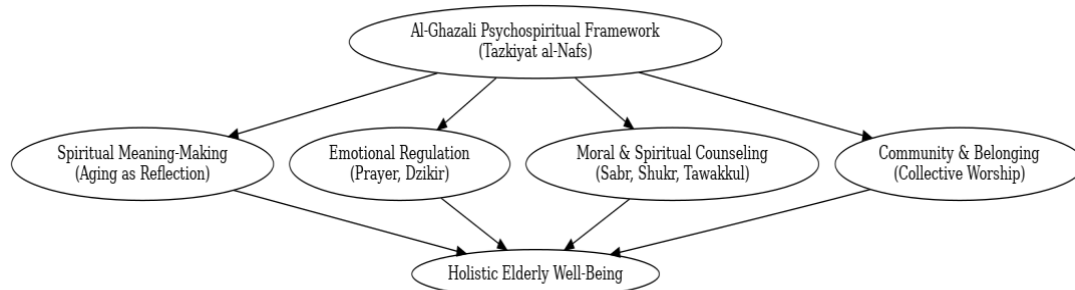


Figure 1. Conceptual framework illustrating the relationship between spiritual meaning-making, devotional emotional regulation, value-centered counseling, and communal belonging in supporting elderly well-being within an Islamic counseling context.

As illustrated in Figure 1, the proposed Ghazalian-informed psychospiritual framework conceptualizes elderly well-being as emerging through four interrelated domains: spiritual meaning-making in response to aging, emotional regulation through devotional practices, value-centered moral guidance, and communal belonging within religious environments. These dimensions interact dynamically to shape the spiritual, emotional, moral, and social experiences of later life. Rather than functioning as isolated interventions, the framework highlights how everyday religious practices, counseling interactions, and communal engagement collectively support existential meaning, emotional adaptation, and social connectedness among elderly individuals within Islamic institutional contexts.

From a practical perspective, the findings suggest that elderly care services in Muslim-majority contexts may benefit from incorporating culturally meaningful spiritual resources into existing support systems. Structured devotional activities, counseling approaches that acknowledge Islamic ethical values, and community-based religious engagement can complement biomedical and psychological interventions by addressing the moral and spiritual dimensions of aging (Wahid et al., 2025). Recent studies have also begun to reassess the relevance of Al-Ghazali-based counseling for addressing contemporary psychosocial and spiritual challenges (Syukur et al., 2026). The present study extends these discussions by grounding such perspectives within empirical observations of elderly care practices in Indonesian institutional settings. Such integrative approaches may be particularly effective in societies where religious identity and communal practices form an important part of everyday social life. Taken together, the findings highlight the potential of integrative Islamic counseling practices that combine spiritual reflection, moral guidance, and communal religious engagement in supporting emotionally meaningful and socially connected aging experiences.

Overall, this study contributes to the growing scholarship on spirituality and aging by offering an empirically grounded and culturally situated interpretation of elderly well-being within Islamic institutional contexts in Indonesia. Unlike previous studies that primarily discuss spirituality in aging from general psychological or biomedical perspectives, this study integrates empirical findings from elderly care practice with insights from Islamic moral psychology, particularly through a Ghazalian-informed psychospiritual lens. The study therefore contributes not only to the literature on Islamic counseling and gerontology, but also

to broader discussions on culturally grounded approaches to emotional well-being, moral development, and spiritual care in later life.

CONCLUSION

This study illustrates how integrative Islamic counseling practices within religious care environments may support elderly well-being through spiritual meaning-making, devotional emotional regulation, moral guidance, and communal belonging. Interpreted through concepts associated with al-Ghazali's moral psychology, the findings suggest a Ghazalian-informed psychospiritual framework comprising four interconnected dimensions: spiritual meaning-making in response to aging, emotional regulation through devotional practice, value-centered moral guidance, and communal belonging within religious environments. These dimensions operate relationally through everyday religious engagement, counseling interaction, and communal participation, shaping emotional adaptation, spiritual reflection, and social connectedness in later life. The findings highlight the importance of culturally responsive elderly care approaches that integrate spiritual support and communal religious engagement alongside psychosocial services within Muslim contexts. While such practices may provide meaningful non-clinical support for emotional and existential well-being, they should complement rather than replace professional psychological or medical care when needed. Although limited by its qualitative and context-specific design, this study contributes to discussions on spirituality, aging, and Islamic counseling by offering a culturally grounded framework for understanding elderly well-being within Islamic institutional care settings.

AUTHOR CONTRIBUTION STATEMENT

RA contributed to conceptualization, methodology, data curation, formal analysis, original draft preparation, supervision, project administration, and corresponding authorship. AM contributed to the literature review, development of the theoretical framework, manuscript review and editing, visualization, validation, and supervision. MY contributed to investigation, field observation, data interpretation, supporting draft preparation, translation and language editing, and resource provision. AI contributed to data verification, manuscript review, and editorial support. All authors have read and agreed to the published version of the manuscript. The authors declare that there are no conflicts of interest regarding the publication of this article.

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