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AUTHOR(S) Ahmad Suryadi	AFFILIATION(S) International Islamic University Malaysia, Malaysia
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ABSTRACT SNAPSHOT

Modern urban life exposes Muslim individuals to multiple structural and symbolic pressures, including work competition, social mobility, economic uncertainty, digital visibility, public performances of piety, and repeated moral evaluation. Within this ecology of stress, religious experience does not function only as a source of meaning and resilience, but may also become a field of inner conflict expressed through spiritual struggles, such as tension in one's relationship with God, moral conflict, religious doubt, interpersonal conflict within religious communities, and crisis of meaning. This paper employs an integrative conceptual review to synthesise key literature on spiritual struggles, religious coping, attachment to God, self-compassion, and psychological distress. Based on this synthesis, it proposes a conceptual model in which spiritual struggles are associated with psychological distress both directly and indirectly through negative religious coping. Attachment to God is positioned as a relational factor that shapes appraisal, emotional regulation, and coping tendencies, while self-compassion is proposed as a protective factor that may weaken the impact of moral struggle on distress. The paper formulates testable hypotheses for future empirical studies, particularly through structural equation modelling, and offers methodological recommendations for instrument adaptation in urban Muslim contexts. It also discusses preliminary clinical implications for religion-sensitive psychotherapy, especially the need to distinguish moral struggle from scrupulosity and to avoid reducing distress either to a lack of faith or to purely clinical symptoms. This framework helps move the psychology of religion beyond the general claim that "religion protects" towards a more precise understanding of the conditions under which religious experience may become either restorative or distressing.

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Department of Tasawwuf and Psychotherapy, Faculty of Ushuluddin and Adab
Universitas Islam Negeri Siber Syekh Nurjati Cirebon (UINSSC), Indonesia

Spiritual Struggles and Psychological Distress among Urban Muslims: An Integrative Conceptual Model of Religious Coping, Attachment to God, and Self-Compassion

Ahmad Suryadi*

International Islamic University Malaysia, Malaysia

*Email: sa.ahmad@live.iium.edu.my

Abstract

Modern urban life exposes Muslim individuals to multiple structural and symbolic pressures, including work competition, social mobility, economic uncertainty, digital visibility, public performances of piety, and repeated moral evaluation. Within this ecology of stress, religious experience does not function only as a source of meaning and resilience, but may also become a field of inner conflict expressed through spiritual struggles, such as tension in one's relationship with God, moral conflict, religious doubt, interpersonal conflict within religious communities, and crisis of meaning. This paper employs an integrative conceptual review to synthesise key literature on spiritual struggles, religious coping, attachment to God, self-compassion, and psychological distress. Based on this synthesis, it proposes a conceptual model in which spiritual struggles are associated with psychological distress both directly and indirectly through negative religious coping. Attachment to God is positioned as a relational factor that shapes appraisal, emotional regulation, and coping tendencies, while self-compassion is proposed as a protective factor that may weaken the impact of moral struggle on distress. The paper formulates testable hypotheses for future empirical studies, particularly through structural equation modelling, and offers methodological recommendations for instrument adaptation in urban Muslim contexts. It also discusses preliminary clinical implications for religion-sensitive psychotherapy, especially the need to distinguish moral struggle from scrupulosity and to avoid reducing distress either to a lack of faith or to purely clinical symptoms. This framework helps move the psychology of religion beyond the general claim that "religion protects" towards a more precise understanding of the conditions under which religious experience may become either restorative or distressing.

Keywords: spiritual struggles; urban Muslims; religious coping; attachment to God; self-compassion.

INTRODUCTION

Urban life produces a distinctive psychosocial condition. Classical urban theory describes the city as shaped by population size, density, and social heterogeneity, all of which influence patterns of social relations and individual experience (Wirth, 1938). Metropolitan life has also been associated with intensified stimulation, speed, and psychological pressure, making the city not only a physical space but also a distinctive mental environment (Simmel, 1950). In contemporary urban settings, these conditions appear through access to education, employment, social networks, and mobility, but also through competition, uncertainty, economic pressure, social comparison, and the demand for continuous performance. Muslim individuals in urban spaces often face

multiple layers of expectation: work productivity, family responsibility, social belonging, and the need to maintain a recognisable religious identity. In this paper, the term “spiritual struggles” is used as a shorthand for religious/spiritual struggles as conceptualised in the psychology of religion literature, particularly in relation to the Religious and Spiritual Struggles Scale.

This ecology of stress is further intensified by digital spaces. Online religious expression can produce new forms of piety, but it may also generate anxiety when religious identity becomes visible, evaluated, and morally charged in public digital environments (Husein & Slama, 2018). Social media also contributes to the formation of digital Islamic socialities, where pious motivation, religious sharing, and self-cultivation are shaped through online interaction (Lengauer, 2018). In this context, piety is not only a private spiritual disposition, but may also become part of public performance, social comparison, and ongoing self-assessment.

Under these conditions, religion does not always appear simply as a source of tranquillity. Religion may function as a coping resource by helping individuals interpret stress, seek support, and maintain meaning in difficult situations (Pargament, 1997). However, religious and spiritual life may also involve struggles, including tension in one’s relationship with God, moral conflict, doubt, interpersonal religious conflict, demonic concern, and crisis of ultimate meaning (Exline et al., 2014). For some individuals, God may be perceived as punitive, religious communities may be experienced as harshly judgemental, and moral ideals may be internalised as absolute demands that leave little room for human failure.

This complexity shows why the relationship between religion and mental health cannot be understood only through religious affiliation or frequency of practice. Research on religion, spirituality, and health requires more precise conceptualisation and measurement of religious and spiritual dimensions (Hill & Pargament, 2003). The meanings of religiousness and spirituality are also complex and cannot be reduced to a simple opposition between institutional religion and private spirituality (Zinnbauer & Pargament, 1999). The relationship between religion and mental health therefore needs to be examined through identifiable psychological mechanisms, rather than through overly aggregated labels such as “religiosity” or “spirituality” alone.

One important development within this agenda is the construct of spiritual struggles. The Religious and Spiritual Struggles Scale (RSS) was developed to measure six domains of struggle: divine, demonic, interpersonal, moral, doubt, and ultimate meaning struggles (Exline et al., 2014). Divine struggle refers to tension in one’s relationship with God; moral struggle involves guilt and conflict over moral values; interpersonal struggle concerns conflict with religious people or institutions; doubt struggle captures disturbing uncertainty about religious belief; demonic struggle refers to concern about evil forces; and ultimate meaning struggle involves crisis of

life purpose. This domain-based mapping is important because each form of struggle may relate to psychological distress through different mechanisms.

Empirical findings support the importance of this construct. Spiritual struggles have been shown to have robust associations with psychological distress and lower well-being in a national sample of American adults (Abu-Raiya et al., 2015). Although such findings are not specific to urban Muslims, they provide a strong basis for investigating how struggles may operate in Muslim contexts shaped by family structures, mosque communities, da'wah networks, and digital religious spaces. In such contexts, moral and interpersonal struggles may be intensified by social evaluation, while divine struggle may become stronger when the image of God is shaped by highly punitive religious discourse. This makes it necessary to move beyond the shallow question of whether religion "helps" or "harms" mental health, towards a more precise mapping of the mechanisms through which religious experience becomes either restorative or distressing.

This paper proposes an integrative conceptual model with three main mechanisms. The first mechanism is religious coping, which refers to the ways individuals use religious resources to understand and respond to stressful life experiences (Pargament, 1997). Positive and negative religious coping represent different patterns of religious response to stress, including both constructive meaning-making and distressing religious appraisals (Pargament et al., 1998). The RCOPE and Brief RCOPE provide important instruments for measuring these coping patterns in research and clinical contexts (Pargament et al., 2000, 2011). In this model, religious coping is treated as a key pathway through which spiritual struggles may be transformed into either meaning-making or distress.

The second mechanism is attachment to God. Religion may function through attachment processes, in which God is experienced as a safe haven and secure base in times of stress (Granqvist et al., 2010). Attachment to God can also be measured as an affective and relational pattern that shapes the individual's experience of closeness, security, and distance in relation to God (Sim & Loh, 2003). In this paper, attachment to God is positioned as a factor that may shape emotional regulation, appraisal, and the selection of coping strategies.

The third mechanism is self-compassion. Self-compassion refers to an attitude of self-kindness, common humanity, and mindfulness when facing suffering, failure, or inadequacy (Neff, 2003). Intervention research on the Mindful Self-Compassion programme has shown that self-compassion can be cultivated and may improve several indicators of psychological well-being (Neff & Germer, 2013). In the context of moral struggle, self-compassion may be especially important because it allows individuals to acknowledge failure without collapsing into chronic shame, self-condemnation, or maladaptive rumination.

The aims of this paper are threefold. First, it synthesises the core literature on spiritual struggles, religious coping, attachment to God, and self-compassion in relation to psychological distress. Second, it formulates a coherent conceptual model and testable hypotheses for future empirical research among urban Muslims. Third, it offers methodological and preliminary clinical implications, including recommendations for instrument adaptation, sensitivity to local religious vocabulary, and intervention focus in religion-sensitive psychotherapy.

METHOD

This paper employs an integrative conceptual review approach. An integrative review is appropriate when a study aims to synthesise existing literature in order to generate a new conceptual perspective or framework rather than to calculate a pooled statistical effect (Torraco, 2005). In this paper, the approach is used to formulate a mechanistic model linking spiritual struggles, religious coping, attachment to God, self-compassion, and psychological distress among urban Muslims. Since the aim is conceptual synthesis rather than meta-analysis, the review brings together theoretical, psychometric, empirical, and clinical literature within a coherent narrative.

The literature consisted of peer-reviewed journal articles, meta-analyses, and academic books from reputable publishers. Sources were selected around five thematic clusters. The first cluster concerns theories and measurements of spiritual struggles, especially the Religious and Spiritual Struggles Scale (RSS) (Exline et al., 2014). The second concerns empirical findings on the relationship between spiritual struggles, psychological distress, and well-being (Abu-Raiya et al., 2015). The third concerns religious coping, including the distinction between positive and negative religious coping and the development of the RCOPE and Brief RCOPE instruments (Pargament et al., 2000, 2011). The fourth concerns attachment to God within the attachment tradition (Granqvist et al., 2010). The fifth concerns self-compassion and evidence from self-compassion-based intervention research (Neff & Germer, 2013).

This review does not claim to be a systematic review in the strict sense. Rather, it follows an integrative logic in which conceptual relevance, construct clarity, psychometric importance, and clinical applicability guide the selection of literature. Literature review as a research methodology requires transparency in how sources are identified, selected, and synthesised so that the review does not become an ad hoc summary of previous studies (Snyder, 2019). For this reason, the selected literature was limited to works that directly address the constructs examined in this paper, provide clear bibliographic information, and contribute to at least one of the following purposes: defining constructs, clarifying measurement, explaining mechanisms, supporting empirical associations, or informing clinical implications.

The literature was identified through searches in major academic databases and search platforms, including PsycINFO, PubMed, Scopus, and Google Scholar. The search terms included “religious/spiritual struggles,” “spiritual struggles,”

"Religious and Spiritual Struggles Scale," "RSS scale," "religious coping," "RCOPE," "Brief RCOPE," "attachment to God," "self-compassion," "psychological distress," "religion-sensitive psychotherapy," "spiritually integrated psychotherapy," and "scrupulosity." Additional literature was identified through reference chaining from foundational studies and scale-development papers. Because this article is conceptual in nature, priority was given to construct-development studies, psychometric papers, meta-analyses, prospective studies, and clinical frameworks that directly clarify the proposed model.

The unit of synthesis is the relationship among constructs. The synthesis focuses on how spiritual struggles may relate to psychological distress through negative religious coping, how attachment to God may shape appraisal and coping tendencies, and how self-compassion may buffer the impact of moral struggle. The synthesis was conducted through four steps: establishing operational definitions and construct boundaries; summarising consistent evidence of relationships among constructs; aligning terms from different bodies of literature into a compatible framework; and formulating a conceptual model, hypotheses, and measurement recommendations for future quantitative research, particularly structural equation modelling.

To strengthen methodological rigour, the synthesis follows the logic of problem identification, literature search, data evaluation, data analysis, and presentation, which has been identified as central to integrative review methodology (Whittemore & Knafl, 2005). However, the paper remains a conceptual review and does not present primary data. Therefore, all causal claims are framed as propositions that require empirical testing rather than as final conclusions. The proposed model should be understood as a theoretically grounded framework for future research among urban Muslim populations, not as an already validated predictive model.

RESULTS

This section presents the results of the literature synthesis in the form of mechanistic pathways linking spiritual struggles and psychological distress. In a conceptual review, "synthesis" does not refer to empirical findings generated from primary data, but to the construction of a conceptual map, propositions, and testable hypotheses based on existing literature. The following sections clarify the proposed roles of religious coping, attachment to God, and self-compassion as mechanisms through which spiritual struggles may become associated with distress.

3.1. Domains of Spiritual Struggles and Pathways to Distress

Spiritual struggles refer to conflicts, tensions, or distressing experiences directly related to religious and spiritual life. The Religious and Spiritual Struggles Scale (RSS) conceptualises these struggles through six domains: divine, demonic, interpersonal, moral, doubt, and ultimate meaning struggles (Exline et al., 2014).

Divine struggle includes anger towards God, feeling punished or abandoned by God, and emotional tension in relation to one's image of God. Moral struggle refers to guilt, conflict over moral values, and difficulty in maintaining moral commitment. Interpersonal struggle involves negative experiences with religious people or institutions, such as judgement, rejection, or conflict. Doubt struggle refers to religious doubt that is psychologically disturbing rather than merely intellectual. Ultimate meaning struggle concerns crisis of life purpose, emptiness, and loss of existential orientation. Demonic struggle refers to concern about evil forces or spiritual attack.

This domain-based mapping is important because each type of struggle may be linked to distress through different mechanisms. Divine struggle, for example, may be closely connected to the quality of one's perceived relationship with God, while moral struggle may be more closely connected to guilt, shame, and self-judgement. By distinguishing these domains, the RSS allows researchers to move beyond the general claim that religion is either helpful or harmful and examine which form of struggle is active in a particular psychological process (Exline et al., 2014).

Conceptually, spiritual struggles may contribute to distress through several mutually reinforcing pathways. The cognitive pathway operates through appraisal. When individuals interpret difficulty as divine punishment, abandonment by God, or evidence of personal moral failure, negative appraisal may intensify rumination and psychological distress. This pathway is consistent with the broader religious coping framework, which emphasises that the meaning attributed to stressful events shapes their psychological consequences (Pargament, 1997).

The affective pathway appears through persistent emotions such as guilt, shame, anger towards God, religious fear, and existential anxiety. Empirical research has shown that spiritual struggles are robustly associated with psychological distress and lower well-being, suggesting that unresolved religious tension may become psychologically burdensome (Abu-Raiya et al., 2015). This does not mean that all struggle is pathological, but it indicates that struggle can become distressing when it is processed through punitive, isolating, or unresolved appraisals.

The relational pathway emerges when interpersonal struggle damages social support. Conflict with family members, religious leaders, or religious communities may weaken a person's sense of belonging and reduce access to emotionally supportive relationships. Since interpersonal struggle is one of the RSS domains, this pathway allows religious conflict to be understood not only as a theological issue, but also as a relational stressor (Exline et al., 2014).

The existential pathway operates when ultimate meaning struggle erodes life coherence. When individuals lose a stable sense of purpose, daily stressors may feel heavier because they are no longer held within a meaningful narrative. In urban populations, these pathways may operate simultaneously: time pressure reduces space for reflection, performance demands intensify self-evaluation, and digital

exposure enlarges social comparison. In Muslim contexts, these processes may interact with religious identity, moral expectation, and community evaluation, making a mechanism-based framework especially important.

3.2. Religious Coping as Mediator: Positive and Negative Coping

Religious coping refers to the ways individuals use religious beliefs, practices, relationships, and meanings to respond to stress (Pargament, 1997). This framework is important because religious coping is not homogeneous. Some forms of coping may support adjustment, while others may intensify distress. Positive religious coping includes benevolent religious reappraisal, seeking spiritual support, collaborative coping with God, and practices that cultivate acceptance and hope. Negative religious coping includes punishing God reappraisal, spiritual discontent, demonic appraisal, and religious interpersonal conflict.

The RCOPE was developed to measure multiple methods of religious coping and to distinguish different religious responses to stress (Pargament et al., 2000). The Brief RCOPE later provided a shorter instrument for measuring positive and negative religious coping in research and clinical settings (Pargament et al., 2011). This distinction is essential because positive and negative coping can appear simultaneously; therefore, empirical analysis should avoid relying only on a total religious coping score.

Meta-analytic evidence indicates that religious coping is related to psychological adjustment, but the direction of the association depends on the type of coping used (Ano & Vasconcelles, 2005). Prospective research also suggests that positive and negative religious coping may function differently in relation to later well-being (Park et al., 2017). In the conceptual model proposed here, negative religious coping is positioned as a key mediator. Spiritual struggles may increase the likelihood of negative coping, and negative coping may then increase distress. For example, divine struggle may encourage punishing God reappraisal; interpersonal struggle may encourage withdrawal from religious community; and moral struggle may encourage cycles of guilt and ritual compensation that fail to resolve the underlying psychological conflict.

Conversely, positive religious coping may function as a protective pathway. When individuals interpret difficulty as meaningful without viewing themselves as rejected by God, religious resources may help them maintain hope, seek support, and preserve self-worth. Therefore, this model does not treat religion as uniformly protective or uniformly harmful. Rather, it asks which form of coping is activated when spiritual struggles occur.

3.3. Attachment to God: Divine Relation as a Source of Security or Vulnerability

Attachment to God refers to the idea that God may function psychologically as an attachment figure. Within the attachment framework, God can be experienced as a safe haven in distress and a secure base for exploration, regulation, and meaning-making (Granqvist et al., 2010). This perspective is useful because it shifts the analysis from abstract belief to relational experience: the question is not only whether a person believes in God, but how the relationship with God is affectively experienced.

Attachment to God can also be studied empirically as a measurable relational pattern. Sim and Loh (2003) developed a measure of attachment to God that helps capture the dynamics of closeness, security, and distance in the divine relationship. Within this framework, the quality of divine relation is not merely doctrinal, but affective and cognitive. It may shape how individuals interpret suffering, whether they experience God as near or distant, and whether they turn towards or away from religious resources under stress.

Individuals with secure attachment to God are expected to experience closeness with God as relatively stable. When facing stress, they may be more able to access calming religious practices, sustain hope, and regulate emotions. Insecure attachment, however, may carry different vulnerabilities. Anxious attachment may encourage hyperactivation, in which individuals search for signs of divine rejection, interpret difficulties as divine displeasure, and increase rumination. Avoidant attachment may encourage deactivation, in which individuals maintain emotional distance from God and reduce access to spiritual support.

Within the proposed model, attachment to God operates at two levels. First, secure attachment is expected to be associated with lower distress, whereas insecure attachment is expected to be associated with higher vulnerability. Second, attachment to God may shape religious coping tendencies. A person who experiences God as punitive or unreliable may be more likely to use negative religious coping, while a person who experiences God as secure and compassionate may be more likely to use positive coping. This makes attachment to God an important construct for understanding why two equally religious individuals may respond to spiritual struggle in very different ways.

3.4. Self-Compassion as a Protective Factor in Moral Struggle

Self-compassion refers to a compassionate attitude towards oneself when facing suffering, failure, or inadequacy. Neff (2003) conceptualises self-compassion through three components: self-kindness, common humanity, and mindfulness. Self-kindness allows individuals to respond to failure without harsh self-condemnation. Common humanity helps them recognise failure as part of the broader human condition. Mindfulness allows painful experience to be acknowledged without over-identification.

Self-compassion is particularly relevant to moral struggle because moral failure can easily become psychologically damaging when it is processed through chronic shame and rumination. In urban Muslim contexts, the visibility of piety and the pressure to maintain a morally coherent religious identity may intensify self-evaluation. When individuals interpret every moral failure as evidence of a defective self, moral struggle may become a pathway to distress. Self-compassion offers an alternative mechanism: it allows individuals to acknowledge wrongdoing without destroying the self, maintain moral responsibility without collapsing into shame, and pursue behavioural change with greater psychological stability.

Intervention research suggests that self-compassion can be cultivated through structured programmes. Neff and Germer (2013) found that the Mindful Self-Compassion programme increased self-compassion and improved several indicators of psychological well-being. In the model proposed here, self-compassion is positioned primarily as a moderator. It is expected to weaken the relationship between spiritual struggles and distress, especially when moral struggle is dominant. It may also indirectly shape coping by reducing punitive self-appraisal and increasing willingness to seek support.

3.5. Clinical Differentiation: Moral Struggle and Scrupulosity

For clinical practice, it is important to distinguish adaptive moral struggle from scrupulosity. Moral struggle may involve guilt, reflection, and the desire for ethical improvement. In some Muslim contexts, this may be expressed through muhasabah, or reflective self-examination. However, not all moral distress is spiritually productive. Scrupulosity refers to obsessive-compulsive symptoms related to sin, religious purity, or moral contamination, often accompanied by compulsive rituals, repeated checking, and reassurance seeking.

Scrupulosity can be understood within a cognitive-behavioural framework of obsessive-compulsive disorder, especially when intrusive religious or moral thoughts are followed by compulsive behaviours intended to reduce anxiety (Abramowitz & Jacoby, 2014). This distinction is clinically important because a person with scrupulosity may not benefit from being told simply to increase faith, repent more intensely, or perform more rituals. Such advice may worsen compulsive cycles if the core problem involves intrusive thoughts and anxiety-driven compulsions.

The implication is that research and clinical practice should examine whether moral struggle is closer to guilt and rumination or to obsessive-compulsive patterns. If moral struggle is primarily related to shame and self-condemnation, work on meaning, attachment, coping, and self-compassion may be appropriate. If scrupulosity is present, cognitive-behavioural treatment with exposure and response prevention may be more clinically relevant. This differentiation is also ethically important because treating scrupulosity as merely “lacking faith” risks increasing guilt and delaying access to appropriate clinical help.

3.6. Integrative Model, Hypotheses, and Empirical Testing Design

Based on the synthesis above, the proposed model can be summarised through several pathways. First, spiritual struggles are hypothesised to be associated with psychological distress. This proposition is grounded in empirical evidence showing robust associations between struggles, distress, and lower well-being (Abu-Raiya et al., 2015). Second, negative religious coping is positioned as a mediator between struggles and distress. The RCOPE framework supports this pathway by distinguishing religious coping strategies that may either support or undermine adjustment (Pargament et al., 2000).

Third, attachment to God is positioned as a factor that may shape both distress and coping. The attachment perspective suggests that the perceived quality of the divine relationship can influence security, regulation, and response to threat (Granqvist et al., 2010). Fourth, self-compassion is positioned as a moderator, especially in the relationship between moral struggle and distress. This proposition is based on the idea that self-compassion reduces harsh self-judgement and over-identification with failure (Neff, 2003). Fifth, the model allows for moderated mediation: the indirect effect of struggles on distress through negative religious coping may be stronger among individuals with insecure attachment to God and low self-compassion.

Based on this model, the following hypotheses may be tested in future empirical research among urban Muslims:

H1: Spiritual struggles, measured through the RSS total score or subscales, are expected to be positively associated with psychological distress.

H2: Negative religious coping is expected to mediate the relationship between spiritual struggles and psychological distress.

H3: Positive religious coping is expected to be negatively associated with psychological distress and may weaken the relationship between struggles and distress.

H4: Insecure attachment to God is expected to be positively associated with divine struggle and negative religious coping.

H5: Secure attachment to God is expected to be negatively associated with psychological distress and negative religious coping.

H6: Self-compassion is expected to moderate the relationship between spiritual struggles and psychological distress, such that the association will be weaker among individuals with higher self-compassion.

H7: A moderated mediation effect is expected, in which the indirect association between spiritual struggles and distress through negative religious coping will be

stronger among individuals with insecure attachment to God and low self-compassion.

Future studies may test this model using quantitative survey designs and structural equation modelling. Relevant instruments include the RSS for spiritual struggles (Exline et al., 2014), the RCOPE or Brief RCOPE for religious coping (Pargament et al., 2011), an attachment to God scale for divine attachment (Sim & Loh, 2003), and the Self-Compassion Scale for self-compassion (Neff, 2003). Psychological distress may be measured using established instruments such as the PHQ-9 for depressive symptoms (Kroenke et al., 2001), the GAD-7 for anxiety symptoms (Spitzer et al., 2006), or the DASS-21 for depression, anxiety, and stress (Lovibond & Lovibond, 1995). Since the study concerns sensitive religious and psychological domains, future empirical research should emphasise informed consent, data anonymity, and referral procedures for participants who report high levels of distress.

DISCUSSION

4.1. From Generalisation to Mechanism

The proposed model challenges two common simplifications: that religion is always protective, or that religion is inherently harmful to psychological life. Research in the psychology of religion has shown that religious and spiritual variables need to be conceptualised with greater precision because broad measures of religiosity often fail to capture the specific dimensions through which religion affects health and well-being (Hill & Pargament, 2003). In this paper, religion is understood as a multidimensional psychological dynamic rather than a single variable. Two individuals may appear equally religious in behavioural indicators, such as worship frequency or religious affiliation, yet differ significantly in psychological outcomes because of differences in appraisal, coping patterns, attachment to God, and self-compassion.

This mechanistic view is important because religious life may operate through both protective and distressing pathways. Religious coping theory shows that religion can provide meaning, support, and a sense of collaboration with God, but it can also generate distress when suffering is interpreted as punishment or abandonment (Pargament, 1997). The distinction between positive and negative religious coping further demonstrates that religious resources do not function uniformly across individuals and situations (Pargament et al., 1998). Therefore, research that only measures religious frequency or affiliation risks producing shallow conclusions because it cannot explain why religious experience becomes restorative for some individuals but burdensome for others.

4.2. Mapping the “Dark Space” of Religiosity among Urban Muslims

The main contribution of this model is its attempt to map what may be called the “dark space” of religiosity: the domain in which religion is not abandoned, but

experienced as conflict, burden, fear, guilt, or unresolved tension. The construct of spiritual struggles is especially useful here because it captures negative experiences within religious and spiritual life without reducing them to the absence of faith (Exline et al., 2014). By placing struggles as a central variable, research can examine experiences that are often hidden because of stigma, such as anger towards God, disturbing doubt, moral conflict, or conflict with religious authorities.

This approach enriches the psychology of religion by treating religion as a system of meaning that can function adaptively or maladaptively depending on appraisal, relational security, coping strategy, and self-regulation. Robust empirical findings indicate that spiritual struggles are associated with psychological distress and lower well-being, which makes them a theoretically and clinically important construct rather than a marginal issue (Abu-Raiya et al., 2015). At the same time, this model does not assume that struggles are always harmful. Struggles may also become moments of growth when processed through secure attachment, constructive coping, supportive community, and compassionate self-reflection.

Among urban Muslims, several domains of struggle may become especially salient. Moral struggle may arise from the tension between religious ideals and the compromises of urban life, such as work pressure, consumer culture, and social comparison. Interpersonal struggle may emerge from community polarisation, competition over religious authority, or conflict with religious figures and institutions. Ultimate meaning struggle may become more visible when career demands, mobility, and digital exposure produce exhaustion without a stable narrative of purpose.

Digital spaces add another layer to these struggles. Online piety can generate religious anxieties when religious expression becomes public, visible, and subject to moral evaluation (Husein & Slama, 2018). Social media also shapes digital Islamic socialities, where pious motivation and religious self-cultivation are produced through online interaction (Lengauer, 2018). In this context, religious identity may become both a source of belonging and a field of comparison. This may intensify moral struggle when individuals feel unable to meet visible standards of piety, and it may strengthen divine struggle when highly punitive religious content shapes an image of God as primarily judging, rejecting, or punishing.

This model directs attention to critical points in urban Muslim life: when guilt becomes chronic shame, when muhasabah turns into rumination, when religious comparison becomes self-condemnation, and when divine relation is interpreted in ways that trigger negative religious coping. The aim is not to pathologise Muslim religiosity, but to identify the psychological mechanisms through which religious meanings become burdensome or restorative in specific contexts.

4.3. Clinical Implications and Religion-Sensitive Psychotherapy

The clinical implication of this model is that religion-sensitive psychotherapy should begin with directed assessment rather than general religious advice. Meta-analytic evidence suggests that integrating religion and spirituality into psychotherapy can be beneficial when it is conducted competently and in accordance with the client's values and preferences (Captari et al., 2018). Pargament's model of spiritually integrated psychotherapy also emphasises that the sacred dimensions of a client's life should be addressed carefully rather than ignored or reduced to symptoms (Pargament, 2011). In Muslim clinical contexts, Abu-Raiya (2015) argues that religiously sensitive work with Muslim clients requires attention to Qur'anic meanings, the client's religious worldview, and the dynamic relationship between faith and psychological struggle.

Based on the proposed model, assessment should include at least four components: the dominant domain of spiritual struggle, the type of religious coping used, the quality of attachment to God, and the level of self-compassion. If negative religious coping is dominant, the therapeutic focus may involve restructuring punitive religious appraisal. If insecure attachment to God is central, the focus may involve relational work concerning the image of God as a source of fear, distance, or insecurity. If moral struggle is prominent, self-compassion training may help reduce self-condemnation and create space for behavioural change. Intervention evidence suggests that self-compassion can be cultivated and may improve well-being, making it relevant for clients whose religious guilt has become shame-based and punitive (Neff & Germer, 2013).

Religion-sensitive integration also requires clinical boundaries. The language of *rahmah*, *tawakkal*, *sabr*, *tazkiyah*, and *husnuzan* may be used as culturally meaningful resources for benevolent appraisal and moral repair, but these concepts should not replace psychological assessment. *Rahmah* can be understood as compassion that extends not only towards others, but also towards the self. *Husnuzan*, or thinking well, may function as a more benevolent appraisal of difficult experiences, reducing the tendency to interpret suffering as divine rejection or punishment. These concepts can become linguistic bridges that make interventions such as appraisal restructuring and self-compassion training more acceptable and meaningful for Muslim clients.

This point is especially important because self-compassion may be misunderstood as moral permissiveness. Neff (2003) defines self-compassion not as self-indulgence, but as a balanced attitude involving self-kindness, common humanity, and mindfulness. When translated into Muslim ethical language, self-compassion can be framed not as abandoning moral responsibility, but as preventing shame and rumination from destroying the possibility of repentance, repair, and behavioural change. In this sense, *rahmah* and *husnuzan* may help situate self-

compassion within a religiously meaningful framework without reducing it to a purely secular psychological technique.

Therapy that ignores religion may lose the client's language of meaning, while therapy that becomes merely normative advice may fail to identify rumination, avoidance, compulsion, trauma, or depression. This distinction is particularly important for clients who fear that doubt, anger towards God, or psychological distress will be interpreted as "lacking faith." Self-stigma has been shown to reduce willingness to seek psychological help, so clinicians should avoid framing religious struggle in ways that increase shame or help-seeking avoidance (Vogel et al., 2006).

4.4. Methodological Implications: Instrument Adaptation and Measurement Invariance

Testing this model in Indonesia, Malaysia, or other urban Muslim contexts requires rigorous cross-cultural adaptation. Instruments such as the RSS, RCOPE, Attachment to God Scale, and Self-Compassion Scale were developed in particular linguistic and cultural settings; therefore, direct translation is not sufficient. Cross-cultural adaptation of self-report measures requires attention not only to language equivalence, but also to conceptual, cultural, and experiential equivalence (Beaton et al., 2000). This is especially important for religious terms such as doubt, demonic struggle, divine punishment, waswas, muhasabah, istiqamah, hijrah, rahmah, and husnuzan, which may carry meanings that cannot be captured through literal translation.

Measurement invariance should also be tested before comparing groups. Vandenberg and Lance (2000) emphasise that measurement invariance is necessary to ensure that a construct is measured equivalently across groups, such as gender, age, educational background, or different urban Muslim communities. Without invariance testing, observed differences may reflect measurement artefacts rather than real psychological differences. Therefore, future studies should examine configural, metric, and scalar invariance when adapting instruments across Muslim populations.

A mixed-methods approach is also recommended. Qualitative interviews can help identify local religious vocabularies and lived meanings before or after quantitative testing. Mixed-methods research is especially useful when the study seeks to integrate numerical patterns with contextual meaning, and integration can occur at the levels of design, methods, interpretation, and reporting (Fetters et al., 2013). In this paper's context, qualitative data can clarify whether a high score on moral struggle reflects ordinary guilt, shame-based rumination, fear of divine rejection, or obsessive-compulsive scrupulosity.

4.5. Limitations and Research Agenda

As a conceptual review, this paper does not present primary data. Its main claims are therefore propositional and should be tested empirically. Future studies

should test the proposed model using structural equation modelling with adequate sample sizes among urban Muslim populations. Such studies should examine whether negative religious coping mediates the relationship between spiritual struggles and distress, whether attachment to God is associated with coping tendencies, and whether self-compassion moderates the association between moral struggle and distress.

Future research should also examine contextual moderators. Exposure to punitive religious content on social media may intensify divine struggle, while online moral comparison may increase shame and self-condemnation. Longitudinal studies are needed because the relationship between struggles and distress may be reciprocal: struggles may increase distress through negative appraisal, but high distress may also intensify struggles by making individuals more likely to interpret suffering as punishment, rejection, or moral failure. Prospective research on religious coping has shown that positive and negative religious coping can have different implications for later well-being, which supports the need for longitudinal designs in future Muslim samples (Park et al., 2017).

Intervention research is another important agenda. Future studies should develop and evaluate religion-sensitive interventions that reduce negative religious coping, strengthen benevolent meaning-making, address insecure attachment to God, and cultivate self-compassion. However, such interventions must be tested carefully and ethically, especially when working with clients who experience severe depression, trauma, or obsessive-compulsive symptoms.

4.6. Service Implementation and Community Mental Health Literacy

For practice in clinics, campuses, and workplace organisations, this model suggests a brief screening protocol. Practitioners may begin by identifying the dominant domain of spiritual struggle, mapping positive and negative religious coping, assessing the quality of attachment to God, and evaluating the capacity for self-compassion. If high divine struggle appears together with punishing God reappraisal, the initial focus may be on relational security and benevolent reappraisal. If high moral struggle is accompanied by rumination, the initial focus may be on mindfulness and self-compassion skills. If religious doubt or anger towards God is accompanied by intense shame, the therapeutic task should include reducing stigma and preserving the client's sense of safety.

Collaboration with religious figures or spiritual counsellors may be useful when it is structured and ethically bounded. Religion-sensitive psychotherapy does not mean replacing clinical work with religious advice. It means respecting the client's theological horizon while maintaining the scientific and ethical framework of psychotherapy. Clear role boundaries are necessary so that severe depression, trauma, or OCD-related scrupulosity are not reduced merely to moral weakness. Scrupulosity, in particular, should be clinically differentiated from ordinary moral struggle because

it involves obsessive-compulsive mechanisms that may require evidence-based treatment (Abramowitz & Jacoby, 2014).

At the policy level, strengthening mental health literacy in religious communities can reduce stigma and encourage earlier help-seeking. Mental health literacy refers to knowledge and beliefs that help people recognise, manage, or prevent mental disorders (Jorm et al., 1997). In Muslim community settings, mental health literacy should include the ability to distinguish spiritual struggle from clinical disorder, recognise when professional help is needed, and support individuals without labelling them as weak in faith. This is particularly important for campuses, mosque-based counselling, family support systems, and workplace well-being programmes.

CONCLUSION

Spiritual struggles among urban Muslims constitute a clinically and conceptually meaningful psychological phenomenon that cannot be adequately understood through a simple opposition between religion as a source of resilience and religion as a source of distress. This paper has argued that religious life in urban settings operates within a dense ecology of pressures, including work demands, family expectations, moral ideals, communal evaluation, and digital visibility. Studies on online piety show that digital religious spaces can intensify religious visibility and anxiety when piety becomes subject to public moral evaluation (Husein & Slama, 2018). Under such conditions, religious experience may provide meaning, security, and coping resources, but it may also become a site of inner conflict, guilt, doubt, punitive appraisal, and existential disorientation.

The integrative model proposed in this paper offers a mechanistic framework for understanding how spiritual struggles may be linked to psychological distress. Rather than treating religiosity as a single aggregated variable, the model identifies several pathways through which struggles may affect mental health. The RSS framework developed by Exline et al. (2014) is particularly useful because it distinguishes divine, moral, interpersonal, doubt, demonic, and ultimate meaning struggles as different domains of religious and spiritual tension. Empirical research has also shown that spiritual struggles are robustly associated with psychological distress and lower well-being (Abu-Raiya et al., 2015). In the proposed model, these struggles may increase distress through negative religious coping, such as punishing God reappraisal, spiritual discontent, or maladaptive cycles of guilt and ritual compensation.

At the same time, the quality of attachment to God may shape how individuals interpret suffering, regulate emotion, and select coping strategies. The attachment perspective suggests that God can function psychologically as a safe haven and secure base, although individuals may differ in whether this divine relation is experienced

as secure, anxious, or avoidant (Granqvist et al., 2010). Religious coping also plays a central role because positive and negative religious coping represent different ways of using religion in response to stress (Pargament et al., 1998). The model therefore shows that the psychological effect of religion depends not merely on whether a person is religious, but on how religious meanings are appraised, how divine relation is experienced, and how coping is enacted.

The model also highlights the protective role of self-compassion, especially in relation to moral struggle. Neff (2003) defines self-compassion through self-kindness, common humanity, and mindfulness, which together help individuals respond to suffering and failure without harsh self-condemnation. In urban Muslim contexts, where piety is often socially visible and morally evaluated, guilt may easily transform into chronic shame and rumination. Self-compassion provides a psychologically adaptive pathway by enabling individuals to acknowledge failure without destroying the self, understand human imperfection without moral permissiveness, and pursue behavioural change without being driven by damaging anxiety. In this sense, self-compassion can be understood not as a rejection of religious morality, but as a mechanism that helps moral reflection remain restorative rather than punitive.

This paper contributes to the psychology of religion by mapping what may be called the “dark space” of religiosity: the domain in which religion is not abandoned, but experienced as conflict, burden, fear, or unresolved tension. This contribution is important because broad measures of religiosity or spirituality may fail to capture the specific mechanisms through which religious experience becomes protective or distressing (Hill & Pargament, 2003). For research on urban Muslims, this perspective is especially relevant because spiritual struggles are shaped not only by personal belief, but also by family structures, mosque communities, da’wah networks, digital religious content, and broader social expectations of piety. Future empirical research should therefore test the proposed model through quantitative designs such as structural equation modelling, while also using qualitative approaches to capture local vocabularies such as *waswas*, *muhasabah*, *istiqamah*, *hijrah*, *rahmah*, and *husnuzan*.

The practical implication of this model is that religion-sensitive psychotherapy should not reduce spiritual struggles either to a lack of faith or to purely clinical symptoms detached from the client’s theological horizon. Spiritually integrated psychotherapy requires careful attention to the sacred dimension of the client’s life while maintaining clinical responsibility and psychological assessment (Pargament, 2011). For Muslim clients, religiously sensitive psychotherapy also needs to consider Qur’anic meanings, religious language, and the client’s own theological framework without turning therapy into simple moral advice (Abu-Raiya, 2015). Assessment should therefore identify the dominant domain of struggle, the type of religious coping used, the quality of attachment to God, and the level of self-compassion.

Interventions can then be directed towards the most salient mechanism, such as restructuring punitive religious appraisal, strengthening benevolent meaning-making, addressing insecure divine attachment, cultivating self-compassion, or distinguishing moral struggle from scrupulosity when obsessive-compulsive features are present.

As a conceptual review, this paper does not claim final causal conclusions. Its propositions require empirical testing, cultural adaptation of instruments, and careful ethical procedures. Cross-cultural adaptation is especially important because psychological instruments must be evaluated not only linguistically, but also conceptually and culturally (Beaton et al., 2000). Nevertheless, the model provides a coherent framework for future studies and clinical practice. It shows that the relationship between religion and mental health among urban Muslims is neither uniformly protective nor inherently harmful. Its psychological consequences depend on how religious meanings are appraised, how divine relation is experienced, how coping is enacted, and how the self is treated in moments of failure, uncertainty, and distress.

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