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Increasing Adolescents' Religiosity and Resilience through Islamic Spiritual Mindfulness

Aumentar la religiosidad y la resiliencia de los adolescentes a través de la conciencia espiritual islámica

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SUMMARY

Introduction: *Adolescence is a transitional period between childhood and adulthood, making it prone to various deviant behaviors due to dramatic bio-psycho-social and spiritual maturity changes. Islamic spiritual mindfulness is an effort to build self-awareness that drives an individual to do good deeds. This study aimed to determine the effects of Islamic spiritual mindfulness on increasing religiosity and resilience among Indonesian adolescents.*
Methods: *This study used a pretest-posttest quasi-experimental research design with a control group. The samples were 174 students in Vocational High School. They were randomly assigned to the intervention group (n=87) that received the Islamic spiritual mindfulness treatment and the control group (n=87) that did not receive such treatment. Data were collected using the Adolescent Resilience Scale (ARS) and analyzed using paired and unpaired t-tests.*
Results: *The results showed that after the intervention, the mean values of religiosity and resilience in the intervention group were 50.30±6.59 with a p-value = 0.0001 and 3.73±0.35 with a p-value = 0.0001, respectively. In the control group, the mean values of religiosity and resilience were 46.36±8.44 with a p-value = 0.070, and 3.52±0.57 with a p-value = 0.220, respectively. Further analysis showed that the mean difference in student religiosity was 3.94 and p-value = 0.001, with an effect size of 0.56. Meanwhile, the mean difference in student resilience was 0.21 and the p-value = 0.003, with an effect size of 0.46.*
Conclusion: *Islamic spiritual mindfulness is highly effective in increasing religiosity and resilience in adolescents. Islamic spiritual mindfulness is recommended to be implemented to improve mental health in adolescents.*

Keywords: *Islamic spiritual mindfulness, religiosity, resilience.*

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RESUMEN

Introducción: *La adolescencia es un período de transición entre la niñez y la edad adulta, lo que la hace propensa a diversos comportamientos desviados debido a cambios drásticos en la madurez biopsicosocial y espiritual. La atención plena espiritual islámica es un esfuerzo por desarrollar la autoconciencia que impulsa a una persona a realizar buenas obras. Este estudio tuvo como objetivo determinar los efectos de*

la atención espiritual islámica en el aumento de la religiosidad y la resiliencia entre los adolescentes de Indonesia.

Métodos: *Este estudio utilizó un diseño de investigación cuasi-experimental pretest-postest con un grupo de control. La muestra fueron 174 estudiantes de Enseñanza Media Profesional. Fueron asignados aleatoriamente al grupo de intervención (n=87) que recibió el tratamiento de mindfulness espiritual islámico y al grupo de control (n=87) que no recibió dicho tratamiento. Los datos se recopilaron utilizando la Escala de resiliencia adolescente (ARS) y se analizaron mediante pruebas t pareadas y no pareadas.*

Resultados: *Los resultados mostraron que después de la intervención, los valores medios de religiosidad y resiliencia en el grupo de intervención fueron 50,30±6,59 con p-valor = 0,0001 y 3,73±0,35 con p-valor = 0,0001, respectivamente. En el grupo control, los valores medios de religiosidad y resiliencia fueron 46,36±8,44 con p = 0,070 y 3,52±0,57 con un valor de p = 0,220, respectivamente. Un análisis posterior mostró que la diferencia media en la religiosidad de los estudiantes fue de 3,94 y un valor de p = 0,001, con un tamaño del efecto de 0,56. Mientras tanto, la diferencia media en la resiliencia de los estudiantes fue de 0,21 y el valor de p = 0,003, con un tamaño del efecto de 0,46.*

Conclusión: *la atención plena espiritual islámica es muy eficaz para aumentar la religiosidad y la resiliencia en los adolescentes. Se recomienda implementar la atención plena espiritual islámica para mejorar la salud mental en los adolescentes.*

Palabras clave: *Mindfulness espiritual islámico, religiosidad, resiliencia*

INTRODUCTION

Mental health is a condition of emotional, psychological, social, and spiritual health where this condition can be seen in satisfying interpersonal relationships (1-3). World Health Organization (WHO) reported that around 35 million people were stressed, 60 million people were affected by bipolar disorder, 21 million people were affected by schizophrenia, and 47.5 million people were affected by dementia (4). The incidence of mental disorders in Indonesia, such as emotional and mental, showed an increase by 3.8 % from 6.0 % in 2013 to 9.8 % in 2018 of the total population of Indonesia aged above 15 years. The symptoms include stress, anxiety, and depression (5-7). The previous study showed the determination of mental health status among adolescents in the Kenya province of Turkey; from 176 adolescents, it was found that 52 % of adolescents were at risk of experiencing mental-emotional disorders (8). Age can also affect individuals in responding to stressors because age is one of the factors that can affect individual coping (9-11). This is because adolescence is a transitional age from childhood to adulthood. The tendency of the coping mechanisms to respond to stressors is maladaptive coping, which can cause mental-emotional disorders and deviant behaviour (12,13)gender, and place of residence (p>0.05. Maladaptive copings include disregarding problems, avoiding others, blaming others, consuming alcohol, stopping studies, and committing suicide (14). Another factor that may cause deviant behaviours in adolescents is the transition from childhood to adulthood, making them vulnerable to the emergence of various abnormal behaviour problems due to dramatic changes in bio-psycho-social and spiritual maturity (15).

The problem of deviant behaviour in adolescents will increase when adolescents are less able to adjust to various changes in bio-psycho-social and spiritual maturity. It can cause pressure that has the potential to cause behavioural deviations (16). The bio-psycho-social and spiritual maturity of adolescents cannot be separated from the religiosity and resilience possessed by adolescents. The higher one's religiosity can increase resilience to increase positive thinking skills and the ability to make decisions appropriately according to the problems faced (17). A positive perception response is a manifestation of one's resilience because resilience is an essential character of an individual's ability to deal with life's stressors, so resilience is significant for adolescents as a provision to be able to adapt positively to face the rigors of life's journey (18). The higher the resilience, the lower the psychological distress experienced, and the lower the resilience, the higher the psychological distress experienced (19,20). Based on a preliminary study conducted by researchers at Sritanjung Banyuwangi Vocational School by distributing questionnaires to one class with a total of 35 respondents, it was found that 20 respondents were known to tend to do maladaptive coping

when responding to stressors and then measured the level of religiosity and resilience entirely in the low category.

The level of religiosity influences a person's level of resilience, meaning that the higher a person's spiritual level, the higher the level of resilience possessed by that person, so religiosity is a very decisive factor for adolescents to build resilience character (21). The spiritual approach plays a vital role in expressing feelings and providing comfort for someone by increasing religiosity and encouraging the perpetrator to be closer to God (22). Based on this, it can be concluded that increasing religiosity and resilience in adolescents can be done with a spiritual-based therapeutic approach. The most identical intervention to the process of spiritual, cultural, and ethnic aspects is Islamic spiritual mindfulness (23). High levels of mindfulness are associated with increased Islamic spiritual well-being (24). The mindfulness-based approach has also been tested for effectiveness, suitability, and acceptance based on the culture and religion of the mindfulness-based stress reduction (MBSR) program in Muslim residents in the United Arab Emirates (25). The mindfulness therapy approach to building spiritual values has proven more effective. This is because mindfulness is closely related to spirituality and has a strong relationship between the two (26); basically, this mindfulness-based intervention comes from eastern spiritual traditions, especially Buddhism (25). Researchers are currently interested in developing a mindfulness intervention package based on Islamic spirituality to increase religiosity and resilience in adolescents. This is because mindfulness interventions based on Islamic spiritual teachings have not been widely developed.

METHODS

Design and Setting

This study employed a pretest-posttest quasi-experimental design with a control group. The respondents in the intervention group were given Islamic spiritual mindfulness. In contrast, those in the control group were not given any treatment, but they were asked to continue their activities, as usual, to increase religiosity and resilience independently. This study was conducted in Banyuwangi, Indonesia.

Samples

The population of this study was all students of class XII in one school in Banyuwangi, with a total of 210 students. The samples were selected based on a particular consideration made by the researchers following the characteristics of the population or the inclusion and exclusion criteria so that all respondents had the same level or category of confounding factors. 174 students were obtained and were randomly divided into two groups, namely the intervention group (n=87) that received the Islamic spiritual mindfulness and the control group (n=87) that did not receive any treatment. The researchers conducted a single-blind technique in which the respondents did not know their participation status, or whether they were included in the intervention or control group. Such a design could minimize confounding factors that could cause bias in the study results.

Interventions

The experimental group in this study was given an Islamic spiritual mindfulness intervention, while the control group in this study was not given any treatment, but respondents were asked to continue to do activities, as usual, to increase religiosity and resilience independently. The intervention was given six times. At the first meeting, the researchers measured the level of religiosity and resilience in the experimental and control groups to get the value of the level of religiosity and resilience of respondents before being given treatment. Furthermore, the experimental group carried out an Islamic spiritual mindfulness intervention. In contrast, the researchers did not provide any intervention in the control group. Still, respondents were asked to continue to carry out activities that respondents usually carry out to increase religiosity and resilience independently. From the second meeting until the fifth meeting, the researchers checked the students' ability to do Islamic spiritual mindfulness independently in the experimental group, while in the control group, the researchers

also checked the respondents' independent activities in increasing religiosity and resilience through the separate activity schedule given to respondents at the first meeting. Furthermore, the researchers carried out supportive education to be able to support students to do it independently. Finally, the sixth meeting of the researchers measured the level of religiosity and resilience in the experimental group and the control group to get the value of the level of religiosity and resilience of respondents after being given treatment.

Measurement

The study utilized the Adolescent Resilience Scale (ARS) to measure resilience among the respondents. The ARS consists of 21 items with a maximum value of 5 and a minimum of 1. This scale has been tested for validity and reliability, with a reliability value of 0.630.

Data analysis

Before analyzing the data, the researchers conducted the Kolmogorov-Smirnov test to determine the data distribution in each group. Then, the collected data were analyzed using paired and unpaired t-tests. The effect size was also selected.

Ethical Consideration

This research has received approval from the research site health research ethics committee Sekolah Tinggi Ilmu Kesehatan Banyuwangi institute of health EC No: 576/KEPK/STIKES-BWI. Respondents who agreed to participate in this research signed an informed consent provided by the researchers. The respondents were requested to use an initial to maintain their privacy. The researchers guaranteed all respondents' confidentiality from the results of this study and maintained the principle of justice in that after giving interventions to the intervention group and processing it into research data, the respondents in the control group would be given similar interventions as the intervention group. Therefore, each intervention in this study did not have the potential to harm the research site and research respondents.

RESULTS

The general characteristics of respondents in this study included age, gender, socioeconomic status, parental education, and family status, as presented in Table 1.

Table 1 shows that the mean age of respondents in the intervention group was 17.23 (SD=0.64). Most respondents were female (n=78; 90 %) and came from a family with a high income or above the regional minimum wage (n=53; 61 %). Furthermore, most respondents reported that their parents' elementary school education (n=33; 38 %) and had an intact family (n=69; 79 %). Meanwhile, in the control group, the mean age was 17.39 (SD=0.62). A majority were females (n=73; 84 %) and came from a family with high income or above the regional minimum wage (n=54; 62 %). In addition, most respondents reported that their parents' education was elementary and high school (n=29; 38 %) and had an intact family (n=64; 74 %).

The level of religiosity and resilience before and after the intervention in the intervention group and the control group is presented in Table 2.

Table 2 shows that, in the intervention group, the mean value of religiosity before the intervention was 46.48±6.36, and after the intervention, the mean was 50.30±6.79 with a p-value of 0.001 or $p<0.05$. It means that there was a difference in the value of religiosity among the students before and after implementing Islamic spiritual mindfulness, with a mean difference of -3.82. Meanwhile, the mean value of resilience before and after the intervention was 3.43±0.47 and 3.73±0.35, respectively, with a p-value of 0.001 or $p<0.05$, indicating a meaningful difference in the value of resilience before and after the intervention with a mean difference of -0.30.

Table 3 shows that the mean religiosity before and after the intervention was 47.48±9.20 and 46.36±6.79, respectively, with a p-value of 0.07 or $p>0.05$. It means a meaningful difference

Table 1

General Characteristics of Respondents

Characteristics	Intervention Group		Control Group		Total	
	n	%	n	%	n	%
Age	M±SD 17.23±0.64		M±SD 17.39±0.62		M±SD 17.31±0.63	
Gender						
Male	9	10	14	16	23	13
Female	78	90	73	84	151	87
Social-economic status						
High	53	61	54	62	107	61
Low	34	39	33	38	67	39
Parents' education						
Elementary	33	38	29	33	62	36
Junior high	22	25	20	23	42	24
Senior high	30	35	29	33	59	34
Bachelor degree	2	2	9	10	11	6
Family status						
Not divorced	69	79	64	74	133	76
Divorced	18	21	23	26	41	24
Total	87	100	87	100	174	100

Table 2

Level of Religiosity and Resilience in Respondents before and after the Intervention in the Intervention Group

Variable	Time of Measurement	n	Mean	S.D.	Mean Difference	t	p-value
Religiosity	Before intervention	87	46.48	6.36	-3.82	-10.86	0.001
	After intervention	87	50.30	6.59			
Resilience	Before intervention	87	3.43	0.47			
	After intervention	87	3.73	0.35	-0.30	-8.08	0.001

Table 3

Level of Religiosity and Resilience in Respondents before and after the Intervention in the Control Group

Variable	Time of Measurement	n	Mean	SD	Mean Difference	t	p-value
Religiosity	Before intervention	87	46.48	6.36	-3.82	-10.86	0.0001
	After intervention	87	50.30	6.59			
Resilience	Before intervention	87	3.43	0.47	-0.30	-8.08	0.0001
	After intervention	87	3.73	0.35			

between the value of religiosity before and after the intervention with a mean difference of -1.12. On the other hand, the mean value of resilience before and after the intervention was 3.47±0.45

and 3.52±0.57, respectively, with a p-value of 0.22 or p>0.05, indicating that there was no meaningful difference in the mean values before and after the intervention with a mean difference of 0.05.

The differences in the value of religiosity and resilience between the intervention group and the control group after the intervention are presented in Table 4.

Table 4

Differences in the Level of Religiosity and Resilience between the Intervention Group and the Control Group before and after the Intervention

Variables	Groups	Time of Measurement	n	Mean	S.D.	Mean Difference	t	p-value	E.S.
Religiosity	Intervention	Before	87	50.30	6.59	3.94	3.43	0.001	0.56
	Control	After	87	46.36	8.44				
Resilience	Intervention	Before	87	3.73	0.35	0.21	2.97	0.003	0.45
	Control	After	87	3.52	0.57				

Table 4 shows significant differences in the mean value of religiosity between the intervention and control groups after the intervention, with a mean difference of 3.94 and p=0.001, with an effect size value of 0.56. There was also a significant difference in resilience between the intervention and control groups after the intervention, with a mean difference of 0.21 and p=0.003, with an effect size of 0.45.

During the Islamic spiritual mindfulness training, the respondents were taught techniques for developing self-awareness. The steps included intention, introspection, body scan, repentance, prayer, trust, and relaxation. During the practice, some individual responses from the respondents at each spiritual mindfulness stage were observed and presented in Table 5.

Table 5

Process and Responses of Respondents during Islamic Spiritual Mindfulness

Stages	Process and Responses
Intention	In this stage, the respondents were requested to come up with desires to clean the soul and increase their piety to God with full attention and awareness without coercion from others. Responses from the respondents appeared to be serious with a relaxed facial expression.
Introspection	The respondents were requested to reflect on or correct themselves for any mistakes they have made, including deeds, speech, and thoughts. As a result, respondents were able to express feelings and problems they experienced and increased assertive behaviour.
Body Scan	The respondents were requested to feel their body's responses to the mistakes they have made with full attention and awareness. The respondents' responses were feeling dizzy, chest tightness, chest pain, shoulder pain, tingling, nausea, and trembling all over the body.
Repentance	Respondents were asked to show remorse and a strong determination not to repeat mistakes with full attention and awareness. Respondents' responses were crying calmly and happily.
Prayers	Respondents were encouraged to ask for help from God. Respondents' responses were crying calmly and happily, and there were expressions of sincerity on all respondents' faces.
Surrender	Respondents developed sincerity of heart with full attention and awareness in their surrender to God for the goods that they wanted.
Relaxation	At the last stage, respondents were requested to relax with attention and mindfulness to feel the help of God that has been given to them. Again, respondents' responses were diverse, including feeling calm and comfortable, coughing, providing relief, and crying that resulted in happiness.

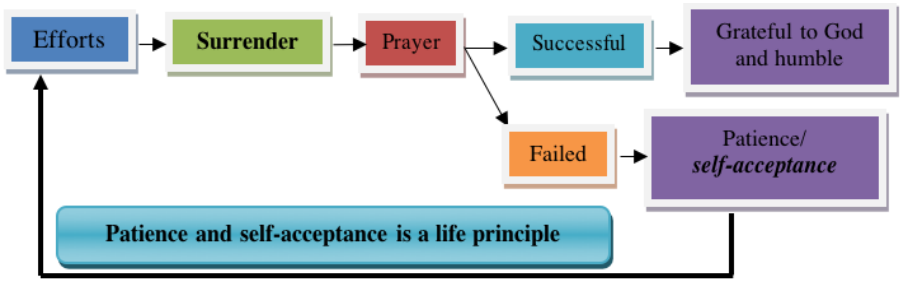

Figure 1. Model of surrender.

The model in Figure 1 describes that individuals will face stressors of daily life, boring daily routines, and various disturbances, both from the environment and humans. This phenomenon requires the individual to make efforts to face his life's journey. The concept of making efforts in Islam is to teach that the right action is an integral part of the surrender as surrendering to God can develop the belief that every problem from God comes up with its solution. This belief can shape a person's behaviour to continue praying. Success and failure in efforts made with surrender and prayer will positively impact individuals who practice it. If successful in their endeavors, the individuals will be more grateful to Allah, and if they fail in their endeavors, the individuals will be patient and accept them. Patience and acceptance are the principles of living life (27).

Figure 2. George Mason University's Resilience Model.

Islamic spiritual mindfulness is an educational and supportive therapy to develop self-awareness that the problems individuals experience today are scenarios from God and that God is the most helpful power to deal with and overcome difficulties. Islamic spiritual mindfulness is defined as an exercise that involves God in every process to help individuals consciously

understand that the conditions or experiences, they encounter are not coincidences, but the events planned by God. Therefore, someone will accept conditions that he experiences gracefully and find the purpose and ways to solve problems following Islamic rules. Mindful individuals do things mindfully and try to improve their problem-solving ability. Islamic spiritual mindfulness can be carried out in several steps, including intention, introspection to analyze the problems experienced, body scans, prayers, repentance, relaxation, and healthy independent targets. The separate, healthy targets consist of several indicators, including the belief that ability is essential, the knowledge required, nurses' guides to patients, patients performing independently, and the patients being active and maintaining their abilities (28).

DISCUSSION

This study found that the level of religious and resilience respondents in this study were found in the low category. This finding is in line with the study conducted in the United Kingdom that most of the religious and resilience in adolescents were in a low category, so there was a tendency to find behavioral deviations in adolescents because adolescents were less able to adapt to changes in bio-psycho-social and spiritual maturity (16). The bio-psycho-social and spiritual maturity of adolescents cannot be separated from the religiosity and resilience possessed by adolescents if the low level of religion and resilience possessed by adolescents has an impact on the lack of ability to think positively and cannot make appropriate decisions so that they have the potential to behave negatively (17).

Other factors that influence the low level of religion and resilience are adolescent age, female gender, low socioeconomic status, and poor parental education due to lack of parental knowledge (30). This statement is following the findings of this study where the general description of the respondents in this study is that most of the respondents aged 17 years were 114 (66 %), the gender of the respondents was almost entirely female, as many as 151 (87 %), the socioeconomic respondents were mostly low-income 107 (61 %). Most of the respondents' parents have low education and 62 (36 %). Adolescence is a transitional age from childhood to adulthood. The tendency of coping mechanisms used in responding to stressors is maladaptive coping so that it impacts the level of religion and resilience (31). Furthermore, women and low socioeconomic status tend to have low resilience because women tend to express their feelings more and find it challenging to forget unpleasant experiences. Besides that, low socioeconomic status also causes a person to be less resistant to dealing with life stressors (32).

Teenagers need religion and resilience to maintain and improve mental health by building awareness (17). Islamic spiritual mindfulness therapy is proven to be effective in increasing faith and strength in adolescents. This statement is evidenced by the study results, which found a significant difference between the intervention and control groups after the treatment in increasing the religiosity of adolescent students with a value of 3.94 and $p = 0.001$ with an effect size value of 0.56. Furthermore, there is a significant difference between the intervention and control groups after treatment on the increase in resilience of vocational students with a selection value of 0.21 and $p = 0.003$ with an effect size of 0.45, meaning that there is a powerful influence. Islamic spiritual mindfulness is an educative supportive therapy to form self-awareness that the problems that individuals are experiencing right now are scenarios from God/Allah, thus activating spiritual power so that self-awareness and serenity are formed in individual adolescents (33). Furthermore, the spiritual approach plays an important role in expressing feelings and providing comfort for someone by increasing religiosity and encouraging the perpetrator to be closer to God (22). Based on this, it can be concluded that increasing religiosity and resilience in adolescents can be done with a spiritual-based therapeutic approach. The most identical intervention to the approach to spiritual, cultural, and ethnic aspects is Islamic spiritual mindfulness (23).

LIMITATION

In this study, there is a research limitation including the researcher cannot be sure whether

the respondent in the intervention and control group performs the intervention that has been suggested by the researcher independently at home because the researcher cannot meet directly with the respondent when the respondent does the exercise at home. Therefore, it is highly recommended for future research to monitor accurately and evaluate practice activities independently at home.

CONCLUSION

This study showed that Islamic spiritual mindfulness increased religiosity and resilience in adolescents significantly. Therefore, the results of this study could be used as an input for health care workers to give special attention to mental health in adolescents and provide spiritual mindfulness therapy to improve adolescents' mental health.

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