

## Mindfulness-Based Islamic Spiritual Therapy on Enhancing Subjective Well-Being in Married Women with Infertility

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**Abstract.** The inability of infertile women to have children and relevant social stigma is significantly effective in reducing subjective well-being. Therefore, this study aimed to determine the effect of mindfulness-based Islamic spiritual therapy on improving the subjective well-being of infertile married women. A non-randomized pretest-posttest control group quasi-experimental design was implemented, with subjective well-being and mindfulness measured using the Subjective Well-Being for Infertility Scale and Five Facet Questionnaire, respectively. A total of 10 participants were also selected and categorized into control and experimental groups. The results showed that the subjective well-being conditions of both groups were equal before therapy, regarding the Mann-Whitney U test with a value of  $Z = .000$  and a 1.000 significance level ( $>.05$ ). The Mann-Whitney U test was also implemented with a value of  $Z = -2.402$  and a .016 significance level ( $<.05$ ), showing a difference in subjective well-being scores within the control and experimental groups. Furthermore, the Wilcoxon Rank Test produced a Z-value and significance level of  $-2.023$  and .043 ( $<.05$ ), respectively. This result showed an increase in subjective well-being scores within the experimental group after mindfulness-based Islamic spiritual therapy. The spiritual therapy was also used as an alternative psychotherapy to improve the subjective well-being of married women with infertility problems.

**Keywords:** infertility, mindfulness-based Islamic spiritual therapy, subjective well-being

## Terapi *Mindfulness* Berbasis Spiritual Islam untuk Meningkatkan Kesejahteraan Subjektif Wanita Menikah dengan Gangguan Infertilitas

**Abstrak.** Ketidakmampuan perempuan dengan masalah infertilitas untuk memiliki anak dan stigma sosial yang diberikan kepada mereka berdampak pada penurunan kesejahteraan subjektif. Penelitian ini bertujuan untuk mengetahui pengaruh terapi *mindfulness* berbasis spiritual Islam terhadap peningkatan kesejahteraan subjektif wanita menikah yang mengalami infertilitas. *Non randomized pretest-posttest control group design quasi experiment* sebagai metode dalam penelitian ini. Kesejahteraan subjektif diukur menggunakan Subjective Well-Being for Infertility Scale sedangkan *mindfulness* diukur menggunakan Five Facet Mindfulness Questionnaire. 10 orang subjek dilibatkan dalam penelitian ini yang terbagi dalam 2 kelompok: kelompok kontrol dan eksperimen. Kedua kelompok sebelum intervensi memiliki kesejahteraan subjektif yang setara, yang ditunjukkan dengan hasil Mann-Whitney U Test dengan nilai  $Z = .000$  dan signifikansi 1.000 ( $>.05$ ). Hasil penelitian dianalisis menggunakan uji Mann-Whitney U dengan nilai  $Z = -2.402$  dan signifikansi .016 ( $<.05$ ) menunjukkan adanya perbedaan skor kesejahteraan subjektif pada kelompok kontrol dan kelompok eksperimen. Wilcoxon Rank Test dengan nilai  $Z = -2.023$  dan signifikansi .043 ( $<.05$ ) menunjukkan adanya peningkatan skor kesejahteraan subjektif pada kelompok eksperimen setelah diberikan terapi *mindfulness* berbasis spiritual Islam. Hal tersebut mengimplikasikan bahwa terapi *mindfulness* berbasis spiritual Islam dapat digunakan sebagai salah satu alternatif psikoterapi untuk meningkatkan kesejahteraan subjektif wanita menikah dengan gangguan infertilitas.

**Kata Kunci:** infertilitas, kesejahteraan subjektif, terapi *mindfulness* berbasis spiritual Islam

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Infertility is a disease characterized by failure to establish a pregnancy after 12 months or more of regular sexual intercourse without contraception (Al-Asadi & Hussein, 2015; Bayer et al., 2011; Centers for Disease Control and Prevention, 2014; Harzif et al., 2019; Sun et al., 2019; Zegers-Hochschild et al., 2017). This global prevalent disease continues to increase yearly, regarding the surveys conducted in 190 countries from 1999 to 2017, specifically in Indonesia, where approximately 80 million couples of productive age were affected worldwide (Harzif et al., 2019; Indarwati et al., 2017). According to Riskesdas, the prevalence of sterility reached 15-25% of reproductive-age women in Indonesia, and was considered a life quality issue, including psychological distress, social stigmatization, economic strain, and marital conflict (Sun et al., 2019). The women also had decreased life quality (Ried & Alfred, 2013), low satisfaction (Agustus et al., 2017; Lo & Kok, 2016), and high negative emotions (Suhita & Subandi, 2018). These negative emotions included self-disappointment, rigidity, sadness, frustration, low self-esteem, and devastation (Ried & Alfred, 2013; Tao et al., 2012). The feeling of jealousy is also observed toward the fertile women having children (Sari & Widiasavitri, 2018).

Married women with infertility problems are prone to the stress capable of causing depression (Al-Asadi & Hussein, 2015) and a lower life quality, compared to fertile females (Agustus et al., 2017; Direkvand-Moghadam et

al., 2014; Ried & Alfred, 2013; Sani & Tamannaefar, 2017). A decreased satisfaction level is also observed (Balbo & Arpino, 2016), accompanied by low psychological well-being (Fard et al., 2018; de Faria et al., 2012; Hasanpoor-Azghdy et al., 2014), higher social exclusion fear (Ergin et al., 2018), and public withdrawal (Raque-Bogdan & Hoffman, 2015). Furthermore, subjective well-being and relevant dimensions are considered very low in infertile women (Sadat Tovliat et al., 2015) and categorized into four aspects, namely perceived happiness and satisfaction, the balance between positive and negative effects, as well as psychological and social well-being (Keyes & Magyar-Moe, 2003; Ryan & Deci, 2001). Good subjective well-being can also improve the ovulation process leading to pregnancy, as positive mood strongly correlates with hormonal improvement and successful infertility treatment, as well as increases the success of gestation and childbirth (Aimagambetova et al., 2020). Meanwhile, negative emotions are capable of causing decreased fertilization, implantation, and live birth rates, regarding the release of hormones negatively affecting the outcome of infertility treatment (Aimagambetova et al., 2020). This shows that poor psychological state leads to decreased sexual quality causing high sterility. The presence of negative emotions can also cause instability of luteinizing hormones (LH) and follicle-stimulating hormones (FSH), leading to the disruption of the menstrual and

ovulation cycles. From the description, the process of egg maturation in the inhibited ovaries is also affected toward increased infertility risk (Hendarto et al., 2019). Therefore, the supportive interventions improving the subjective well-being of infertile married women are urgently needed to restore psychological condition and increase pregnancy chances (Aimagambetova et al., 2020).

Several patterns are subsequently conducted to improve subjective well-being, including cognitive behavioral (Karimi et al., 2014), behavioral activation (Chow, 2018), forgiveness (Wijaya & Widiyastuti, 2019), gratitude (Chow, 2018), and mindfulness therapies (Chow, 2018). According to Karimi et al. (2014), cognitive behavioral and behavioral activation therapies enhanced positive emotions (Chow, 2018). This was accompanied by the promotion of acceptance and peace through the forgiveness therapy, leading to an increase in affirmative moods (Wijaya & Widiyastuti, 2019). Gratitude therapy also stimulated the emergence of positive potential in people, causing increased subjective well-being (Chow, 2018). In addition, mindfulness-based therapies strongly improved subjective welfare (Chow, 2018), elevated awareness and decreased repetitive thinking, as well as cognitive and emotional reactivity. In this case, a level of objectivity was achieved by people regarding the internal self-experience (Chow, 2018). Mindfulness is also the

consideration of self-experience in a non-judgmental pattern, prioritizing objectives and present conditions (Shapiro & Carlson, 2017). In Islam, the self-experience consideration is etymologically and linguistically similar to *muraqabah*, the state of an individual realizing the watchfulness of Allah. This realization state often causes the development of attention and concern for personal actions, thoughts, feelings, and inner condition (Parrott, 2017). In Sufi practice, *muraqabah* is subsequently translated as meditation or contemplation, prioritizing personal awareness as a creation of God (Isgandarova, 2019). Moreover, mindfulness-based Islamic spirituality focuses on the constant remembrance of Allah in all times and places, prioritizing the concept of present existence with the orientation of remembering the Creator (Dwidiyanti et al., 2019; Dwidiyanti et al., 2018; Munif et al., 2019). This spiritual therapy is an arrangement of thoughts, feelings, and attitudes through God intervention, to identify and understand all divine experiences.

Mindfulness-based Islamic spiritual therapy is an intervention capable of improving subjective well-being while consisting of several aspects such as *mushahada*, *tasawwur*, *tafakkur* and *tadabbur*, and *muhasaba* (Isgandarova, 2019). From the description, *mushahada* is the stage of observing feelings, thoughts, and bodily sensations, to promote self-awareness, as well as reduce emotional reactions and automatic assumptions (Iani et al., 2017). In this stage, a slow, deep, and grateful

breathing technique is often implemented, with the phrase, "Allah Hu", verbally and silently recited during inhalation. The mindfulness of a personal breath is also capable of reducing cortisol levels and sympathetic nerve activity while increasing parasympathetic activity, causing anxiety reduction, calmness, peacefulness, and comfortability (Naik et al, 2018). Furthermore, *tasawwur* focuses on experiencing God presence by visualizing white light entering through the abdomen, to reduce heart rate and increase the feeling of comfort and calmness (Tolgou et al, 2018). *Tafakkur* and *tadabbur* are also capable of inviting people to identify the greatness and goodness of God, causing the submission to Divine will and contributing to increased psychological well-being (Tarsono & Hermawati, 2018). In *muhasaba*, people are commonly non-reactive to relevant experiences by identifying positive potential, controlling negative capabilities, as well as promoting acceptance and gratitude. The people provided with mindfulness skills are also able to evaluate relevant behaviors, causing increased positive emotions and decreased negative emotions (Lucena et al, 2020). The feelings of sadness, fear, anger, anxiety, depression and other psychological problems are subsequently maladaptive responses reinforced by negative previous experiences. Moreover, mindfulness-based Islamic spiritual therapy replaces negative automatic thoughts with a compassionate attitude capable of igniting easy positive emotional sensitization

in daily life. This allows people to be more cognitively flexible and attentive, increasing the occurrence of positive emotions (Isgandarova, 2019; Thomas et al, 2017). The development of the emotions also motivates happiness and life satisfaction, which are components of subjective well-being (Liu et al, 2020).

Mindfulness-based Islamic spiritual therapy is a comprehensive intervention to improve the subjective well-being of women with infertility disorders. This is because infertile women have a high need for spiritual intervention and use spirituality as a source of endurance (Dombo & Flood, 2015). The existence of spiritual-based psychotherapy is also a highly required holistic treatment for affected females (Romeiro et al, 2017). In this context, the psychotherapy adapting to the client religion and culture is clinically more effective in reducing discomfort levels and strengthening the therapeutic bond between therapist and client. From the descriptions, spirituality incorporation explains that the strengths and resources possessed by the client are very valuable to the therapist (Dombo & Flood, 2015; Thomas et al, 2017). Therefore, this study aimed to determine the effect of mindfulness-based Islamic spiritual therapy on improving the subjective well-being of infertile married women.

The concept of Mindfulness-Based Cognitive Therapy (MBCT) by Segal, William, and Teasdale (Segal et al, 2013) and Baer (Baer, 2014) is also implemented by integrating the

Islamic Meditation principle of Parrot, Dwidayanti, and Liong (Parrott, 2017; Dwidiyanti et al, 2019; Liong, 2014). This principle focuses on body sensations, thoughts, feelings, and the Creator of emotional conditions (Dwidiyanti et al, 2019; Liong, 2014; Parrott, 2017; Thomas et al, 2017; Mirdal, 2012). Mindfulness-based Islamic spiritual therapy for infertile married women is also expected to improve mental health. In addition, the proposed hypothesis states that mindfulness-based Islamic spiritual therapy can improve the subjective well-being of married women with infertility disorders.

## Method

### Participants

The experimental subjects were the 10 participants selected through a purposive sampling technique. This selection process was conducted using the following criteria, 1) married women having primary, secondary, or idiopathic infertility disorders regarding relevant medical examinations, 2) coupled females aged 20-35 years (fertile period), 3) Muslim married women, and 4) females married for at least 1 year.

**Table 1**

*Demographic Information of Participants*

Characteristic	N	%
Educational background		
Undergraduate/graduate	4	60
Senior high school	6	40
Age of marriage		
1 year	2	20
2-5 years	5	50
6-10 years	2	20
>10 years	1	10
Types of Infertility		
Primer	4	40
Sekunder	2	20
Idiopatik	4	20
Age		
20 - 27	4	40
28 - 35	6	60
Employment status		
Housewife	2	20
Housewife (ex-public workers)	4	40
Public workers	4	40
N = 10		

### Study design

This two-group quasi-experimental study was conducted using a non-randomized

pretest-posttest control group design (Creswell, 2009/2015; Latipun, 2015). From the description, the intervention effect was

calculated regarding the difference in the Y1 and Y2 scores within the control and

experimental groups, as shown in the following design (Latipun, 2015).

**Table 2**

*Study Design*

Group	Pretest	Intervention	Posttest
Experiment	Y1	X	Y2
Control	Y1	-	Y2

Based on the experimental instruments, several components were observed for appropriate analysis. Firstly, the mindfulness scale implemented the Baer FFMQ (Five Facet Mindfulness Questionnaire) (Baer et al, 2006; 2008), which was adapted into Indonesian by Meindy (Meindy et al, 2022). Secondly, the Subjective Well-Being Scale implemented the Subjective Well-Being for Infertility (SWBI) developed through Ryan and Deci theory (Keyes & Magyar-Moe, 2003; Ryan & Deci, 2001). The SWBI subsequently comprised four aspects, namely (1) perceived happiness and life satisfaction, (2) positive and negative effect balance, (3) psychological well-being, and (4) social well-being. These aspects consisted of 25 items, which were appropriately rated on a 7-point Likert scale.

### Validation of measuring tools

Content validity was implemented to measure the viability of the subjective well-being scale (SWBI) through the assessment of six experts, using Aiken V Index ranging from .88 - 1 with an average of .94. The reliability coefficient of the stratified alpha was also  $\alpha = .9803$ , regarding a trial of 50 subjects. In

addition, the validity and reliability coefficients of the FFMQ scale ranged from  $(\alpha) .75 - .91$  and  $(\alpha) .66 - .861$ , respectively.

### Module validation

Module validation is the analysis of implemented therapy components qualitatively and quantitatively validated. Firstly, module validation was qualitatively carried out through the assessment of three experts comprising lecturers and psychologists. These experts were instructed to evaluate the component content regarding the objective criteria, including the appropriateness of the activity elements to the theory, readability, and tool completeness. Secondly, the reliability test was quantitatively conducted using the intra-class correlation (ICC) method with a coefficient value of  $\alpha = .913$ . This module was subsequently tested on 5 raters whose assessment contained an ICC value of .727 (good reliability). From the analyses, the effects of the therapy module on the improvement of subjective well-being was determined. Therefore, the significance value of the Wilcoxon SignRank Test was .043, showing that the module transformed the condition of the subjects.

### **Therapy module**

The therapy module was developed by modifying mindfulness for nurses (Fachrudin & Hasanat, 2016) through the concept of Mindfulness-Based Cognitive Therapy (MBCT) from Segal, William, and Teasdale (Segal et al., 2013). This modification incorporated the principle of Islamic Meditation from Isgandarova, Parrot, Dwidayanti, Liong, and Mirdal (Dwidiyanti et al., 2019; Isgandarova, 2019; Liong, 2014; Mirdal, 2012; Thomas et al., 2017). Furthermore, the module consisted of 8 sessions, each having 4 meetings lasting 120-150 minutes. These sessions were structured as follows: 1) Introduction to MBSI and breath meditation (*Mushahada* and *Tasawwur*), 2) Body sensation and detection meditation (*Mushahada*, *Tasawwur*, and *Tafakkur*), 3) Eating meditation (*Mushahada*, *Tasawwur*, and *Tafakkur*), 4) Walking therapy (*Tafakkur*), 5) Introduction and application of patience (*muhasabah*) through the wanting meditation, 6) Initiation and implementation of gratitude (*muhasabah*) using the SOBER meditation, 7) Introduction and application of *tawakal* (*muhasabah*) through the Loving-Kindness Meditation, and 8) Cultivating mindfulness in

daily activities. The module also included techniques for examining problems from various perspectives, specifically in Islamic stories and metaphors.

### **Implementation**

The Subjective Well-Being for Infertility (SWBI) scale was provided to the control and experimental groups before therapy, to determine the initial scores of both categories. Based on the results, the Mann-Whitney U test showed a Z score of .000 with a 1.000 significance level. This proved that both groups had equal subjective well-being conditions before the provision of therapy. The therapeutic process also comprised four direct meetings, with two sessions each conducted in three weeks for 150-180 minutes.

### **Results**

Subjective well-being was measured twice for both groups to determine the proposed hypothesis, where mindfulness-based Islamic spiritual therapy improved the personal welfare of infertile married women. The results obtained are shown in the subjective well-being measurements within Table 3.

**Table 3***Subjective well-being measurements*

Group	Name	Measurements	
		<i>Pretest</i>	<i>posttest</i>
Experiment	H	70	96
	NW	95	130
	U	79	137
	IK	82	114
	BUF	111	149
Control	YN	106	87
	W	73	73
	NI	82	84
	AM	73	93
	DW	104	102

According to Table 3, all the experimental group subjects experienced an increase in subjective well-being after the application of mindfulness-based Islamic spiritual therapy. This was different from the score increase in the control group, which was limited to a few subjects and not significant. The results also showed that two control group subjects experienced a decrease in subjective well-being scores. Furthermore, statistical hypothesis testing was conducted using the Mann-Whitney U test, showing a value of  $Z = -2.402$  with a .016 significance level ( $P < .05$ ). This prioritized a significant difference in subjective well-being values between the control and experimental groups after therapy. The experimental group also possessed a higher welfare posttest score than the control category.

Based on the results, the Wilcoxon Rank Test was conducted to determine the increase in subjective well-being scores within the experimental group after therapy, showing a Z-value and significance level of  $-2.023$  and .043

( $<.05$ ), respectively. This prioritized a difference in subjective well-being scores within the experimental group after providing mindfulness-based Islamic spiritual therapy. The Effect Size Analysis was also performed to determine the influential magnitude of an independent variable on the dependent factor, where  $r = .90$  was obtained from the formula,  $r = -2,023/\sqrt{5}$ . This suggested that mindfulness-based Islamic spiritual therapy significantly improved the subjective well-being of infertile married women, at an improvement level of 90%.

### Discussion

This study aimed to determine the effect of mindfulness-based Islamic spiritual therapy on improving the subjective well-being of infertile married women. The experimental outcomes were supported by other relevant studies, where the effectiveness of mindfulness therapy was determined in improving subjective well-being (Cejudo et al, 2019; Fard et al, 2018; Klussman et al, 2020; Walsh et al,

2019). The analysis of McLaughlin (McLaughlin et al., 2019) was also very supportive, as the success of the mindfulness therapy application prioritized the positive implications for influencing the factors and aspects of subjective well-being. Based on the results, *mushahada* was the observation aspect implemented with slow breath meditation, an adaptive mechanism focusing on unstable emotions. This was confirmed by the conditions of Subject BUF, which possessed sadness, hatred, and anger before therapy, regarding the previous painful experiences encountered. From the description, BUF was at peace, calm, and slightly happy after the application of *mushahada*. This observation was in line with the condition of Subject UQ, whose emotions and automatic thoughts underwent many changes, accompanied by the urge of teaching slow breathing to the husband.

The feelings of the subject were subsequently supported by the analysis of Shapiro and Carlson (Shapiro et al., 2006; Shapiro & Carlson, 2017), where emotional reactions and automatic thoughts were reduced through *mushahada* (Shapiro et al., 2006; Shapiro & Carlson, 2017). This was accompanied by the performance of *tasawwur* (describing) (Baer et al., 2008), by imagining white light entering through the stomach when verbally and silently reciting "Allah Hu". This was because the emotional closeness to Allah was capable of providing positive energy, such as a feeling of peace. The results were also in line

with the analysis of Isgandarova (Isgandarova, 2019) and Parrot (Parrott, 2017), where a calm and peaceful feeling was achieved due to the closeness of an individual with God. According to Ernst (Isgandarova, 2019), the description of various words, such as "Allah Hu", strengthened the potential of an individual. This process redirected the focus of infertility towards present conditions and God. Another benefit prioritized the enhancement of calm and peaceful feelings, as well as the acceptance of personal conditions, proving that all occurrences were manifestations of God power toward hope and optimism sustainability (Sucipto, 2020).

Based on the results, the *Tafakkur* and *Tadabbur* stage generated a sense of submission through a cognitive mechanism. This showed that all occurrences were the will of God, prioritizing the enhancement of gratitude and establishing a positive Divine image. All subjects also identified the pleasure provided by Allah after entering the *tafakkur* and *tadabbur* phase through detection, body sensation, eating, and walking therapies. These results were supported by Tarsono and Hermawati analysis (Tarsono & Hermawati, 2018), where the participation in *tafakkur* and *tadabbur* activities established a positive perception of God, leading to the enhancement of psychological well-being (Tarsono & Hermawati, 2018). The activities also promoted full self-awareness through mind, attitude, and heart integration, as well as increased calmness and optimism (Jaafar,

2022). Furthermore, the subject was directed to *muhasaba* through SOBER and Loving-Kindness meditations. This situation led to the portrayal of gratitude after the application of the SOBER meditation, accompanied by increased reactive and spontaneous response to problems. The thinking process was also more comprehensive after the implementation of the loving-kindness therapy, portraying private and public affection, as well as gratitude to God.

The results were subsequently in line with the analysis of Sabry and Vohra (Sabry & Vohra, 2013), where every life occurrence was considered the will of God toward thinking positively (Sabry & Vohra, 2013) and solving problems easily (Liu et al, 2020). According to Didonna (Didonna, 2009), non-evaluative and non-reactive abilities were capable of causing optimism, increased self-esteem, self-confidence, and satisfaction with present conditions (Didonna, 2009). The characterization of gratitude to God through *muhasaba* also strengthened awareness and cognitive restructuring, proving that everything associated with an individual was a divine gift. This acceptance caused a sense of satisfaction with life, optimism, increased self-esteem, and improved social functioning (Wood et al, 2008). In addition to presenting great acceptance and gratitude after attending therapy, the subjects felt more surrender (*tawakal*), patience, and optimism. This was confirmed by the previous conditions of H, IK,

and BUF, which had great feelings of hopelessness due to exceeding 30 years old without children. From the description, IK became hopeful after participating in therapy by listening to metaphors from various personalities, including Prophets Ayub (Job) and Ibrahim, as well as Maryam and son. BUF also became a great believer in Allah, proving that every occurrence was expected to occur according to the will of Allah.

The experimental outcomes were not in line with the analysis of Landau (Landau et al, 2018), where the use of therapy metaphors generated motivation and hope, as well as improved problem-solving abilities. Since the metaphors contained stories from the Koran, motivation and hope were improved, accompanied by the belief in God for appropriate desirable provisions. These provisions were expected to be desirable and in different forms according to God manifestation, leading to life satisfaction, optimism, higher self-esteem, and improved social functioning. Moreover, the results were not supported by Diener (Diener, 1984) and Jebb (Jebb et al, 2020), where personal welfare was higher for employed and highly educated people. In this context, the subjective well-being of working participants (Subject N) was comparable to that of unemployed (Subject H) and employed (Subjects UQ, IK, and BUF) housewives, all experiencing low to moderate welfare levels. Therefore, several employed subjects showed lower subjective well-being

than the unemployed participants, and vice versa, similarly extending to people with a high educational level.

The results were subsequently supported by Song and Lee (Indrahadi et al, 2020; Song & Lee, 2022), where job satisfaction and education were effective and ineffective on subjective well-being, respectively. According to Indrahadi and Ilham (Indrahadi et al, 2020) education had implications for good work, affecting high income and a favorable economic status strongly influential on subjective well-being. The experimental outcomes were also in line with Xi (Xi et al, 2017), where the subjects having increased personal welfare obtained social support from in-laws and husbands after therapy. Therefore, the incorporation of Islamic spirituality elements was a benefit capable of enhancing spiritual worth and positively affecting subjective well-being (Diener, 1984).

### Conclusions

This study aimed to determine the effect of mindfulness-based Islamic spiritual therapy on improving the subjective well-being of infertile married women. In conclusion, mindfulness-based Islamic spiritual therapy was capable of strengthening the subjective well-being of married women experiencing infertility. This proved that the group treated with the therapy mechanism significantly had higher well-being scores than the control category without therapeutic sessions. The integration of mindfulness meditation with

Islamic spiritual concepts was also an alternative psychotherapy to improve the mental health of infertile married women. In addition to the physical and psychological benefits, mindfulness-based Islamic spiritual therapy was spiritually advantageous and contributed to holistic health.

### Suggestion

Based on the results, subsequent analyses are required on mindfulness-based Islamic spiritual therapy due to the limited nature of previous reports. In conducting similar future analyses, theoretical sharpening should be conducted by reviewing more references to mindfulness therapy. Since a Western mindfulness scale is presently implemented, future internal validity certification should also be significantly performed by validating a relevant Islamic instrument.

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