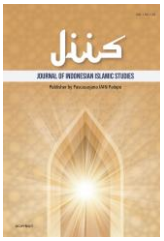
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Thuma'ninah in Qur'an 13:28 and Its Relevance to Adolescent Psychospiritual Support: A Study of Qur'anic Exegesis and Ibn Qayyim al-Jawziyyah's Thought

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Abstract

Adolescents may experience anxiety, repetitive negative thinking, and stress in response to developmental and social pressures. This study examines the meaning of thuma'ninah in Qur'an 13:28 and its conceptual relevance to faith-sensitive psychosocial support for adolescents through Qur'anic interpretation and themes associated with Ibn Kathir and Ibn Qayyim al-Jawziyyah. Employing qualitative library research, the study uses textual comparison and thematic content analysis of Qur'anic exegesis and selected works of Islamic spirituality, particularly Ad-Da' wa Ad-Dawa'. The analysis identifies an interconnected framework of faith, remembrance of God (dhikr), mindful supplication, self-regulation, trust in God, and responsible action. Thuma'ninah is understood as a spiritually grounded orientation toward life's uncertainty rather than the absence of distress. These findings support a preliminary conceptual framework for voluntary, culturally sensitive spiritual accompaniment, not a clinically validated intervention.

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Introduction

Adolescence involves biological changes, cognitive development, identity formation, and increasing peer influence. Academic demands, family relationships, and exposure to social media may interact with psychological vulnerabilities. The World Health Organization (2025) estimates that approximately one in seven adolescents aged 10–19 lives with a mental health condition. This public-health concern underlines the need for accessible support. However, it does not suggest that all psychological difficulties share the same religious causes or can be resolved by a single spiritual practice.

Contemporary mental health approaches acknowledge the interaction of biological, psychological, and social factors. Spirituality may also provide meaning and support for individuals who identify with a religious tradition. Within Qur'anic studies, Izzan and Tamimi (2022) examine the association between dhikr and mental health through Qur'an 13:28. Their contribution demonstrates established scholarly interest in this verse. Nevertheless, the relationship between exegetical interpretation, the cultivation of the heart in Ibn Qayyim's writings, and the appropriate limits of application to adolescents warrants a more carefully delimited investigation.

Qur'an 13:28 connects faith, remembrance of God, and tranquility of the heart. Its meaning needs to be considered within the surrounding Qur'anic context and approached as a spiritual-theological proposition rather than a report of clinical intervention outcomes. Ibn Kathir's interpretation emphasizes the reassurance experienced by hearts that remember and rely upon God. Accordingly, a study of thuma'ninah must distinguish religious meaning and conceptual elaboration from mental-health claims that require empirical verification.

This study addresses three questions: How may thuma'ninah be conceptualized through Qur'an 13:28 and relevant exegesis? How do themes of caring for the heart in Ibn Qayyim's Al-Dāʾ wa al-Dawāʾ relate to that concept? What possibilities and limitations does the synthesis offer for adolescent psychospiritual support? The proposed contribution is a conceptual synthesis that explicitly distinguishes exegetical findings, classical spiritual ethics, and tentative support practices that must not replace professional care.

From a public-health perspective, concern for adolescents cannot be restricted to observable individual symptoms. The World Health Organization (2025) estimates that around one in seven people aged 10–19 experiences a mental health condition; relevant vulnerabilities include adverse experiences, pressure to conform to peers, and challenges associated with identity formation. These figures demonstrate the significance of the issue but do not mean that ordinary distress is always a diagnosable disorder. Situational anxiety before an examination, for example, differs from an anxiety disorder requiring professional assessment. This distinction matters because the present article considers religious meaning-making and spiritual support rather than diagnosis or medical treatment. Accordingly, anxiety, overthinking, and stress are used descriptively and defined within appropriate conceptual boundaries.

Recent research indicates that associations between digital environments and adolescent mental health are complex. A review of social media use identifies statistical associations with internalizing symptoms, although the magnitude of such associations varies by usage patterns, context, and sample characteristics (Fassi et al., 2024). Another review suggests that problematic or passive engagement may be harmful in some

circumstances, while digital connectivity can also provide opportunities for social support (Agyapong-Opoku et al., 2025). Such evidence cautions against a simplistic technological explanation for distress. Academic demands, family relationships, sleep, and social experiences interact rather than operate independently. Within this ecology, religious practices may offer meaningful coping resources to some Muslim adolescents without removing the need for evidence-based psychological care.

Repetitive negative thinking is particularly relevant to this discussion. Egan et al. (2025) examine worry and rumination as transdiagnostic targets among young people. Worry frequently anticipates future threats, whereas rumination repetitively revisits experiences, emotions, or perceived past failures. Neither construct is identical to the popular term overthinking. This article therefore treats overthinking as a nontechnical expression and relates it cautiously to repetitive negative thinking without implying that intensive thought is inherently pathological. The relevance of Qur'an 13:28 lies in exploring how directing the heart toward God might support reflective distance and meaning, not in asserting that dhikr automatically interrupts complex cognitive processes.

Previous scholarship may be grouped into three strands. The first consists of exegetical analyses connecting dhikr with tranquility, including the reading of Qur'an 13:28 by Izzan and Tamimi (2022) and Aziz and Mokhtar's (2024) discussion of Baqir Sadr. The second examines practices of dhikr in particular contexts, including examination-related anxiety among adolescents (Syahdiah et al., 2022) and the experiences of young Muslims (Amal & Ningsih, 2025). The third synthesizes international research on religiosity, spirituality, and Qur'an-based mental-health practices in diverse populations (Cetinkaya & Billings, 2024; Owens et al., 2023). Although valuable, these strands do not automatically explain how the language of the verse and Ibn Qayyim's spiritual ethics may inform safe principles for adolescent support. The present article addresses this conceptual interface.

The novelty of the study does not consist in claiming the discovery of an effective new therapy. Rather, it separates three levels of reasoning: the normative meaning of the Qur'anic verse, a reading of classical spiritual ethics, and possible implications for contemporary adolescent support. This structure helps prevent an unwarranted leap from religious propositions to medical outcomes. The resulting framework may inform researchers in Islamic education, school counselors, and program developers interested in respectfully integrating spiritual resources into adolescent support. Before being established as a standardized intervention, however, the framework would require interviews, expert validation, appropriate outcome measures, risk assessment, and empirical evaluation.

Method

This study employs qualitative library research using thematic content analysis and a limited comparative reading of Qur'anic exegesis. The primary textual focus is Qur'an 13:28, Ibn Kathir's interpretation of that verse, and themes concerning the cultivation of the heart in Ibn Qayyim's Al-Dāʾ wa al-Dawāʾ. The original manuscript also refers to Wahbah al-Zuhayli's Tafsīr al-Munīr and M. Quraish Shihab's Tafsir Al-Misbah. Since the relevant editions and passages of these two works have not been independently verified, descriptions attributed to them are treated as matters for further source checking rather

than confirmed direct textual evidence. Supporting material includes Izzan and Tamimi (2022), the WHO (2025) fact sheet, and relevant national and international studies.

The analysis followed five steps. First, the wording of the verse and lexical relationships among īmān (faith), dhikr (remembrance), qalb (heart), and tathma'innu (becomes tranquil) were examined. Second, explanations traceable to identifiable exegetical sources were recorded. Third, themes of faith, heedlessness, remembrance, supplication, and reliance upon God were organized from the treatment of Ibn Qayyim in the source manuscript. Fourth, convergences in meaning were compared and their possible implications for adolescents were formulated. Finally, normative textual statements were distinguished from the authors' conceptual inferences and empirical claims. Credibility rests on citation traceability and source cross-checking rather than triangulation of field data.

The study collected no participant data, used no standardized anxiety measures, and tested no intervention. Consequently, Qur'anic therapy is used only in the broad sense of spiritual support or accompaniment, not as a validated clinical psychotherapy procedure. This design cannot establish effectiveness in reducing anxiety, stress, or repetitive negative thinking.

The units of analysis comprised the wording of Qur'an 13:28, themes explicitly identified in the original manuscript concerning Al-Dāʾ wa al-Dawāʾ, and scholarship relevant to spirituality and youth mental health. Additional literature was identified through targeted searches of journal publisher pages, scholarly repositories, and medical article indexes containing publication details and abstracts. The procedure was not a systematic literature review and makes no claim of exhaustive retrieval or PRISMA-based selection. Indonesian studies chiefly contextualized local practices of dhikr, whereas international scholarship helped clarify the strengths and limitations of mental-health evidence. Relevance to tranquility, anxiety, spirituality, and adolescent populations guided inclusion.

Three types of statements were differentiated throughout the analysis. Textual claims were based on the wording of the verse or identifiable exegetical explanation; conceptual claims expressed the authors' interpretive synthesis; and empirical claims required support from research employing suitable designs and populations. This distinction prevents an interpretive proposition from being presented as an experimentally established outcome. The relevant original editions of classical works remain a limitation when exact quotations or page references cannot yet be checked.

Results

The Meaning of Thuma'ninah in Qur'an 13:28

English rendering: *"Those who believe and whose hearts find tranquility in the remembrance of Allah. Surely, in the remembrance of Allah do hearts find tranquility"* (Qur'an 13:28; meaning based on the Indonesian Ministry of Religious Affairs translation).

The verse brings together three interconnected elements: alladhīna āmanū (those who believe), bi-dhikri Allāh (through remembrance of God), and tathma'innu qulūbuhum (their hearts become tranquil). The repetition of the construction bi-dhikri Allāh places particular rhetorical emphasis on remembrance. Within this textual sequence, tranquility is associated with believers' orientation toward God. The verse should therefore be

understood primarily in relation to faith and religious experience; it does not provide a clinical definition of mental well-being or specify an intervention schedule.

Patterns of Interpretation in Exegetical Literature

In an accessible interpretation of Qur'an 13:28, Ibn Kathir describes believers' hearts as finding reassurance, ease, and repose in remembering God and accepting Him as their protector and supporter. This reading foregrounds the relationship between trust, remembrance, and tranquility. The original manuscript also engages other classical and contemporary exegetes, but statements attributed to their individual works should not be treated as verified quotations until the relevant editions and passages are checked. A disciplined analysis therefore distinguishes findings traceable to Ibn Kathir from broader interpretive possibilities.

The most securely established textual finding is the relationship among faith, remembrance of God, and tranquility of the heart. This is an exegetical finding, not an observation of adolescents' anxiety symptoms. It supports an account of thuma'ninah as religiously grounded inner reassurance without establishing that all individuals who practice dhikr will experience equivalent psychological outcomes.

The verb tathma'innu and its repetition invite closer semantic analysis. The first clause characterizes believers whose hearts are at ease through remembrance; the second reaffirms the same relationship in general terms. The particle alā signals attention to the subsequent assertion and heightens its rhetorical force. Nevertheless, grammatical emphasis cannot be converted into an experimentally verified claim of exclusive medical efficacy. The meaning of the verse remains theological, and its potential psychological relevance requires separate investigation.

Within the exegetical horizon, dhikr need not be reduced to mechanical verbal repetition. Remembering God may involve reflecting on divine attributes, engaging with revelation, supplication, and ethically oriented action. These dimensions help interpret thuma'ninah as more than a fleeting emotional reaction. The scope of such practices, however, differs across exegetical and devotional traditions; the present study therefore refrains from attributing a single exhaustive definition to every commentator.

Indonesian Qur'anic scholarship further extends the discussion without replacing primary exegesis. Izzan and Tamimi (2022) explicitly relate Qur'an 13:28 and dhikr to mental health, while Aziz and Mokhtar (2024) consider remembrance and tranquility through the perspective of Baqir Sadr. These studies illustrate contemporary interpretive directions and demonstrate why a comparison between textual meaning and current psychosocial concerns is warranted. They should not, however, be read as evidence that the verse itself reports a clinical outcome.

Themes of Caring for the Heart in Ibn Qayyim's Thought

The source manuscript's reading of Al-Dāʾ wa al-Dawāʾ identifies several interconnected themes: heedlessness (ghaflah), passing thoughts (khawāṭir), cultivation of the heart, supplication, and purposeful effort. These themes belong to a moral and spiritual discourse rather than modern psychiatric classification. Because specific passages and page numbers depend upon the edition, the synthesis presented here is

appropriately provisional until the primary Arabic text has been checked against a clearly identified publication.

On the basis of the themes outlined in the original manuscript, dhikr may be understood as the maintenance of spiritual awareness, supplication as meaningful petition, and tawakkul as reliance upon God without abandoning necessary effort. These concepts suggest that tranquility involves an orientation toward meaningful action as well as contemplation. Such an interpretation does not imply that adolescents experiencing mental disorders lack faith or have failed to perform the required religious practices.

The themes can be organized conceptually as follows. Ghaflah refers to diminished attentiveness to God; khawāṭir concerns passing thoughts and inward impulses; supplication provides a setting for expressing need and hope; tawakkul acknowledges human limits while remaining compatible with practical action; and thuma'ninah denotes a condition of inward reassurance. These categories should not be equated directly with diagnostic constructs such as generalized anxiety disorder, rumination, or cognitive-behavioral regulation.

This categorization also reveals that a tranquil heart need not be free of negative emotions. Sadness, fear, disappointment, and concern may coexist with religious commitment. In the present conceptual account, tranquility refers less to the complete absence of emotion than to a sustained spiritual orientation when such emotions arise. The distinction is particularly useful in avoiding stigmatizing adolescents whose distress continues despite sincere religious practice.

Table 1. Synthesis Matrix of the Findings

Source theme	Interpretive finding	Limitations for adolescents
Faith and dhikr	Orientation of the heart and meaning of tranquility	Not a substitute for mental-health assessment
Regulation of passing thoughts	Reflective discipline and responses to impulses	Not equivalent to clinical cognitive therapy
Supplication and reflection	Space for spiritual expression and hope	Does not guarantee symptom reduction
Tawakkul and purposeful effort	Acceptance of limitations alongside practical action	Professional help must remain accessible

Discussion

Thuma'ninah as a Framework of Meaning, Not a Diagnosis or Clinical Outcome

Thuma'ninah in Qur'an 13:28 is more appropriately conceptualized as tranquility associated with faith and remembrance than as a diagnostic category. This orientation may provide religious meaning for some adolescents dealing with uncertainty, social pressure, and repeated negative thoughts. Nevertheless, the relationship remains a conceptual possibility: whether particular practices improve measured outcomes depends on the individual, setting, intervention content, and research design. Scriptural interpretation alone cannot establish a causal effect on clinical anxiety.

The classical expression "diseases of the heart" belongs to theological and ethical vocabulary, whereas anxiety disorders are defined using clinical criteria and qualified assessment. Confusing these registers can create the harmful impression that adolescents experiencing symptoms are spiritually deficient. The article therefore explicitly rejects

interpretations that turn mental illness into evidence of weak faith. Psychospiritual support should instead acknowledge biological, social, and psychological influences alongside the meanings that religious traditions may provide.

International syntheses help explain why such caution is necessary. Cetinkaya and Billings (2024) review Islamic-Sufi spirituality and mental well-being, finding a varied and methodologically heterogeneous body of evidence. The findings offer avenues for culturally situated interpretation rather than universal proof of effectiveness. Owens et al. (2023) likewise map interventions using the Qur'an to promote mental health, while identifying important limits in the evidence base and study contexts. Ghiasi and Keramat (2018) examine listening to Qur'anic recitation, but findings from that specific activity cannot be transferred automatically to all forms of dhikr or to adolescents.

Research on religiosity and mental health among young people does not uniformly indicate benefits. Aggarwal et al. (2023) identify potentially protective aspects of spirituality and religiosity while also drawing attention to forms of religious experience associated with distress. Their findings suggest that the way religious resources are communicated matters as much as the rituals involved. Interpreting anxiety as a failure of faith may increase shame and delay help-seeking. Conversely, listening to adolescents' experiences and offering voluntary spiritual practices better respects their agency and dignity. Mannion et al. (2026) likewise emphasize the complexity and contextual variation of associations between adolescent religiosity and mental health.

Implications for Adolescent Psychospiritual Support

As a preliminary implication rather than a validated protocol, spiritual accompaniment may comprise five elements: recognizing the adolescent's emotions and sources of stress; reading and discussing the meaning of Qur'an 13:28; engaging voluntarily in dhikr or supplication with attention to their meaning; reflecting on aspects of the situation that can be addressed through practical effort; and obtaining support from family, school, or qualified professionals where necessary. These elements are an interpretive proposal, not an evaluated clinical treatment.

Such accompaniment should be based on the adolescent's comfort and informed willingness, respect differences in religious experience, and avoid moral judgments about distress. Persistent anxiety, impaired everyday functioning, or severe symptoms require professional assessment. Nothing in this library-based study supports replacing appropriate counseling, psychotherapy, or medical treatment with remembrance practices alone.

An Indonesian study of dhikr before examinations by Syahdiah et al. (2022) is more directly relevant to adolescent contexts than research involving adult medical patients. Nevertheless, its conclusions must remain bounded by its participants, setting, measurements, and design. Amal and Ningsih (2025) provide an account of a young Muslim participant's experience; narrative depth is a strength of such research, but a single case does not establish generalizable effectiveness. Studies among hemodialysis patients (Wijayanti et al., 2025) and women with breast cancer (NH & Nashori, 2025) indicate that dhikr is being investigated quantitatively in other clinical populations. They cannot be treated as direct evidence of effects among school-aged adolescents.

In educational settings, a four-stage framework may be proposed for subsequent development and validation. The recognition stage helps adolescents identify worries and the circumstances prompting them without moral blame. The spiritual orientation stage considers Qur'an 13:28 alongside meaningful remembrance and supplication. The practical agency stage assists participants in identifying feasible actions, such as preparing for examinations, communicating with caregivers, or requesting support from teachers. The evaluation stage examines participants' experiences, comfort with the spiritual approach, changes in how they perceive challenges, and any need for referral. These stages are not a validated therapeutic package; their duration, materials, indicators, and ethical suitability require further study.

Practice must also be differentiated according to need. For adolescents experiencing mild study-related stress, voluntary religious reflection may be offered as part of broader well-being and coping support, without requiring disclosure of private experiences. When symptoms persist and interfere with schooling or daily life, spiritual mentors should encourage consultation with competent counselors or mental-health professionals. Thoughts of self-harm or other emergencies demand immediate safety responses rather than reliance on rituals alone. This distinction matters because standardized psychological interventions, including cognitive behavioral therapy, possess a more established evidence base for youth anxiety (Pegg et al., 2022; Zhou et al., 2025).

The most defensible practical contribution is a communication framework that brings religious meaning into conversation with the complexity of mental health. Dhikr can be presented as an optional resource for reflection rather than a prerequisite for receiving assistance. Practitioners should avoid promising recovery, attributing blame, or comparing the strength of adolescents' faith. In educational environments, facilitated reflection, optional personal journaling, and contextual discussion of the verse could be accompanied by clear information about professional services. Any subsequent intervention study would require a specified protocol, participant and guardian consent where appropriate, validated outcomes, and monitoring of adverse experiences.

Research across settings further illustrates the limits of generalization. Heryana et al. (2022) discuss dhikr conceptually in relation to bipolar disorder, whereas Rini and Shofiyatun (2023) examine experiences of tranquility during the COVID-19 pandemic. Their purposes, participants, and designs differ substantially from the present inquiry. A review of listening to Qur'anic recitation reports potentially encouraging findings but recommends stronger randomized studies (Ghiasi & Keramat, 2018). The present contribution is therefore narrower: it clarifies religious concepts and their potential relevance and identifies evidence needed before recommending a structured intervention for a particular age group.

The discussion may also be situated alongside nonreligious approaches with larger research programs. Setiawati et al. (2024) survey relaxation techniques for adolescent anxiety and stress in Indonesia, while Christ et al. (2020) review technology-assisted cognitive behavioral therapy and its limitations. These bodies of work indicate the importance of selecting appropriate comparators if a spiritual program is eventually evaluated. Mannion et al. (2026) additionally show that associations between religiosity and adolescent mental health vary across cultural settings. Placing these studies in

dialogue avoids an artificial opposition between spiritual resources and psychological services and instead suggests a possible, carefully bounded area for collaboration.

Conclusion

Qur'an 13:28 links faith, remembrance of God, and tranquility of the heart (thuma'ninah). The traceable interpretation of Ibn Kathir supports an understanding of the heart finding reassurance in reliance upon God. Themes of heedlessness, cultivation of the heart, supplication, and purposeful effort in the source manuscript's discussion of Ibn Qayyim offer a possible conceptual basis for adolescent spiritual accompaniment, subject to verification of the relevant primary editions. The study's central contribution is the argument that thuma'ninah can serve as a framework for psychospiritual meaning and support, not as a clinically validated treatment. Any such support should be voluntary and complement, rather than replace, qualified professional assistance when needed.

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