INTERNATIONAL JOURNAL OF ACADEMIC RESEARCH IN BUSINESS & SOCIAL SCIENCES

Vol 16, Issue 3, (2026) E-ISSN: 2222-6990

Factors Influencing Mental Health and Spiritual Well-Being among Individuals Experiencing Homelessness

Amin Al Haadi Shafie, Nur Faizah Abdul Kahar, Rushdan Mohd Jailani, Mohamad Isa Amat, Nor Hamizah AB Razak, Noratthiah Nordin, Khadijah Hasanah Abang Abdullah

Asian Centre for Research on Drug Abuse (ACREDA), Faculty of Leadership and Management, Faculty of Medicine and Health Sciences, Universiti Sains Islam Malaysia

DOI Link: http://dx.doi.org/10.6007/IJARBSS/v16-i3/27802

Published Date: 14 March 2026

Abstract

Background: Mental health among the homeless population remains a critical public health concern, often exacerbated by systemic marginalization and environmental stressors. While clinical interventions focus on psychological symptoms, the role of spiritual well-being as a protective factor is frequently overlooked. Objective: This study aims to identify the environmental, social, and internal factors that shape the mental and spiritual health of individuals experiencing homelessness with a specific focus on the role of religious knowledge and practice. Methodology: Adopting a qualitative approach, semi-structured in-depth interviews were conducted with 20 Malaysian respondents (aged 18–60) in the Chow Kit area of Kuala Lumpur. Data were analyzed using thematic analysis, guided by the principles of data saturation and member checking. Findings: The results indicate that homelessness functions as a chronic stressor that degrades mental stability through hypervigilance and social isolation. However, spiritual well-being acts as a vital "psychological buffer." Key themes identified include religion as a tool for self-regulation (sabar), the therapeutic power of ritual prayer (solat), and the role of theological acceptance (redha) in mitigating existential despair. Respondents utilized religious literacy to reframe their hardships as divine trials, fostering resilience. Conclusion: The study concludes that spiritual well-being is an essential determinant of mental health for the homeless. Policy recommendations include the integration of "Spiritual First Aid" and culturally congruent psychological support within existing social welfare frameworks. A holistic care model addressing the physical, mental, and spiritual is necessary for the long-term recovery of marginalized urban populations.

Keywords: Homelessness, Mental Health, Spiritual Well-Being, Chow Kit, Qualitative Research, Resilience

Introduction

Mental and spiritual health are critical dimensions of individual well-being, particularly for the homeless population who frequently encounter multifaceted and rigorous life challenges. The Chow Kit area in Kuala Lumpur is identified as a location with a high density of homeless individuals. According to *Kamus Dewan* (2005), the term *gelandangan* (homeless) is derived from the Indonesian word *gelandang*, or its verbal form *bergelandang*, meaning to wander aimlessly. In Malaysia, the homeless are categorized as "destitute persons," and legal provisions regarding this group are enforced under Act 183: Destitute Persons Act 1977. The primary function of this Act is to provide protection, rehabilitation, and regulation of destitute persons and vagrants to mitigate social issues. Destitute persons are defined as individuals who beg or solicit alms in public spaces to the point of causing public unease as well as those who loiter and lack fixed employment or permanent housing.

A segment of this population comprises individuals who have migrated from rural to urban areas in search of new opportunities driven by the forces of modernization and industrialization. This phenomenon has catalyzed a socio-cultural transition from a culture of communal solidarity to a modern culture of "interest-based associations" (Abdul Rasyid Moten & Mohamed Ridza Wahiddin, 2019). Wratten (1995) categorizes the homeless within the definition of relative poverty, noting that they often constitute a subset of the urban poor. This is further corroborated by Nor Zuraida Hasan (2012), who posits that the homeless population in Malaysia aligns with the socio-economic conceptualization of poverty. This study aims to explore the lived experiences and perceptions of the homeless regarding their mental and spiritual health, while identifying the factors that influence their overall well-being.

The motivation for this research arises from the limitation of conventional clinical frameworks in addressing the psychological resilience of the homeless in non-Western, Muslim-majority contexts. While systemic and economic factors of homelessness are well-documented, there remains a critical knowledge gap regarding the internal 'spiritual architecture' that prevents total mental collapse among the urban poor. This study is driven by the need to explore how religious literacy, specifically the concepts of Sabar and Redha functions as a primary survival mechanism when formal social safety nets fail.

Problem Statement

Despite Malaysia’s rapid industrialization and urban development, the phenomenon of homelessness in areas like Chow Kit persists as a critical socio-economic challenge. While the Destitute Persons Act 1977 (Act 183) provides a legal framework for the protection and rehabilitation of "Orang Papa" (destitute persons), current interventions often focus on physical survival and administrative control rather than the deeper dimensions of mental and spiritual health.

The shift from rural communal solidarity to a modern, "interest-based" urban society has left many migrants marginalized and alienated. There is a significant gap in understanding how these individuals perceive their own internal well-being and how spiritual resilience influences their survival. Furthermore, while the Malaysia MADANI vision promotes a compassionate and inclusive society, there is a lack of empirical research on how its pillars such as Ihsan (Compassion) and Kesejahteraan (Well-being) can be practically operationalized to uplift the

homeless at the grassroots level. Without addressing these mental and spiritual voids, rehabilitation efforts remain superficial and fail to achieve long-term social reintegration.

Therefore, a deeper understanding of spirituality as a protective factor is essential to enhance current prevention strategies and support more holistic, culturally aligned interventions in Malaysia's high-risk communities

Literature Review

Mental Health

According to Galderisi (2015), mental health is recognized as a dimension of overall health that spans a spectrum from high-level well-being to severe illness, emphasizing the primary role of positive emotions, self-efficacy, and positive functioning. Furthermore, mental health has emerged as a major public health issue affecting the social, emotional, and psychological well-being of individuals across all walks of life. According to the Malaysian Mental Health Association (2018), mental health is a necessity for every individual; this is because mental health does not merely refer to the absence of mental illness, but also encompasses an individual's overall well-being, happiness, and the capacity to cope with current life situations. In the contemporary era, mental illness is among the leading causes of health problems and disability, directly affecting more than 450 million individuals worldwide (World Health Organization [WHO], 2020). Previous studies indicate that individuals experiencing homelessness face various mental health challenges, including depression, anxiety, and emotional distress (Brown et al., 2016). A study by Fazel et al. (2014) found that the level of mental health among the homeless population is significantly lower than that of the general population. Factors such as economic instability, a lack of social support, and traumatic experiences are frequently associated with poor mental health outcomes among the homeless.

Spiritual Well-Being among Individuals Experiencing Homelessness

Spiritual well-being is increasingly recognized as a critical component of holistic health, particularly for those facing extreme marginalization. According to Fisher (2011), spiritual well-being involves a state of harmony that arises from an individual's relationships with themselves, others, the environment, and a transcendent dimension which is often referred to as a Higher Power. For individuals experiencing homelessness, spirituality often serves as a primary "psychological buffer" against the despair of their circumstances. Research by Pargament (2011) suggests that "spiritual coping" is the use of religious or spiritual beliefs to understand and adapt to life stressors that can significantly mitigate the symptoms of depression and anxiety identified by Fazel et al. (2014).

Furthermore, spiritual well-being provides a sense of "ontological security" or a stable sense of self, which is often stripped away by the loss of a physical home and social status. For the individuals experiencing homelessness, spirituality is not merely a matter of religious affiliation but a quest for meaning, purpose, and hope amidst systemic failure. Studies have shown that when individuals maintain a high level of spiritual well-being, they report higher levels of resilience and a greater motivation to seek out rehabilitation and housing services (Spaneas et al., 2022). Therefore, addressing spiritual needs is not an alternative to clinical mental health care, but rather a complementary necessity in fostering long-term recovery and human dignity.

Research Objectives

The purpose of this study is to identify the specific factors such as environmental, social, and internal factors that shape the mental and spiritual health of individuals that experiencing homelessness in which one must adopt a socio-ecological perspective that views the individual within their broader context

Methods

Research Design

This study adopts a qualitative research design. According to Kalbin Salim (2018), qualitative research is an approach that presents and analyzes phenomena, events, social activities, perceptions, and the thoughts of individuals or groups. Qualitative research emphasizes the process and content rather than testing or measuring data in terms of quantity or frequency. For this study, the researchers will utilize the following methods: (1) In-depth Interviews; (2) Document Analysis; and (3) Observation.

Population

The population of this study consists of individuals experiencing homelessness residing in the Chow Kit area of Kuala Lumpur. This group includes individuals without permanent shelter who are frequently found on the streets, in temporary shelters, or in halfway houses provided by NGOs and government agencies.

Sampling

This study will utilize a purposive sampling technique. Also known as judgmental or selective sampling, this method is applied when the population under study is difficult to access or too heterogeneous to employ probability sampling methods (Campbell et al., 2020). According to Chua Yan Piaw (2005), this refers to a sampling procedure where a group of subjects possessing specific characteristics is selected as research respondents. For this study, respondents will be selected based on the following inclusion criteria: (1) Individuals currently experiencing homelessness in the Chow Kit area; (2) Malaysian citizens; (3) Aged 18 years and above; (4) Willing to share their experiences through interviews; and (5) Proficient in speaking and understanding the national language (Bahasa Malaysia).

Individuals who do not meet these criteria will be excluded from the study. This technique was chosen because it is highly suitable for qualitative research requiring a deep understanding of a target group with unique lived experiences. Furthermore, snowball sampling will also be employed, whereby interviewed individuals can suggest other suitable participants for the study. Through this technique, the sample size grows as each additional subject recruits further participants (Rahman, 2023).

Data Analysis

The qualitative data obtained from the research respondents through interviews, observations, and document analysis were subjected to thematic analysis. This process involved transcribing the data, followed by identifying, categorizing, and coding key themes based on the frequency and consistency of responses. The emerging themes were interpreted to address the research questions and subsequently propose and formulate strategies to enhance the well-being of this homeless population.

Results and Discussion

Results

Impacts of Interpersonal Relationships on Mental Health

The interviews revealed interpersonal relationships among the homeless in Chow Kit. Some respondents reported a state of absolute disaffiliation, explicitly stating they had no surviving ties with siblings or kin. For individuals like R3, homelessness is characterized by absolute social isolation, where even primary kinship ties between siblings have been severed.

"I don't have anyone. I don't even have siblings." (R3)
"Saya tak ada siapa-siapa. Adik beradik pun tak ada." (R3)

To cope with the volatility of street life, some individuals practiced social withdrawal, intentionally avoiding close relationships to mitigate interpersonal stress or "headaches. Respondents like R4 adopt avoidant coping mechanisms, intentionally distancing themselves from social interactions to avoid "headaches" or interpersonal conflict.

"I don't have anyone. As people here say, I don't want any 'headaches' (troubles)." (R4)
"Saya tak ada sesiapa . Macam yang lain cakap, saya tak mau pening-pening." (R4)

However, the data also highlights the vital role of institutional social capital. For instance, respondents noted feeling a sense of family only when within the Ar-Riqab Center, suggesting that structured religious or social environments can successfully replace lost familial bonds. R13 noted that the sense of belonging found within the Ar-Riqab Center surpassed the emotional support previously received from their biological family. This underscores the importance of spiritual-social hubs in restoring a sense of identity.

"When I was with my own family, I didn't feel like this (feeling a sense of family while being inside the Ar-Riqab Center)." (R13)
"Bila dengan keluarga sendiri tak rasa macam ni (rasa ada keluarga bila berada di dalam Pusat Ar-Riqab)." (R13)

Conversely, the skeptical gaze of the general public remains a significant external stressor. This perceived stigma acts as a psychological burden that erodes the individual's sense of self-worth and belonging within the broader Malaysian society. R15 and R16 highlight the damaging effects of community indifference and the urgent need for social collective support to bridge the gap between marginalized individuals and the wider public.

"As for the community, my view is distant. The community looks at us with indifference or skepticism." (R15)
"Kalau masyarakat memang pandangan saya jauh lah. Masyarakat tengok kita orang ye tak ye je lah." (R15)

"The community should also provide strong support... We need solid support from the local community." (R16)
"Masyarakat sepatutnya bagi sokongan yang padu juga lah... kami dekat sini perlukan sokongan padu daripada masyarakat setempat." (R16)

The mastery of religious knowledge and the consistency of its practice in influencing spiritual well-being

The mastery of religious knowledge and the consistency of its practice significantly influence spiritual well-being by providing an interpretive framework for suffering and a structured means of achieving internal stability. It serves as foundational pillars for spiritual well-being. Knowledge provides the conceptual framework for individuals to find meaning in suffering, while consistent religious practice offers a therapeutic rhythm that fosters emotional stability. For the homeless population, this synergy often results in higher levels of hope and a reduced sense of existential despair. Hence, it can be divided into two different core dimensions which are, (1) Cognitive Dimension (Knowledge) and (2) Behavioral Dimension (Practice). Together, these elements act as a protective buffer, enabling individuals to maintain a sense of purpose and dignity despite the absence of stable physical housing.

Cognitive Dimension (Knowledge) explaining how understanding religious teachings such as the concepts of sabar and qada' and qadar helps individuals reframe their homeless situation not as a personal failure, but as a spiritual test.

The data suggests that patience (sabar) is not merely a passive state but an active form of emotional self-regulation. As noted by Respondent 2 (R2), the internal discipline to remain patient is reinforced by the ritual of verbal gratitude, specifically the recitation of Alhamdulillah. This indicates that spiritual practice acts as a grounding mechanism during times of crisis.

"We control ourselves to be patient; that is why for everything that happens, we always say Alhamdulillah (Praise be to God).” (R2)

“Kita control diri kita untuk sabar,sebabtu setiap apa yang berlaku sentiasa ucap alhamdulillah.” (R2)

Furthermore, Respondent 3 (R3) illustrates a high degree of theological resignation and trust in Divine Providence, stating an unconditional acceptance of their circumstances. This radical acceptance is a key factor in the spiritual well-being of the homeless in Chow Kit, as it prevents the psychological distress that often arises from resisting uncontrollable life events.

"Just be patient. Whatever He gives, I simply accept it." (R3)

“Sabarlah. Dia kasi apa pun saya terima saja.” (R3)

The thematic analysis further reveals that for some individuals, spiritual well-being is not complex but rather foundational. Respondent 4 (R4) articulated a distilled form of resilience, placing the foundation of his well-being upon faith in God. This suggests that a singular, unwavering belief system acts as an anchor, simplifying the internal mental landscape and providing a sense of security that the external environment which is the streets of Chow Kit cannot offer.

"I believe in God" (R4)

“Saya percaya Tuhan” (R4)

The findings suggest that for individuals in Chow Kit, religion serves as a vital tool for self-regulation, enabling them to maintain patience (sabar) despite the volatility of street life. This

internal discipline is rooted in a profound conviction in Divine assistance, where the belief that God provides for every servant acts as a primary source of hope. This spiritual reliance transforms their perception of hardship, shifting it from a state of despair to a period of spiritual refinement. Hence, it shows that religious knowledge provides the cognitive tools necessary to reframe homelessness from a narrative of personal failure to one of spiritual endurance and divine trial.

Meanwhile, Behavioral Dimension (Practice) explains how consistent rituals such as prayer or solat, dhikr, or community religious classes provide a sense of routine, discipline, and "internal peace" amidst the chaos of street life.
The qualitative data highlights that spiritual practices serve as a non-clinical therapeutic intervention for them. For R1, religious practice fosters self-reflection (muhasabah), which acts as a cognitive tool for stress management.

"Religious practices enable self-reflection (muhasabah) and the management of the pressures I face." (R1)
“amalan agama membolehkan saya bermuhasabah (refleksi diri) dan mengawal tekanan yang dihadapi.” (R1)

This is echoed by R14 and R16, who specifically identify ritual prayer (solat) as a direct antidote to psychological restlessness and negative thought patterns.

"Yes, it helps a lot. It helps with feelings of stress, when I pray, it can eliminate restlessness." (R14)
"Ada, tolong sangat. Membantu dari segi rasa tertekan, bila sembahyang boleh hilangkan resah." (R14)

"I practice two cycles of voluntary prayer (solat sunat), because through this, we can avoid those things (negative thoughts/stress).” (R16)
"Saya amalkan solat 2 rakaat, sunat, sebab benda ini kita boleh terhindar daripada benda-benda yang itu. (Fikiran negatif/stress)” (R16)

Furthermore, the concept of constant remembrance (dhikr), as mentioned by R5, creates a "spiritual proximity" to Divine help. This belief system performs a crucial function in reframing hardship; by believing in guaranteed Divine assistance, the subjective experience of suffering is "indirectly reduced," effectively lowering the threshold of existential pain associated with homelessness.

“I believe that by constantly remembering Allah, I will receive His assistance, which indirectly reduces the hardships in life." (R5)
“Saya percaya, bahawa dengan sentiasa mengingati Allah, saya akan mendapat bantuan-Nya, yang secara tidak langsung mengurangkan rasa susah dalam hidup. (R5)

Complementing this, the consistent engagement in religious practices such as prayer, meditation, and communal worship offers a therapeutic routine that fosters emotional regulation and a sense of belonging.

Discussion

The findings of this study demonstrate a profound synergy between internal spiritual mechanisms and external social structures in maintaining the mental health of the homeless in Chow Kit. While respondents utilize individual spiritual tools such as patience (sabar), gratitude (alhamdulillah), and theological acceptance (redha) to regulate the immediate emotional distress of street life, these internal states are significantly bolstered by institutional belonging.

As highlighted by the data, the Ar-Riqab Center functions as more than a physical shelter; it serves as a "spiritual-social surrogate" that restores the kinship ties lost through familial disaffiliation. For individuals like R13, the sense of family found within a religious-institutional framework outweighs previous biological ties, suggesting that spiritual kinship can effectively mitigate the psychological trauma of "social death." However, this internal resilience remains under constant pressure from external societal stigma. While respondents like R5, R14 find "internal peace" through prayer and divine remembrance, their "external peace" is often disrupted by the skeptical and indifferent gaze of the public (R15, R16). Therefore, the study concludes that true mental health recovery for the homeless requires a dual-track intervention; fostering individual spiritual fortitude while simultaneously dismantling the community-level stigma that prevents total social reintegration.

Besides that, the qualitative data from this study highlights that spiritual rituals serve as a vital non-clinical therapeutic intervention for individuals experiencing homelessness. Respondents R14 and R16 specifically identified ritual prayer (Solat) as a direct antidote to psychological restlessness and negative thought patterns. This finding aligns with research by Koenig (2012), who posits that religious practices provide a structured coping framework that reduces cortisol levels and mitigates symptoms of anxiety. In the context of the Malaysian homeless, the act of prayer functions as a ritual, offering a moment of sanctuary from the chaotic street environment.

Furthermore, the concept of self-reflection (muhasabah) mentioned by R1 suggests a high level of meta-cognitive awareness. According to Pargament et al. (2011), "positive spiritual coping which includes seeking spiritual support and religious forgiveness is strongly associated with better mental health outcomes and post-traumatic growth.” For the homeless in Chow Kit, muhasabah allows for the processing of trauma without the immediate availability of professional counseling.

The belief in Divine assistance, as articulated by R5, functions as a mechanism for reframing hardship. By maintaining the conviction that "remembering Allah" leads to His help, respondents effectively lower their subjective perception of suffering. This is supported by Adegbola (2011), who argues that spiritual well-being acts as a buffer that protects the individual’s internal sense of peace even when external quality of life indicators such as housing and income are critically low. Collectively, these findings suggest that for the homeless, spirituality is not merely a set of beliefs but a functional toolkit for survival and mental preservation.

Conclusion

This study concludes that mental health and spiritual well-being are inextricably linked among the homeless population in Malaysia. While homelessness is an environmental and economic crisis, the data from R1 through R20 demonstrates that the internal architecture of faith, patience, and religious ritual provides the resilience necessary to survive. As noted by Fazel et al. (2014), clinical needs are high, but as this research shows, spiritual well-being is the "buffer" that prevents total psychological collapse. To truly address the homelessness crisis in Chow Kit, the state and civil society must adopt a holistic care model that honors the mind, the body, and the spirit.

To conclude, this study contributes to the literature on social dislocation by introducing the framework of 'Institutional Spiritual Kinship.' It demonstrates that religious-based centers do not merely provide physical refuge but serve as surrogate family structures that counteract 'social death.' Practically, this research provides a roadmap for NGOs and policymakers to move toward a Holistic Care Model, integrating 'Spiritual First Aid' alongside clinical mental health services. By validating the efficacy of indigenous coping strategies, this study offers a culturally-congruent approach to rehabilitating marginalized urban populations in Malaysia and beyond.

References

Adeeb, N., & Bahari, R. (2017). The effectiveness of psycho-spiritual therapy among mentally ill patients. *Journal of Depression and Anxiety, 6*(2).

Adegbola, M. (2011). Spirituality and quality of life in chronic illness. Journal of Theory Construction & Testing, 15(2), 42–50.

Bronfenbrenner, U. (1979). The ecology of human development: Experiments by nature and design. Harvard University Press.

Ellison, C. G., & Lee, J. (2010). Spiritual struggles and psychological distress: Is there a dark side of religion? Social Indicators Research, 98(3), 501–517. https://doi.org/10.1007/s11205-009-9553-3

Fallot, R., & Heckman, J. (2019). Spirituality and substance abuse recovery: A protective factor framework. Journal of Community Psychology, 47(3), 567–580.

Fazel, S., Geddes, J. R., & Kushel, M. (2014). The health of homeless people in high-income countries: Descriptive epidemiology and identification of health-related priorities. The Lancet, 384(9953), 1529–1540. https://doi.org/10.1016/S0140-6736(14)61132-6

Goffman, E. (1963). Stigma: Notes on the management of spoiled identity. Prentice-Hall.

Hardy, S. A., Pratt, M. W., Pancer, S. M., Olsen, J. A., & Lawford, H. L. (2019). The spiritual identity of youth and its protective role against risk behaviors. Journal of Adolescence, 72, 21–32. https://doi.org/10.1016/j.adolescence.2019.02.006

Hodge, D. R. (2012). Spirituality and Mental Health among Homeless Mothers. Journal of Public Child Welfare.

Kelly, J. F., Eddie, D., & Miller, M. (2020). Spirituality in recovery: The new frontier of addiction science. Addiction Research & Theory, 28(5), 389–398. https://doi.org/10.1080/16066359.2020.1726511

Koenig, H. G. (2012). Religious versus conventional cognitive-behavioral therapy of depression. The Journal of Nervous and Mental Disease, 200(9), 799–805. https://doi.org/10.1097/NMD.0b013e318266bb6c

Koenig, H. G. (2015). Religion, spirituality, and health: A review and update. Advances in Mind-Body Medicine, 29(3), 19–26.

Koenig, H. G. (2018). Religion and mental health: Research and clinical applications. Academic Press.

Lu, J., & Potts, C. A. (2021). An Exploration of Spiritual Well-being Among Homeless People. Journal of Religion and Health.

Miller, W. R. (2013). Addiction and spirituality in context: A review of the literature. Substance Use & Misuse, 48(12), 1310–1316.

Miller, W. R., & Thoresen, C. E. (2019). Spirituality, religion, and health: An emerging research field. American Psychologist, 74(6), 740–752. https://doi.org/10.1037/amp0000487

Pargament, K. I. (1997). The psychology of religion and coping: Theory, research, practice. Guilford Press.

Pargament, K. I. (2013). Spiritually integrated psychotherapy: Understanding and addressing the sacred. Guilford Press.

Pargament, K. I., Feuille, M., & Burdzy, D. (2011). The RCOPE: A brief measure of religious coping with major life stressors. Journal of Behavioral Medicine, 34(1), 51–76. https://doi.org/10.1007/s10865-010-9285-y

Radhakrishnan, et al. (2021). Supporting Severe Mental Illness and Homelessness: The Banyan Model.

Rutter, M. (1987). Psychosocial resilience and protective mechanisms. American Journal of Orthopsychiatry, 57(3), 316–331. https://doi.org/10.1111/j.1939-0025.1987.tb03541.x

SAMHSA (2025). National Survey on Drug Use and Health: Mental Health Barriers in Vulnerable Populations.

Steger, M. F., Frazier, P., Oishi, S., & Kaler, M. (2008). The meaning in life questionnaire: Assessing the presence of and search for meaning in life. Journal of Counseling Psychology, 53(1), 80–93. https://doi.org/10.1037/0022-0167.53.1.80